



**SCOTTISH
TRAUMA
NETWORK**



Scottish Trauma Network ANNUAL REPORT 2018/19

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1. Executive Summary

It is timely and heartening to review and to put into perspective the work and progress achieved by all within the broad and expanding STN family during the past year.

This endeavour backed by the Scottish Government's extensive financial investment of £41.6m over five years and the committed support of NHS Scotland, is delivering change and improvement for patients and their families, as well as clinical staff and services across the Nation.

Close colleagues know that at every chairing, speaking or presentation opportunity, I promote the Network's ambitions and resultant successes. From scene of injury to rehabilitation, and across all professional groups and their spheres of influence in the management of trauma patients, the attitude is "National, Collaborative and Pragmatic".

We now see good evidence that this ethos is successful embedded and some of the current defining and refining scope and scale of the Scottish Trauma Network, its projects, collaborations and ambitions are outlined in this report.

With the continued support and energy of all of its members across the Nation, I look forward to future progress in this developing national strategic network.

Martin McKechnie

National Clinical Lead



2. Introduction

The Scottish Trauma Network (STN) was established in 2017 with the aim of “Saving Lives, Giving Life Back” (from the CMO report of the same name published in January 2017). The network mission statement describes the patient group and rationale for the network:

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.

The network was set up to support the establishment of an integrated trauma care system across Scotland, with improved delivery of care from pre-hospital to rehabilitation. The network was also tasked with looking at prevention as well as planning for major incidents with mass casualties.

This is the second annual report for the network, and work has progressed well in delivering against the objectives, with significant work undertaken with the Scottish Ambulance Service (SAS), North and East regions to establish the first two Major Trauma Centres (MTCs) the launch of ScotSTAR North, improving pathways for patients accessing services as well as enhanced pre-hospital care teams in the West and South East regions.

A key achievement of the network has been the development of the Major Incident with Mass Casualties Plan for Scotland, is due to be released in May 2019 and launched at the STN Event in June 2019.

3. Report on Progress against Network Objectives in 2018/19

National networks have agreed core objectives that reflect the Scottish Government’s expectations for managed clinical networks, as described in CEL (2012) 29¹. The network’s core objectives are:

- Enhance existing trauma services by co-producing and delivering an inclusive, equitable trauma network, which will save more lives and improve outcomes for injured people across Scotland;
- Have a focus on trauma from prevention through to rehabilitation to help reduce the incidence of trauma in Scotland and improve the quality of life for those affected by trauma;
- Work within the context of the National Clinical Strategy i.e. Once for Scotland, through population based planning and delivery with services resourced appropriate to predicted activity;
- Recognise the specific specialist services required to deliver an effective paediatric trauma component across the network;
- Co-produce a fully co-ordinated, uniquely Scottish, pre hospital care solution that will make best use of resources and operate under a unified governance framework, to ensure trauma patients access the right level of care as quickly as possible;
- Be unique, affordable and fit for purpose. It will provide rapid access to complex treatment, delivered in the most appropriate setting(s) and provide definitive care for our most severely injured patients by ensuring that there are good readily available local, regional and national trauma services;
- Deliver the best care possible, through agreed and clearly defined clinical pathways, with appropriate quality assurance and improvement arrangements;
- Work across traditional boundaries to ensure clinicians and managers from across Scotland work together to achieve the best outcomes possible;
- Drive improvement in outcomes through the use of good data and create an excellent environment across Scotland for openness, learning, teaching, research and development
- Support the development of clinical major incident planning through the provision of an integrated trauma care system.

¹ Please see: https://www.sehd.scot.nhs.uk/mels/CEL2012_29.pdf

This report gives an overview of progress against these objectives in the year 2018/19.

As the network has developed, further resource requirements were recognised across the regions and SAS, with a further round of funding bids submitted to Scottish Government in September 2018 following significant work across the regions over the summer months, primarily seeking funding for items that had not been fully scoped when the original bids were submitted in 2017, including paediatric services and rehabilitation.

The funding requests were considered in the review of Health Budget and further significant funding has been agreed for the network, with phasing now extended through to 2023/24. At the time of writing, further planning was being undertaken by the regions to ensure that the network was able to deliver agreed milestones against the agreed funding available.



3.1 Data and Audit

The Scottish Trauma Audit Group (STAG) lead on gathering data around trauma care in Scotland, and now have fully implemented e-STAG. The introduction of e-STAG means that local hospitals and regional services will have access to live reporting, as well as opportunities to produce run charts and other reports to assist with quality improvement. STAG Co-ordinators are employed across Scotland to gather and enter data to the audit, and further investment will be made to ensure adequate coverage to collect a full dataset.

STAG held a successful quality improvement (QI) workshop on 1st March 2019, facilitated by Nancy Dixon of Healthcare Quality Quest. A number of QI projects from across the patient pathway were identified through the workshop, and it will be interesting to see how these progress over the coming months.

STAG will publish the 2019 annual national report on 25th June 2019 at www.stag.scot.nhs.uk.



3.2 Education

Across the network, a number of Education opportunities have been undertaken, primarily within regional settings, including a series of educational webcasts organised by the team in the North of Scotland. These have been funded through allocated funds from Scottish Government to support improvements in care across Scotland.

Planning is well underway for the 2019 STN Event at the Edinburgh International Conference Centre, linked with the STAG, and two other managed clinical networks, Care of Burns in Scotland (COBIS) and the Scottish Acquired Brain Injury Network (SABIN). Over 50 poster abstracts have been received, and it is exciting to see some of the seeds of improvement that are being planted across Scotland, and will be celebrated as part of the event.

The STN Education Group held its first meeting in April 2018, and has met five times in the past year. An Education Strategy has been developed and was approved by the STN Steering Group in December 2018. An education matrix is being developed by the group, which will be used to collate education requirements as well as opportunities in the coming months.



3.3 Research and Innovation

The trauma app is an application being developed by Daysix and EmQuire for major trauma, offering high speed data capture, decision support prompts, automated reporting and granular reporting.

Last year, Daysix and EmQuire and the STN successfully applied for Innovate UK funding to expand a prototype they had developed with the support of the Scottish Trauma Network.

Ahead of the application to Innovate UK, the DHI provided a feasibility report on the prototype confirming that the tool had potential and was well received by clinicians who used it in simulations.

The two-year project began on 1st October 2018 and in the first six months of the project there has been excellent collaboration between clinicians from Scotland's major trauma centres regarding the content and flow of the core screens of the app.

Further simulations of updated versions of the trauma app are planned for Q2 and Q3 of 2019.

If you would like to keep up to date with the trauma app project as it develops, please follow @thetraumaapp on Twitter and sign-up at www.thetraumaapp.com.



3.4 Governance

The network governance is set up through the Core Group, made up of clinical and planning leads from each of the regions and SAS. The Core Group reports to the STN Steering Group.

A number of working groups are in place, and these produce recommendations and guidance, which are agreed and ratified through the Core and Steering Groups.

The network agreed the STN Clinical Governance paper at the March 2019 Steering Group. This paper details the clinical governance set up for the network. The first STN Clinical Governance Day is being planned for November 2019, where regional representatives will have the opportunity to present case studies highlighting good practice and lessons that can be learned across the network.



3.5 Prevention and Public Health

The Scottish Public Health Network (ScotPHN) developed a Public Health Brief for the STN. The report was presented to the STN Steering Group in December 2018. It noted some gaps in data available to the network, particularly around those who have suffered serious injury who do not make it to hospital. The brief could be used to help inform the future workplan of the network.



3.6 Pre-hospital

Further work has been undertaken with Mountain Rescue to facilitate a 'Once for Scotland' approach for pre-hospital care.

Following a pilot in the West of Scotland, six further Pre-hospital Advanced Practitioners have been appointed to develop yellow pre-hospital response capabilities in the South East of Scotland region. The team has now been in post for five months, and following a robust induction programme are now providing advanced pre-hospital care across the South East of Scotland.



3.7 Acute

In 2018 the network saw the opening of two MTCs, with the Cabinet Secretary for Health and Sport opening the MTC in Aberdeen on 1st October, and the First Minister opening the MTC in Dundee on 19th November 2019.

These openings were the result of a significant amount of work from each of the regions, with appointments to key positions across the patient pathway to ensure that the MTCs are now able to deliver the service required from an MTC.



Figure 1 - Jeane Freeman, Cabinet Secretary for Health and Sport opening MTC at Aberdeen



Figure 2 - Nicola Sturgeon, First Minister opening MTC at Dundee with the MDT



3.8 Rehabilitation

Minimum requirements for rehabilitation were agreed by the STN Steering Group in July 2018, and the group has since developed a plan for implementing a rehabilitation model in line with guidelines from the British Society for Rehabilitation Medicine (BSRM). This model has been funded by Scottish Government, showing the level of support that Scottish Government has for the network. A recommendation has been made to the National Planning Board to review rehabilitation models across NHS Scotland and consider what other areas require improvement to bring them into line with BSRM guidelines.

A rehabilitation plan has been developed by the North and East regions, where it is being piloted as further discussions continue around how a national rehabilitation plan might look. These discussions include a planned workshop at the STN Event in June 2019. Discussions are ongoing regarding potential digital solutions for the rehabilitation plan.

During last year the STN commissioned a national scoping exercise to establish whether the military model of rehabilitation care would have practices that would seamlessly carry over to the NHS. The report made a number of recommendations which the STN national rehab group are considering as part of their planning.

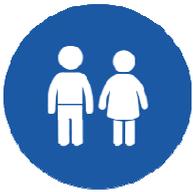


3.9 Major Incident with Mass Casualty Planning

The MI/MC group was convened in March 2018, with a workplan agreed to develop an updated national plan for managing major incidents with mass casualties by the end of October 2018. 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 plan has been developed, and is due to be launched at the STN Event in June 2019. The work undertaken by the group sees the first time that the long term care of patients has been taken into

consideration for MI/MC planning, with Health and Social Care and rehabilitation representatives engaged in the planning process, considering how patients currently in hospitals can be moved into different care settings at the time of any incident, and also longer term care strategies for survivors of the incident.



3.10 Paediatrics

The minimum requirements for paediatrics were agreed by the STN Steering Group in July 2018, and work was undertaken across the regions to ensure that these were considered in the second round of funding bids. Regions have started to introduce trauma co-ordinators for paediatrics, and good feedback was received for the co-ordinator appointed in the West of Scotland, demonstrating the benefit that having these roles is likely to have across the network.

“Mark was outstanding when we arrived in A&E. He liaised with the crew making things seamless for us explaining what we could expect in the next few hours given the situation and urgency of the injuries. He brought us up to the ward orienting us around showing us the family room, making all the difference to feeling OK about being in an unfamiliar environment.”

After testing, the Paediatric Trauma Triage Tool was also agreed by the STN Steering Group in July 2018. Further work has been undertaken to see the impact the tool is likely to have in operational areas, particularly in more densely populated areas in the West of Scotland. The tool will be available for use in SAS ambulances following the next update to the electronic patient record forms in April 2019, and discussions about early implementation of the paediatric triage tool in the South East and West are underway, although would require some lead time to allow for staff training.

4.0 Regional Updates

Each of the regional networks has provided the following updates.



4.1 North of Scotland (NoS) Trauma Network

The MTC for both adult and paediatrics at the Aberdeen Royal Infirmary and the Royal Aberdeen Children’s Hospital opened on the 1st October 2018. Cabinet Secretary for Health and Sport, Jean Freeman, officiated the opening which saw the culmination of planning and investment for the Network, the Trauma Unit and the MTC to meet the STN minimum requirements.

Due to the geography of the NoS and the distances between hospitals all Local Emergency Hospitals, the Trauma Unit at Raigmore Hospital, Inverness and the MTC have instigated trauma call systems to receive patients in Emergency Departments who have suffered major trauma. Additionally a single point of contact (SPOC) has been established at the MTC to offer advice and arrange transfers into the MTC. The NoS took the lead in testing and implementing a one call communication process to reach the SPOC via a trauma transfer telephone number at the SAS Special Services Desk. This has made it easier for local hospital teams to contact the MTC and the SAS with one phone call to arrange the secondary transfer of the patient, coordinate the appropriate transfer arrangement and receive support and advice until the patient is transferred.

The MTC have appointed the pivotal roles of the Trauma Case Managers and, together with the TU, Rehabilitation Co-ordinators. Both of these roles help to coordinate care at the acute and rehabilitation stages for the patients and support patients and families to understand injuries, investigations and treatments from admission through to returning to live in the local community. In addition, after testing in the previous year, a rehabilitation plan document which follows a patient from their initial review by a rehabilitation specialist through to their return home and local rehabilitation are now being written with patients and families for all those who have suffered major trauma in both the north and east networks. Planning is underway to include this document in the NoS Care Portal so that it is accessible electronically across the north of Scotland.

Alongside this support to patients within the hospitals, IT equipment has been provided to community rehabilitation teams across the network to support telehealth provision of rehabilitation care. This will facilitate the rehabilitation hub and spoke model of care planned for the network and will be supported by the specialist rehabilitation teams and psychologists now appointed as part of the major trauma pathway.



4.2 East of Scotland (EoS) Trauma Network

The EoS MTC opened its doors to patients in November 2019. A lot has been achieved through the funding committed by Scottish Government for this initial phase of implementation and further investment is required to deliver on the agreed national standards.

Some of the main achievements are listed below:-

- Appointment of three Trauma Advanced Nurse Practitioners
- Provision of a newly refurbished Major Trauma Ward for up to six patients and appointment of additional nursing staff
- Provision of a Major Trauma Resuscitation bay within the Emergency Department
- New ways of working through the creation of Trauma Teams and development of initial patient reception procedures
- Small enhancement of AHP staff to provide a small amount of rehab support during the weekends
- Funding for consultants to attend the ETC.

The next phase for enhancing MT services will commence when funding is available and additional appointments can be made to achieve the agreed Rehabilitation minimum requirements. It is planned that a number of temporary appointments will be made to recruit staff on temporary appointments for one year for the following key posts:-

- EoS MT Network Manager (0.6 wte) and part time admin support (0.5 wte)
- Clinical Psychologist as no current capacity to refer MT patients for this support
- STAG coordinator - to address the current resource shortfall in gathering mandatory data.

Future investment should provide additional resources to deliver sufficient levels of rehabilitation for MT patients in the MTC and community. Rehab coordinators and additional AHP staff are required to ensure the patients care can be coordinated and their discharge from hospital planned to avoid any unnecessary delays. Emergency Department Nurses are also required to provide service continuity across the ED when a Major Trauma patient is admitted. Detailed plans can be developed once funding is committed.

4.3 South East of Scotland (SEoS) Trauma Network



Much has been achieved in the SEoS in the two years since the commitment to proceed with a National Major Trauma system. It is important that the network continues to evolve in a way that meets the needs of major trauma patients and carers in the region.

The SEoS network model for major trauma will see a MTC for Adults at the Royal Infirmary of Edinburgh (RIE) by April 2021, with a Major Trauma ward planned within the orthopaedic footprint at the RIE.

The SEoS currently provides care for major trauma patients who are admitted under a variety of inpatient teams and a variety of wards. With the implementation of a MTC at the RIE, the pathway for major trauma patients will include care provided by a specialist major trauma service, which includes earlier, hyper acute rehabilitation services. Major trauma patients will be admitted to a specialist major trauma ward either directly from the Emergency Department or as a step down from critical care. There is a requirement for adequate space and equipment provision to deliver specialist acute medical and acute rehabilitation services within this ward. Key interdependencies will include community pathways governed by Health and Social Care Partnerships under the Integration Agenda.

Department of Clinical Neurosciences (DCN) is about to relocate to the RIE. There is some existing ward space located within DCN that will house the Closed Head Injury service within one area. The establishment of a regional acute Traumatic Brain Injury (TBI) unit on the RIE site will identify patients early who will require ongoing rehabilitation and link with the regional rehabilitation service.

The implementation plan is staged over five years. There have been a considerable number of achievements in Year 1 (2017/18) and Year 2 (2018/19). In year three (2019/20) the SEoS will be close to implementation with two-thirds of resource allocated. On target by Year five early 2021/22, the SEoS MTC will be fully operational and the SEoS Trauma Network plan will be fully implemented.

SEoS have provided a number of education opportunities for staff in the network, including:

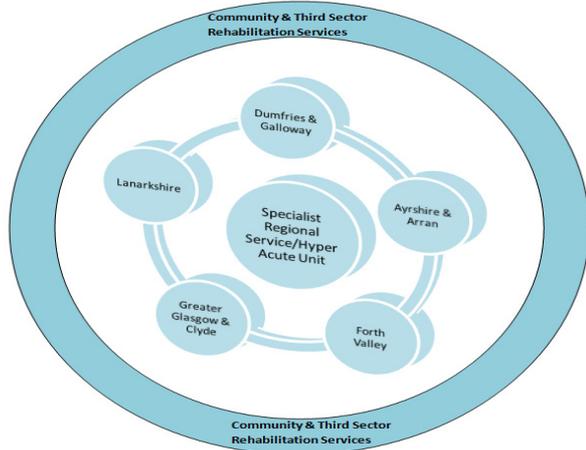
- Workshop sessions to support improved skills and competencies in the management of major trauma survivors. These include opportunities for clinicians to network across the region and share examples of best practice.
- Thoracotomy team training and pelvic bleeder scenario across the South East network and within the MTC at RIE in Oct 2018.
- Major trauma team courses at RIE for multi-specialty & multi-grade staff across the South East network.
- Paediatric and Adult Clinical Leads are undergoing training alongside SAS Advanced Practitioners in January 2019.
- Major Trauma Clinical Education Day: 12 December 2018
- Forth Valley ran Acute Trauma Team training
- Live Major Incident exercise held at the ED RIE in April and Dec 2018.
- Three quarters of the trauma team have been on European trauma course within Paediatrics and Adults in December 2018.
- Paediatric in house trauma simulations and nurse training courses.
- Educational short films on Paediatric trauma skills.
- Clinical Leads are undergoing training alongside SAS Advanced Practitioners in January 2019.
- Damage Control training - Damage Control Surgery training is a pre requisite for all Consultant General Surgeons on an on-call rota in a Major Trauma Centre. The Royal College of Surgeons, Edinburgh (RCSE) DSTS course is, the only credible UK course. Therefore Stuart McKechnie (Surgeon Commander Royal Navy Consultant General Surgeon, Royal Infirmary of Edinburgh) arranged for collaboration with the RCSE to hold courses in Lothian.



4.4 West of Scotland (WoS) Trauma Network

The delivery of the major trauma network is an ideal opportunity of showcasing how regional and national working can deliver comprehensive care pathways that span geographical boundaries with the key aim of giving lives back and improving outcomes for patients who have suffered a major trauma and as part of the network the WoS are committed to the delivery of the model.

At the heart of the WoS regional network, is the MTC which will be sited at the Queen Elizabeth University Hospital (QEUH) in Glasgow and will provide care for around 1100 critically and severely injured patients per annum. The MTC will be supported with six stand alone Trauma Units, Local Emergency Hospitals and a range of remote and rural community hospitals. There will also be a MTC for Paediatrics located at the Royal Hospital for Children. Significant redesign of services is required across the WoS to deliver this network model.



Supporting all of this will be a specialist rehabilitation service. The focus of this model is on a hub and spoke provision of specialist rehabilitation ensuring complex rehabilitation needs are met for major trauma patients from Day 1. It concentrates specialist services to improve outcomes for patients and to support patients to move along the rehabilitation pathway seamlessly.

2018/19 was the second of the five year phased approach to planning and preparing for the network and much work has been undertaken and progressed. The MTC Steering Group continue to work through developing the operational policy for the MTC which has included the Pre-Alert Handover system. In 2018/19 the WoS introduced the first phase of the Orthoplasty service at QEUH which has been well received.

A number of key new roles have been appointed to in the first two years including Critical Care and Ward Nurse Practitioners who are all in the process of completing a two year training course. The Major Trauma Coordinators in the MTC for both adult and paediatrics have been appointed to. These are pivotal posts within the MTC providing a co-ordination role for the patient across the pathway and system to ensure the right care is being provided at the right time. In this early phase they have been supporting developing the patient pathways, rehabilitation plan and communication processes across the network that will ensure as smooth a flow through the system for patients as possible.

In 2018/19 the WoS have focussed attention on learning and education, training for key staff roles and sharing good practice from areas of excellence to help inform developing the operational policies for the network. A number of staff have benefited from this

The WoS Clinical Governance Advisory Group was established in 2018/19 and is made up of representation from each of the Boards across the WoS and the Scottish Ambulance Service. There will also be representation on this group from Board areas where there is cross boundary patient flow e.g. NHS Highland. Longer term this group will include both patient and third sector representation. The purpose of the group is to influence and advise the WoS Network Board on clinical issues pertaining to major trauma and to ensure the provision of high quality clinical care and best outcomes for major trauma patients. The group are supporting the development of patient pathways and protocols across the system including developing regional and national secondary referral and repatriation protocols. The group will also establish and manage a monthly M&M West of Scotland forum.

Local Trauma Unit Groups have been established in each of the Board areas and they have been working on developing their trauma unit models.

4.5 Scottish Ambulance Service SAS



During 2018/19 SAS continued to co-ordinate the pre-hospital response to trauma patients through the Trauma Desk. This is the foundation of the STN, operating 24/7 from the West Ambulance Control Centre, ensuring dispatch of appropriate resources and clinical support for triage and treatment decisions of pre-hospital providers. Quarterly Trauma Desk Clinical Governance meetings are in place, which are followed by a meeting of the national

Trauma Team leads to share learning.

In November 2018, the first team of six Advanced Practitioners in Critical Care started in Edinburgh. This team is working closely with the Medic One pre-hospital care team and have advanced skills and interventions that bridge the gap between a paramedic and medic skill set to provide improved outcomes to trauma patients. A further team of Advanced Practitioners will be recruited to in the NoS over 2019/20.

Up until August 2018, the ScotSTAR West team was available to respond to patients from 07.30-18.00. These hours were extended to 07.00-23.00 from 1 August 2018 as part of implementation of the STN. This is improving outcomes for people who suffer serious injury and need rapid access to a pre-hospital trauma team.

Planning was underway in 2018/19 to implement the ScotSTAR North hub. This hub will be fully operational in April 2019 covering a population of approximately 630,000 in the NoS. This North based retrieval team will support trauma patients to access the right care first time and therefore provide better quality of care for patients by improving the time to definitive care.

5. Plans for the Year Ahead

The workplan for 2018/19 was quite ambitious for the network, as can be seen by the number of incomplete objectives. These have been carried forward, into 2019/20, and further objectives will be discussed and agreed with STN working groups in coming months.

5. Detailed Description of Progress in 2018/19

Insert updated Annual Workplan here, detailing their status as of 31 March of the reporting year. All network initiatives/projects mentioned in section 4 of the report must be listed in the Annual Workplan.

Objective Number	Smart Objective	Linked Dimensions of Quality	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 01/04/2019	Anticipated Outcome	RAGB status
2017-03	Develop a trauma education strategy and solution for Scotland that will support local and regional training requirements being mindful of workforce implications	2,3,4,5,6	01/07/2017 to 31/03/2019 30/09/2019	Alison Gilhooly	The Education Strategy was agreed at the Steering Group in December 2018. An Education Matrix has been developed, and will be completed within the first six months of 2019/20. End date extended to 30/09/2019	Education for clinicians working in trauma care (from pre-hospital to rehab) will be planned on a national basis to ensure best access.	R
2017-05	Agree priorities with public health representatives around trauma care in Scotland	1,2,3,4,5,6	01/08/2017 to 30/06/2018 31/03/2018	Kate Burley	The Public Health Brief has been submitted to the STN Steering Group for ratification.	This will inform long term workplanning for the STN.	B
2017-11	Scope current rehab provision in Scotland	1,2,3,4,5,6	01/08/2017 to 30/09/2018	Alison Gilhooly/ Rehab Chair	Current rehab provision has been well scoped across the regions to inform plans to meet minimum requirements agreed by the rehab	A better understanding of current rehab provision is required to support planning for future	B

Objective Number	Smart Objective	Linked Dimensions of Quality	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 01/04/2019	Anticipated Outcome	RAGB status
					group.	potential models.	
2018-01	The Scottish Trauma Network will work with regional networks, SAS and STAG to support development of and delivery against their plans	2,3,4,5,6	01/04/2018 to 31/03/2019	Kate Burley/ Martin McKechnie	Ongoing support is being given to regions, including supporting submission of additional bids to Scottish Government for funding to meet requirements agreed in past 12 months.	Agreed objectives for these networks will be delivered, and delivery of the Chief Medical Officer and Cabinet Secretary's promises will be on target.	B
2018-02	Work with STAG to ensure that reporting and monitoring against KPIs is achieved	2,3,4,5,6	01/07/2017 to 31/03/2019	Kate Burley/ Martin McKechnie /Alison Gilhooly	Work is ongoing with STAG. eSTAG went live in November 2017, and live reporting has gone live. Annual report from 2017 STAG data was published 27/11/2018. 2018 data is due to be published in June 2019.	All hospitals in Scotland with an emergency department will be reporting against trauma KPIs to support quality assurance and improvement	B
2018-03	Seek rehabilitation models of excellence for Scotland	1,2,3,4,5,6	01/04/2018 to 31/03/2019	Alison Gilhooly/ Rehab	Work was undertaken by Claire Tester, and a report presented to the Rehab Group, Core and Steering Groups. The report will	Potential models of rehab care will be available for consideration in	B

Objective Number	Smart Objective	Linked Dimensions of Quality	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 01/04/2019	Anticipated Outcome	RAGB status
				Chair	help to inform future planning for rehab across the network.	future planning.	
2018-04	Support the opening of the MTCs in Dundee and Aberdeen	1,2,3,4,5,6	01/04/2018 to 31/12/2018	Kate Burley/ Martin McKechnie	Aberdeen MTC opened on 1 st October 2018, Dundee MTC open on 19 th November 2018. Members of STN team attended and supported both openings.	This will support the Scottish Government priority to have these MTCs open in Autumn 2018	B
2018-05	Develop a rehabilitation plan that can be used to support recovery for seriously injured people across Scotland.	1,2,3,4,5,6	01/01/2018 to 31/03/2019 31/03/2020	Alison Gilhooly/ Rehab Group Chair	The rehabilitation plan has not been agreed nationally yet, and will be reviewed following initial use by NoS and EoS regional teams. This was unable to be completed within the 2018/19 planning year, and will be carried forward. End date extended to 31/03/2020.	Seriously injured people across Scotland will receive a standard rehabilitation plan to support their recovery.	R

Objective Number	Smart Objective	Linked Dimensions of Quality	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 01/04/2019	Anticipated Outcome	RAGB status
2018-06	Develop a national Major Incident Plan for mass casualty incidents.	1,2,5,6	01/01/2018 to 31/03/2019	Ray de Souza/ MIMC Group Chair	The plan has been developed, and will be launched at the STN Event in June 2019.	A plan will be in place to support Scottish resilience in the case of a major incident with mass casualties.	B
2018-07	Develop education standards that will support the delivery of education for staff working across the trauma care pathway.	1,2,3	01/04/2018 to 31/03/2019 31/03/2020	Alison Gilhooly/ Education Group Chair	Work is underway with NES to develop these. This was unable to be completed within the 2018/19 planning year, and will be carried forward. End date extended to 31/03/2020.	A national curriculum, which supports local delivery of education to meet the needs of clinicians around Scotland will be available.	R
2018-08	Implementation of Patient Related Outcome Measures for patients	1,2,3,4,5,6	01/04/2018 to 31/03/2019	STAG	58 patients have undertaken the first questionnaire, with the second questionnaire due to be circulated in December to patients who completed the first questionnaire in June	Patients will have an opportunity to provide formal feedback on their care, supporting quality improvement across the patient	B

Objective Number	Smart Objective	Linked Dimensions of Quality	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 01/04/2019	Anticipated Outcome	RAGB status
					<p>2018.</p> <p>There have been some challenges with finding clinical time to complete the first questionnaires, and these are being resolved with assistance from regional teams.</p>	pathway.	

6. Proposed Work Plan for 2019/20

Insert full draft Annual Workplan for the following year here.

Objective Number	Smart Objective	Linked Dimensions of Quality	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 01/04/2019	Anticipated Outcome	RAGB status
2017-03	Develop a trauma education strategy and solution for Scotland that will support local and regional training requirements being mindful of workforce implications	2,3,4,5,6	01/07/2017 to 31/03/2019 30/09/2019	Alison Gilhooly	The Education Strategy was agreed at the Steering Group in December 2018. An Education Matrix has been developed, and will be completed within the first six months of 2019/20. End date extended to 30/09/2019	Education for clinicians working in trauma care (from pre-hospital to rehab) will be planned on a national basis to ensure best access.	B
2018-05	Develop a rehabilitation plan that can be used to support recovery for seriously injured people across Scotland.	1,2,3,4,5,6	01/01/2018 to 31/03/2019 31/03/2020	Alison Gilhooly/ Rehab Group Chair	The rehabilitation plan has not been agreed nationally yet, and will be reviewed following initial use by NoS and EoS regional teams. This was unable to be completed within the 2018/19 planning year, and will be carried forward. End date extended to 31/03/2020.	Seriously injured people across Scotland will receive a standard rehabilitation plan to support their recovery.	B

Objective Number	Smart Objective	Linked Dimensions of Quality	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 01/04/2019	Anticipated Outcome	RAGB status
2018-07	Develop education standards that will support the delivery of education for staff working across the trauma care pathway.	1,2,3	01/04/2018 to 31/03/2019 31/03/2020	Alison Gilhooly/ Education Group Chair	Work is underway with NES to develop these. This was unable to be completed within the 2018/19 planning year, and will be carried forward. End date extended to 31/03/2020.	A national curriculum, which supports local delivery of education to meet the needs of clinicians around Scotland will be available.	B

B

Denotes complete

Appendix 1: Steering Group Membership

Members	Name	Title
Chair	Ms Caroline Lamb	Chief Executive NES
Network Clinical Lead	Dr Martin McKechnie	STN Clinical Lead
NSS Lead	Ms Kate Burley	Associate Programme Director
Network Programme Manager	Mrs Alison Gilhooly	Programme Manager
Regional Clinical Leads:		
West	Mr Angus MacLean	WoS Trauma Network Clinical Lead
North	Mr Charles Lee	NoS Trauma Network Clinical Lead
South East	Mr Edward Dunstan	SEoS Trauma Network Clinical Lead
East	Mr Michael Johnston	EoS Trauma Network Clinical Lead
Regional Planning Leads:		
West	Ms Sharon Adamson Ms Heather McVey	Director of Regional Planning, WoS Trauma Network Planning Manager, WoS
North	Ms Lorraine Scott	Programme Manager, Modernisation, NHS Grampian
South East	Mr Colin Briggs Ms Wendy Parkinson	Lead for the South East Trauma Network Project Manager, South East Trauma Network
East	Ms Lorna Wiggin Tbc	Chief Operating Officer, NHS Tayside Project Manager
ScotSTAR Lead	Dr Drew Inglis	Associate Medical Director, ScotSTAR
SAS	Dr Tim Parke	Associate Medical Director, Major Trauma
SG Finance	Mr Peter Lodge	Financial Performance Manager, SGHSCD
STAG/Data Lead	Mr Malcolm Gordon Ms Angela Khan	STAG Chair STAG Clinical Co-ordinator
Workforce/Education Representative	Mr Adam Hill	Postgraduate Dean (Medicine)
Scottish Executive Nurse Directors (SEND)	Ms Sarah Dickie	SEND Representative
Public Health Representative	Tbc	

Rehab Representative (rotated)	Dr Heather Cameron Ms Orla Prowse Mr Douglas Gentleman Dr Santanu Sarkar Ms Lesley Stables	All and joint Chairs of the STN Rehab Group
IJB Lead Representative	Mr Colin McCormack	Head of Adult Services, (Mental Health, Addictions and Learning Disability) Glasgow City HSCP - NW
Paediatric Representative	Mr Carl Davis	Consultant Paediatric Surgeon
Resilience Representative	Mr Ray De Souza	Deputy Head of Health Resilience
Unscheduled Care Representative (only 1 to attend)	Mr Jacques Kerr Ms Helen Maitland	National Clinical Advisor, Unscheduled Care Unscheduled Care Director
Elective Care Representative	Tbc	
Chief Medical Officer Representative	Dr Dave Caesar	National Clinical Advisor
Lay Members / Public Partners	Ms Eileen Wallace Ms Susan Siegel	Public Partner Public Partner
Network Programme Support Officer	Ms Lana Peacock	Programme Support Officer
SG Policy Representative(s)	Ms Victoria Milne	National Planning Team Leader

Appendix 2: Finance

The STN core budget ran to a slight overspend in this year. This highlights the need for an increase in the STN core budget due to it not being sufficient since its inception. Scottish Government have agreed and authorised an increase of a further £25k per annum.