



**SCOTTISH  
TRAUMA  
NETWORK**

**NHS**  
National  
Services  
Scotland

# Newsletter

Issue 1 Spring 2018

Welcome to the first Scottish Trauma Network (STN) Newsletter. In this first issue we aim to give a brief introduction to the network, a summary of our first event in January 2018 and a number of other key developments. We hope you find this newsletter useful and informative. If you have any stories you would like to share in future issues, please get in touch by emailing [nss.scottrauma@nhs.net](mailto:nss.scottrauma@nhs.net)

## Welcome from our Clinical Lead



It feels like no time at all since our 3-woman, 1-man STN core 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 as this is your network, not ours.

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), 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 and 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.

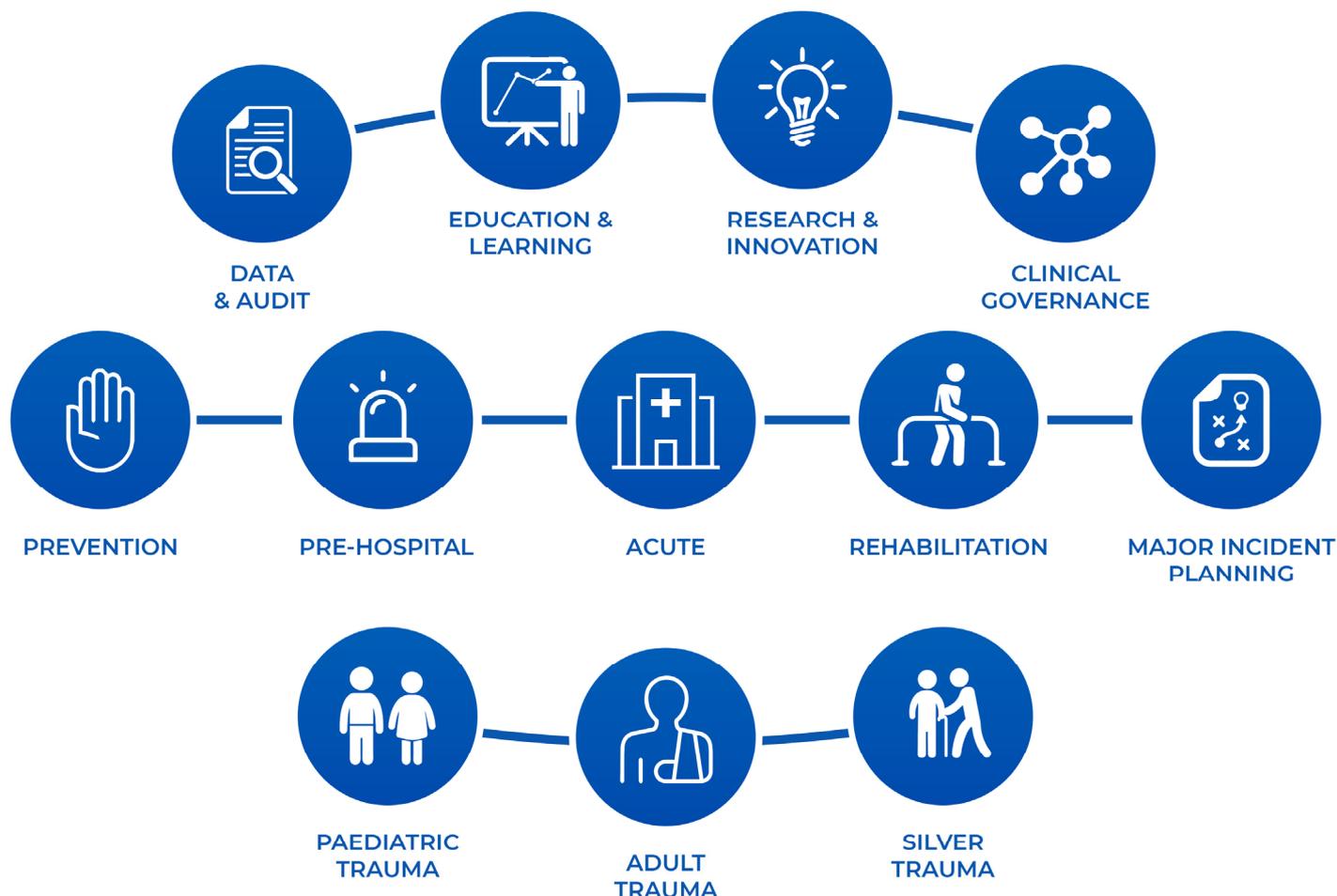
Over recent months, we have engaged and embarked upon detailed programmes of planning, work and development across the network's subgroups; Prevention, Pre-hospital, Acute, Rehabilitation, Major Incidents with Mass Casualties Planning, and Education and Workforce. This work spans across Paediatric to 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 being made towards delivery of a ScotSTAR North hub 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.

**Dr Martin McKechnie, STN National Clinical Lead**

**SAVING LIVES. GIVING LIFE BACK.**

# Workstreams



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 regional networks are key in providing the most relevant and appropriate members for each group which enables the whole STN to work collaboratively for a once for Scotland approach.

## Pre-hospital Transfer and Retrieval



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 BA-SICS responders) to “red” (pre-hospital critical care practitioners responding, for example through Scot

STAR, Medic One and Tayside Trauma). This model of care includes minimum requirements expected of each tier of response.

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, broken 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.

- Advanced Critical Care Paramedics
- Trauma triage tool
- Triage Desk
- Trauma Packs

## Acute

A "Trauma App" is under development to support the acute management of patients in hospital, further information about this can be found in the article from Dr David Lowe on page five.



## Education and Workforce

The first meeting of the Education Group took place in April 2018, with an objective to consider what training could be supported on a national level for trauma care in Scotland.



Work has also been undertaken by the Core Group to develop minimum requirements and plans for the delivery of acute care, in particular in hospitals treating adult patients.



## Data & Audit

STAG take the lead on data and audit for the STN, and sit on all of the working groups to provide some oversight. Please take a look at the article from STAG on page six.



## Paediatrics

The Paediatric Group has developed minimum requirements for paediatric MTCs, 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.



## Major Incident with Mass Casualties

The Major Incident with Mass Casualties Group has now held two meetings 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 progress to stakeholders, and can be found on the STN website.

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



## Rehabilitation

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

Regions are active in producing their own rehab plans with some advice and interjection of UK wide experts such as Col Etherington who spoke at the STN annual conference in January 2018.



## Research and Innovation

As the network develops, a number of innovative ideas to improve the delivery of care to patients have already been seen. Research and innovation will run through the work of the network and members to improve systems of care across Scotland.

## Prevention and Silver Trauma

Have a look at the article from Dr Maria Rossi on page five about prevention and Silver Trauma. Silver Trauma is also covered under other working groups, such as rehabilitation.



## Clinical Governance

Discussions have been taking place regarding clinical governance (CG) and how, through the STN, we can ensure best practice and shared learning and improvement take place. 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 will be held by the STN and the four regions and SAS will feed in case studies to be shared and discussed at a wider national event which will be open to all who would benefit.

# STN Event 2018

## Planning for the Future - What will be Different?

The STN held its inaugural event on the 18th and 19th January 2018 at Murrayfield Stadium, Edinburgh. The meeting was very well attended, with 211 delegates over the two days from every important component of the network.

All of the mainland territorial NHS Boards were represented, with just under 40% of all attendees were from either NHS Lothian or NHS Greater Glasgow & Clyde, the two largest NHSScotland Boards. The only NHS Boards not represented were the three island boards, and methods of allowing them to participate will be investigated for the next STN event.



*I liked the workshop. I would have liked to have gone to a few of them - perhaps more time for workshops next time?*

Workshops were held on four topics, pre-hospital, paediatric, data (STAG) and rehabilitation. These were a useful opportunity to engage attendees in the network, and we would like to make better use of these at the next event.

Over the course of the two day event @ScotTraumaNwk tweeted 28 times, with a total of 1735 engagements (people who clicked on a photo, link or hashtag in the tweet).

As this was the first event for the STN, there are a number of lessons to be learned. These were each flagged in comments from attendees, and are outlined in the evaluation report.

If you would like a copy of the full evaluation report, please contact [nss.scotrauma@nhs.net](mailto:nss.scotrauma@nhs.net)



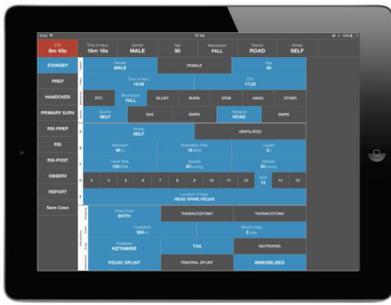
*Very interesting and thought provoking event... Very exciting to be a part of this network... Informative*

*Thank you for all the efforts put in to organise the wonderful and refreshing event. And also very big thanks to all the presenters and catering staff.*



## The Trauma App

Dr David Lowe



Radio Standby Screen - Data Recording begins from paramedic / retrieval handover

The innovative and novel app has been designed in collaboration with clinicians within the Queen Elizabeth University Hospital, Glasgow. The initial phases of Emergency Department (ED) care

are critical to outcome and dependant on effective team working to deliver multiple often simultaneous critical interventions. New tools are required to integrate and align health care delivery within the complex systems within the ED. The development of the major trauma app will support clinicians to achieve three key aims:

- 1- Robust data collection to enable forensic analysis of clinical care processes
- 2- Cognitive aids to support and prompt clinicians during trauma care delivery
- 3- Provision of a reliable framework to deliver care aligned to the highest clinical standards to reduce variability

Daysix, the industry partner, has immersed themselves attending courses and simulation events developing a deep understanding of trauma care. NHS GG&C eHealth provided a critical role as the civic partner providing initial funding in conjunction with the Digital Health Institute, in addition to technical specialist advice and guidance on integration standards. Further funding secured from the STN will enable the app to be developed, integrated and deployed within the network. We are looking forward to demonstrating the impact of the app on clinical care by enhancing teams ability to deliver excellent care.



Observation Trends

If you would like to find out more about the app, please contact [David.Lowe@glasgow.ac.uk](mailto:David.Lowe@glasgow.ac.uk)

## STN and Public Health

Dr Maria Rossi

Reconfiguration of trauma services across NHS Scotland is an excellent opportunity to review the population needs for patients affected by traumatic injury. At the most severe end of the spectrum of injury the National Records of Scotland, our government statistics agency, provides figures on deaths from external causes. These include deaths from transport, falls, assaults, suicides and other trauma. From this we know that traumatic injury remains the most frequent cause of death for individuals under the age of 45 years, accounting for approximately one quarter in this age group in Scotland in 2016. Unfortunately, its top ranking in the causes of deaths for younger adults has been apparent for many years.

However, falls (whether in the home or not) form the largest proportion of traumatic injury overall and like most injuries are preventable. It is also important to recognise falls as the top-ranking mechanism of injury at the older end of the population. Moving forward, it is forecast that the number of people aged 85 years or over will nearly double over the next 20 years, a key demographic pressure on our lives and on our services. This means that the prevention and management of falls in the elderly need to be a key focus for strengthening each of the aspects of the STN.... prevention, transport and pre-hospital services, clinical management and rehabilitation.

STAG, which is used to review the quality of care of patients' healthcare journeys, also highlights falls and road traffic collisions as key mechanisms of injury. Falls, whether from standing height or more than 2 metres, were the most frequent cause of major trauma encompassing 45% (351) of the 779 major trauma cases registered by STAG in 2016; road traffic collisions constituted 34% (263). Ensuring that people affected by trauma are managed in the right place within reasonable timescales will be the key factor for improving outcomes for patients, thus maximising the efforts of the many professionals, services and organisations involved in each patient's journey. For most patients, this will mean a return to life back in their communities.



# STAG

STAG are responsible for reporting compliance with the Key Performance Indicators for the STN. These standards will help ensure that injured patients are treated in the most appropriate hospital and that investigation and treatment is timely, ensuring the best chance of survival and functional outcome.

It is essential that we have a full picture of trauma care in Scotland, and to allow us to do this, all hospitals with an Emergency Department should participate in STAG in the future. Currently 23/30 hospitals participate in STAG, with more hospitals coming onboard soon.....

eSTAG was launched in November 2017, replacing a paper based data collection system. Each hospital has a Local Audit Coordinator who is responsible for entering data on patients who meet the audit inclusion criteria; and a Lead Audit Consultant who is responsible for ensuring that data are reviewed and actions taken where necessary to improve patient care. eSTAG allows early and easy access to local data; which means that patient reviews can happen at a time when staff remember

## Upcoming Events

### North of Scotland Trauma Network Event

Wednesday 23rd May 2018  
The Muthu Newton Hotel

& Highland Conference Centre, Nairn

Contact [nosp.g.majortrauma@nhs.net](mailto:nosp.g.majortrauma@nhs.net) for more info

### South East and West Joint Regional Rehabilitation Event

Monday 4th June 2018

a half day meeting with Colonel Jon Etherington and Alan Carson

Contact [wendy.parkinson@nhslothian.scot.nhs.uk](mailto:wendy.parkinson@nhslothian.scot.nhs.uk) for more info

## Key Regional Contacts

If you would like to find out more about what is happening in your region, please contact:

SAS - [christine.jeffrey@nhs.net](mailto:christine.jeffrey@nhs.net)

North - [annemarie.pitt@nhs.net](mailto:annemarie.pitt@nhs.net)

East - [jbeattie1@nhs.net](mailto:jbeattie1@nhs.net)

South East -

[Wendy.Parkinson@nhslothian.scot.nhs.uk](mailto:Wendy.Parkinson@nhslothian.scot.nhs.uk)

West - [Heather.McVey@ggc.scot.nhs.uk](mailto:Heather.McVey@ggc.scot.nhs.uk)

the patient and the treatment and care they received. Access to eSTAG has been given to nominated clinicians and managers from each hospital.

STAG also plan to commence collection of Patient Reported Outcome Measures this year aiming to:

- Improve understanding of functional and quality of life outcomes for patients with major trauma; and
- Assess the impact on mortality and functional outcome/ quality of life following the change of provision of trauma care in Scotland to the STN.

### ***Want to know more....***

The STAG Annual report was published on the 28<sup>th</sup> November and can be found on our website [www.stag.scot.nhs.uk](http://www.stag.scot.nhs.uk)

### ***Please get in touch if you have any questions or comments***

[NSS.isdstag@nhs.net](mailto:NSS.isdstag@nhs.net)

## Patient Representation

The STN is seeking patient representatives for some of the national working groups. If you have any suggestions on where to find suitable volunteers or for further information, please get in touch (contact details below).

## STN Annual Report

The annual report will be published at the end of May. Look out for it on our website from June 2018.

## Get Involved

Further information can be found on the STN website:

[www.scottishtraumanetwork.com](http://www.scottishtraumanetwork.com)

Or, contact us at [nss.scottrauma@nhs.net](mailto:nss.scottrauma@nhs.net)



The STN is on Twitter @ScotTraumaNwk