NoS Trauma Network Newsletter



Issue 4: December 2017

The autumn months have been very busy for the North of Scotland (NoS) Trauma Network. The bids and plan that were submitted to the Scottish Trauma Network (STN) Steering Group were supported and work has continued in recent months to further develop the detail of these – we will outline the key developments and timescales for implementation in our next newsletter.

There continues to be progress made across various work streams including the testing of the Single Point of Contact, developing job descriptions for Trauma Case Managers and Rehabilitation Coordinators and the piloting of the rehabilitation plan document. In addition to this we have also just recently advertised our NoS Trauma Network Clinical Lead for Education.

Update from the Scottish Trauma Network (STN) Team

Over the last few months each of the Regional Trauma Networks and Scottish Ambulance Service (SAS) have been working together to develop final plans for implementing a new trauma system across Scotland to support improved patient care following serious injury. Highlights from these have now been combined to create a draft National Implementation Plan for Scotland. The National Implementation Plan is going to the Scottish Trauma Network Steering Group on 19th December 2017 for review before being submitted to Scottish Government. Once finalised and approved, the Implementation Plan will be shared with stakeholders.

The Scottish Trauma Network Team are pleased to confirm the date and programme for the STN launch event which will be held on 18th and 19th January 2018. The theme for the event is "Planning for the Future – What will be Different", and we have a number of speakers from across Scotland and the UK who will present on how the new trauma service will be different from what is currently provided. The programme is available on our website: scottishtraumanetwork.com, and registration is available here: http://bit.ly/2BFcTKU, registration will close on 12th January 2018.

If you are interested in hearing more from us, or have any questions, please email nss.scottrauma@nhs.net.

Testing of Single Point of Contact (SPOC)

A key priority voiced by staff in hospitals across the north is having a responsive single point of contact at ARI. This will allow timely communication which will support coordinated plans for transfer and reception for trauma patients. This will also allow the provision of tailored support for local teams in managing major trauma until transfer occurs.

In order to take this forward a number of transfer simulation calls have taken place between Dr Gray's Hospital, the Gilbert Bain Hospital and a dedicated SPOC at ARI via the SAS Special Services Desk as a communication hub. Testing of this new procedure will continue with roll out planned for early next year. For more information please e-mail annemarie.pitt@nhs.net

Could you be our NoS Trauma Network Clinical Lead for Education?

This post creates an exciting opportunity to provide dedicated leadership in the development and facilitation of the education and learning of staff in order to provide responsive, high quality and sustainable major trauma care across the NoS.

For more information please email nospg.majortrauma@nhs.net. Closing date is 9th January 2018

Trauma Spotlight on Gilbert Bain Hospital

The Gilbert Bain Hospital in Lerwick, Shetland is the most northerly hospital in the UK. As well as serving the 23,000 population, the hospital also caters to some 4,000 offshore workers. The tourist industry brings with it its own challenges with wildlife enthusiasts and cruise ship passengers also frequently requiring the hospital's services.

The Emergency Department (ED) deals with approximately 7,000 new patient attendances per year. In hours it is staffed by two junior doctors at FY2/GPST1/CT1 level. Overnight there is only one junior doctor resident in the hospital covering ED as well as both the medical and surgical wards with support from consultants at home.

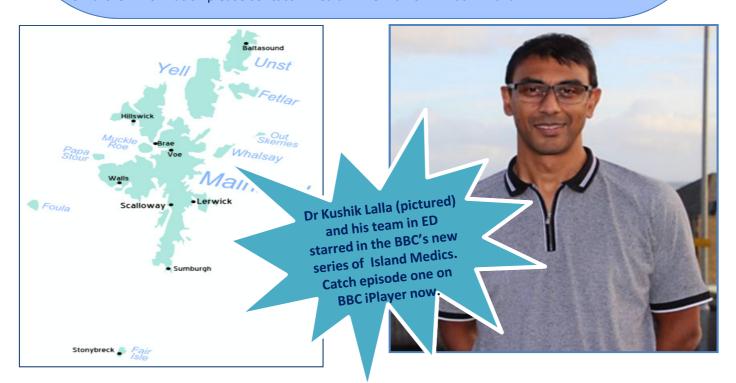
Trauma patients arise mostly from road traffic collisions and industrial accidents (fishing, oil and agriculture) some of which occur at sea or in outlying Islands. Transfer to hospital can take time and may require on call ferry crew to be contacted. There is one ambulance station staffed by paramedics. Island ambulances are operated by volunteers with a minimal level of training; they work in conjunction with the Island GP or nurse where available.

There are three full time general surgeons who are able to carry out emergency general and orthopaedic surgery. When transfer has not been possible surgeons have undertaken emergency neurosurgical and vascular procedures locally. There are four anaesthetic consultant posts. Anaesthetists are frequently called upon to provide level 2 and sometimes level 3 care, for short periods as there are no ITU beds on site.

The CT scanner is available 24/7 however requests must be discussed with radiology in ARI. Off duty colleagues are often contacted if the duty radiographer overnight is unable to perform a Trauma CT. There is a limited supply of cross matched blood and blood products on the island but no platelets are available locally.

The hospital's rural location brings with it the challenge of transferring critically unwell patients. All trauma transfers are via the air ambulance, usually to ARI; a 50 min flight. However, on occasions when there is a lack of ICU or PICU beds patients may be transferred further afield. Weather conditions can make transfers impossible, in the last year alone, more than 60 flights were cancelled. The local geography and weather conditions make Shetland unique in its trauma requirements and provision.

For further information please contact: Dr Caitlin Brennan or Dr Kushik Lalla.



Update from SAS

Expansion and enhancement of the Scottish Ambulance Service (SAS) Trauma Desk was recognised as a priority for investment by the STN Steering Group this year. The desk went live as a 24/7 service on October 31st 2017, to coordinate the response to trauma through the early identification and mobilisation of appropriate resources.

Trauma desk involvement in a recent incident near Caithness provides an excellent example of the benefits that can be realised from the initiative; within minutes of the first 999 call, the trauma desk clinician was sighted on a patient with potentially serious injuries as a result of a motor vehicle accident and had called the reporter back to obtain additional information on the patient's condition. Working closely with the Specialist Services Desk, the team arranged the dispatch of a helicopter resource to assist at scene and liaised with the nearest receiving accident and emergency department to pass on a detailed and early situation report and to formulate an early plan for transport and retrieval.

Thanks to support from the STN, a funded trial of the advanced paramedic model commenced at the start of December in the Greater Glasgow area. It is hoped that this trial will inform the future development of this role. It is envisaged that advanced paramedics will have additional clinical skills to bridge the gap between the level of intervention available to our Paramedics and that provided by our medic led Trauma Teams.

Implementation of the agreed national trauma triage tool to support crews in early identification of trauma patients and access to regional pathways has begun in earnest with SAS working with staff and partners to trial the tool with local ambulance crews. Following recent discussions with our NoS partners, project teams are being put together to prepare to trial the tool in Highland and Grampian.

The STN launch event, planned for the 18th and 19th January, will be held at Murrayfield Stadium in Edinburgh. A live demonstration of our national trauma strategy and a number of workshops and presentations will be provided by the SAS trauma project team. We hope our NoS partners will have the opportunity to join us at the event.

For further information e-mail euan.esslemont@nhs.net

National STAG Update

eSTAG was launched on the 20th November and the Local Audit Coordinators (LACs) from Raigmore and NHS Grampian have already entered patient data. Access to eSTAG has been given to nominated clinicians and managers from each hospital. Those who currently do not have LACs will be able to view records of patients who were transferred to Raigmore, Grampian or Glasgow/Edinburgh; as the LACs in these areas will complete the record.

STAG had a great visit to both Shetland and Orkney and hope these areas will be able to progress data collection soon. A big thank you to both teams for a warm welcome. We look forward to meeting other teams in the North soon.

The STAG Annual report was published on the 28th November and can be found on our website www.stag.scot.nhs.uk

For more information please see our website www.stag.scot.nhs.uk or contact angela.khan@nhs.net

Rehabilitation Plan

Having a Rehabilitation Plan document for individual major trauma patients is a key element to achieving better person centred rehabilitation outcomes. Consequently, the network has concentrated on developing a plan template which will contain jointly agreed goals and treatment plans that will be started within 2 days of the patient coming into hospital and will follow them through their rehabilitation journey back into their home and community.

The template plan is being tested at present and it is planned to be rolled out when Rehabilitation Coordinators are in place.

For more information please e-mail annemarie.pitt@nhs.net

In the next NoS Trauma Network Newsletter....

- Details of the NoS Trauma Plan and timescales for delivery
- Update on the Rehab Plan Document Pilot (due to finish end of January)
- Overview on the STN Event at Murrayfield
- Information on the NoS Trauma Event scheduled for 23rd May 2018

European Trauma Course

Clinicians in the NoS Trauma Network held their fourth European Trauma Course at the Centre for Health Sciences in Inverness on 30th November. The director of the course was Dr Peter Goode the Trauma Lead in the Major Trauma Centre in Newcastle. Instructors were represented by trauma clinicians from Newcastle, Aberdeen, Dundee and Inverness.

There were twelve candidates on the course from as far afield as Bara and Edinburgh. The diversity of the candidates on the course reinforced how generic the European Trauma Course is for the management of the trauma patient. Candidates included anaesthetists, surgeons, radiologists, physicians and emergency department consultants and nurses.

It is hoped in the near future that NoS clinicians will run their own courses in Aberdeen and Inverness. This would utilise local expertise. A Scotland wide programme of European Trauma courses will be scheduled in the future. Details of trauma courses in Scotland in 2018 will be advertised early next year.





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What do you want out of the next NoS Trauma Network Event?

The next NoS Trauma Network Event is scheduled for the 23rd May 2018. Please send us your suggestions on topics for workshops and presentations that you and your teams would find useful and which would support our approach to improving patient care – this can be from colleagues within the NoS, Scotland or further afield. Please email your suggestions to - nospg.majortrauma@nhs.net.



Dates for your Diary!

