# NoS Trauma Network Newsletter Special Edition focusing on the NoS Trauma Network Event 2018

The fourth annual NoS Trauma Network Event took place on the 23rd of May 2018 at the Muthu Newton Hotel in Nairn. There were 163 delegates representing a wide range of professionals, services and organisations across the NoS and further afield. We were again, extremely fortunate to have excellent speakers from within and out with the NoS. This newsletter aims to provide you with a summary of the key messages from the event, along with the evaluation of its success. For the full event report, please e-mail nospg.majortrauma@nhs.net. Special thanks to everyone who presented, facilitated, supported and participated and made it another successful event.

### **Presentations**

- > Welcome and Setting the Scene Dr Rod Harvey opened the event and gave delegates an insight into the focus of the day and importance of the network approach.
- > Progress in Developing the NoS Trauma Network Dr Chic Lee and a number of the NoS Trauma Network Clinical Leads provided an update on progress and the key areas of focus to ensure go live in October 2018.
- > Collaborating Across Scotland Kate Burley outlined the objectives of the Scottish Trauma Network, along with progress and key areas of focus going forward.
- > Enhancing Pre-Hospital Care Across Scotland Peter Lindle presented on the challenges that face the NoS Trauma Network around Pre-Hospital Care and advised the plans to improve the access to care.
- Collaborative Working to Meet Remote and Rural Needs North West Midlands and North Wales Experiences - Dr Richard Hall and Sue O'Keeffe shared their learning and experiences of delivering a network approach to enhance trauma care in remote and rural areas.
- > One MTC's Lessons Learnt from the London Terrorist Attacks in 2017 - Dr Rosel Tallach gave an insight to how the Royal London Hospital responded to the recent terror attacks along with the challenges and lessons learnt.





Dr Roland Armes & Mr David Boddie



Sue O'Keeffe



Dr Rosel Tallach

### **Key Priorities Over** Next 9-12 months

Delegates advised that these should be:

- **Education and Training**
- **Improving Communications**
- Improving our Rehabilitation Services
- Opening the MTC in 2018

### **Workshops**

Delegates were given the opportunity to attend three interactive workshops during the event. A summary of the key messages/priorities from each of the eleven workshops are below.

## Trauma Risk Management- Supporting our Staff

- Ensure protected time for this training and supporting staff
- Ensure the training is available throughout the NHS and to volunteers
- Introducing a "buddy" system with your peers

# What Outcomes are important to Collect for Patients & Services when Utilising the Rehab Plan?

- Ensure themes for all patients are contained
- mobility, cognition, mental health etc.
- Important that goals are created using a language

that is meaningful to the patient

• FiM/FAM training required across network

# Meeting the Workforce Education/Training Needs Across the Network

- Publicise and advertise the theme for the monthly education sessions
- Introduce a training course for remote and rural colleagues
- Releasing staff and backfill is important

#### **Mass Casualty**

• Lanyards with basic actions and contact numbers

to be used in the event of a mass casualty

- Use of Whatsapp in communicating with staff
- Acknowledgement of the geographical spread of

the NoS network and the transfers that will he

required

# Technological Advances which Support the Right Care, Right Place & at the Right Time

- NoS Care Portal will support access to information from a range of existing systems, allowing network staff to access the patient record irrespective of Board area in the NoS
- Input required to develop standardised health pathways and documents
- Facilitated approach to training required trainers can go into wards to work with teams

#### Who's Coming for Me?

- SAS are providing additional ambulance crew to help with resilience
- SAS to consider reviewing categorisation of calls made by clinical staff for transfers
- Clarity required on distinction of LEH's/small hospitals

# Developments in the North MTC & the MTC Patient Pathway

- Introduction of the ATMIST handover tool
- Communication between hospitals for secondary transfer of trauma patients using SSD and SPOC
- Response required to meet the demands around trauma in the elderly that the English MTC's have learnt

## How do we want our NoS Paediatric Network to Function?

- What paediatric cases should we transfer to ARI
- Single point of contact for paediatric cases
- A programme for paediatric education sessions

#### **Enhancing Psychological Care for Trauma Patients**

- Acknowledgement of psychological needs of patient and family through the whole patient pathway (physical and psychological recovery are interconnected)
- Requirement for development of a psychological strategy and model for how this will work

#### **Older Person Trauma**

- Far higher awareness required of trauma in patients over 65 years of age
- For patients over 65 who have chest pain or tenderness undergo CXR as minimum
- Agreement of what constitutes best practice

## Enhancing Care through Robust Communication, Collaboration & Governance Process

- Documentation which follows the patient through their journey
- The need to improve the current access to patient data/information and outcomes
- Gather patient feedback as soon as possible

#### What Worked Well?

- Set up and coordination
- Breadth of attendance
- Good balance of presentations and workshops from across the pathway
- The organisation of the event

"Very interesting event with a good range of speakers and many different professions represented"

"Thank you for inviting me to speak.
The Nos Network should be very
proud of their progress to date \_

#### Standout Moments for Delegates

- Dr Tallach's presentation on London's experience of mass casualties
- Patient Stories
- Rehabilitation as one of the main focuses
- Older adult trauma workshop

### What Would Have Improve the Event?

- Longer time for workshops and presentations
- Run the event over two days
- Time for Q and A
- Less parallel sessions

"A well planned and an enjoyable event providing inspiration and support to of the network"

"All in all a very informative and interesting event – it was good to hear about developments out with my usual remit"

### **Feedback**

76% of delegates advised that there should be a NoS Trauma Network Event 2019!







