North of Scotland Trauma Network Newsletter Issue 9





Winter 2020

Introduction:

It's been a long break since our last newsletter and during that time the numbers of patients experiencing major trauma has continued as previously, whilst trauma staff have been redeployed to help in COVID-19 areas. The dedication and hard work of staff to provide the best type of trauma co-ordinated care, as in other clinical areas, has been phenomenal. The network celebrated its 2nd anniversary in October but was unable to hold its usual Annual Event to celebrate the advances in trauma care. We hope to have an on-line event in the first half of next year.



Rehab with a trauma patient at the Neuro Ward. Woodend Hospital

Through the year new staff have been able to join the trauma teams which is highlighted further in the newsletter and we look forward to the next year when funding for new rehabilitation posts comes online. We are slowly able to build the capacity within the north of Scotland to enable the rehabilitation of trauma patients

which will really mean we can 'Give Lives Back'.

Our education programme has been hampered this year by the pandemic but we have begun our #lunchandlearn sessions every 4th Friday and are beginning to roll out teaching on-line to keep staff safe. Please read on for further details.

Please follow and contact us on:

Tay.nospgmajortrauma@nhs.scot

https://www.nhsscotlandnorth/networks/trauma

@NoSTraumaNtwk



@NoSTraumaNetwork



Network Web Pages https://www.nhsscotlandnorth/ networks/trauma

Launch of Trauma

Find information about the network, the team, education resources and links, clinical guidelines, patient information and much more.....







EDUCATION





Feedback from the TCAR and PCAR courses run on-line in October 2020:

"A lot of learning gained to help improve the care of the trauma patient in the acute phases of injury"

"The ability to have all ED and PTU staff trained to this level would be ideal for the NoS Network"

"Missed the face-to-face interaction"

"'In house' education programme being developed to include a monthly paediatric education session with multi-disciplinary approach similar to the adult education sessions"

Don't forget the monthly education sessions. Held on the 4th Friday of the month, 12-1.30 via Teams
#lunchandlearn

Next session will be 27th November

General Surgery in Trauma

To join e-mail:

Tay.nospgmajortrauma@nhs.scot

Coming soon.....



TRiM—Trauma Risk Management training coming soon.....

If you are interested in supporting colleagues, and have the support of your line manager, enquire at gram.trim@nhs.scot



Secondary Transfer Training



First issue of the Vocational Rehabilitation Bulletin!!! Newsletter 1: OCTOBER 2020

Work Matters

Vocational Rehabilitation Bulletin

Dear Colleague

Welcome to the first edition of the Work Matters Vocational Rehabilitation bulletin for AHPs across the North of Scotland.

The intention of this newsletter is to promote work as an important part of rehabilitation; and to provide and share resources to support the delivery of this.

Any feedback or suggestions for future newsletters, or any contributions please get in touch with me

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Click here for the first issue of the Vocational Rehab bulletin





Getting to know you...



Dr Gillian Winter

a. You have recently been appointed as Clinical Lead for the Paediatric Major Trauma Centre - what do you feel has been the best part of your role so far?

The best part has been the opportunity to work with an enthusiastic and committed team and collaborating to improve trauma services for children.

b. What are you looking forward to achieving in the next six months?

I look forward to establishing appropriate patient pathways and developing educational opportunities for all staff managing children who have experienced trauma.

c. Do you feel you have made strong links with members of other trauma teams across the NoS Trauma Network?

I have managed to create strong links across the network not only in the NoS but across the wider network by participating in clinical governance and rehabilitation meetings. Having established a regular monthly paediatric MTC meeting we now have representation from all professions working within the network including AHP and SAS.

d. If given the option what would you have done differently as part of your induction period?

If it had been possible, I would have liked to have gone and met with SAS and EMRS representatives from the NoS at their site of work to develop a better understanding of the process of transporting trauma patients. This is an integral part of the trauma journey and one that had it not been for a pesky virus, I would have strived to develop stronger links with.



Louise Duncan

Louise has worked as a Physiotherapist for 30+ years and has been working for NHS Highland for the last 18 years. The main areas she has experience in are Neurology, Rehabilitation and latterly community.

a. You have recently been appointed as Highland's Trauma Community Physiotherapist - what do you feel has been the best part of your role so far?

Meeting the enthusiastic Major Trauma Rehabilitation team at Raigmore.

b. What are you looking forward to achieving in the next six months?

Visiting The MTU, networking with Physiotherapy Colleagues in NHS Highland and getting a clear vision for the Role.

- c. Do you feel you have made strong links with members of other trauma teams across the NoS Tra.uma Network? Not yet...
- d. If given the option what would you have done differently as part of your induction period?

Nothing yet







COVID-19 has affected all aspects of our work and lives and needless to say the Network has had to be flexible about how major trauma services are delivered due to key trauma staff being redeployed to COVID-19 care. Unexpectedly the number of people affected by major trauma did not decline during the initial lockdown period, especially in NHS Grampian.

The reports below are from trauma staff explaining how services were adapted in the Major Trauma Centre and Trauma Unit. Staff have reflected how the pandemic has changed services and lessons learned. The full report can be seen (here).

The Network has collaborated in its response to the pandemic and the documents published under "COVID-19 Planning" on our <u>website</u> outline these plans. The <u>Escalation Plan</u> is particularly pertinent as the increase in COVID-19 is felt across the country.



Julie Blade, NHS Highland, Trauma Unit, Raigmore

During COVID the TU staffing at Raigmore underwent significant change.

Sophie Bassindale, our only adult Rehab Coordinator, was redeployed to the COVID admissions ward, only rejoining the team in July. Ishbel Trigg, our Scottish Trauma Audit Group (STAG) Coordinator was working from home and, in the early stages, had no access to EDIS so was unable to provide daily details of trauma cases. These were usually provided weekly and Dianne Beastall, Shona McBryer (trauma physiologists) and myself used SCI store to obtain details to complete the rehab plans, using the amended 'Rehab plan during COVID' documentation. These were stored on the shared drive to be picked up at a later date.

From June, Anna Cudmore, Paediatric Rehab Coordinator was able to assist with starting the rehab plans which resulted in patients being seen on the wards within 72

hours of admission. Both Dianne, who was working from home, and Shona continued to provide psychology services, Dianne via the phone and Shona face to face on the days she was working in Raigmore.

Initially, out patient Occupational Therapy Services were limited to those assessed to have critical or substantial need. As we moved out of lockdown, routine appointments began to be undertaken.

At the beginning of August, Louise Duncan, physiotherapist, joined the team and will be working 15

hours per week covering community physiotherapy for trauma patients.

The team were finally able to meet face to face and resume our 'normal' roles and activities on Tuesday 11th August.



Report from Janet Christie, Trauma Rehabilitation Co-ordinator at the MTC

During COVID the MTC staffing at Aberdeen Royal Infirmary was greatly reduced with two members of the trauma co-ordinator team being temporarily redeployed. Lorraine Harris went to work in ICU and Alison Coutts went to work in ED, Kirsty MacPherson split her time between ED and major trauma. Our Scottish Trauma Audit Group (STAG) coordinators, Emma Donald and Roslyn Campbell, were also redeployed to help in short stay medical wards.

Kirsty and myself, with support from Katy Scott (voc rehab) and Louise Buchan (psychology) completed daily screening for major trauma admissions using BOXI reports and Trak and commenced rehab plans for each patient using the adapted rehab plan for use during COVID. We developed computer based records to detail our screening lists and data sheets so that they could be accessed remotely for team members working from home. We continued to maintain a 7 day service, with screening completed remotely at weekends and only coming to the MTC if required. On site we were present

Monday - Friday between the hours of 7am - 5.30pm.

It had been anticipated that the presentation of major trauma patients would reduce due to lockdown, however, we found that numbers remained the same if not slightly increased, compared to the previous year, although presentations were more varied in nature.

Our wider team also changed the way of working with some of our AHP colleagues moving from working with major trauma patients to working to assess patients with COVID. Follow up in the community was also reduced and the need to use Attend Anywhere increased to help with handover from acute to rehab settings and also follow up in the community.

COVID allowed the coordinator team that remained in post to look at the way of working and develop a one role approach due to limited resource. It has also allowed us to

look at developing follow up and our role within specialist rehab settings.

By the end of August we were all back working as one team.

Right: Alison Coutts, Left: Janet Christie