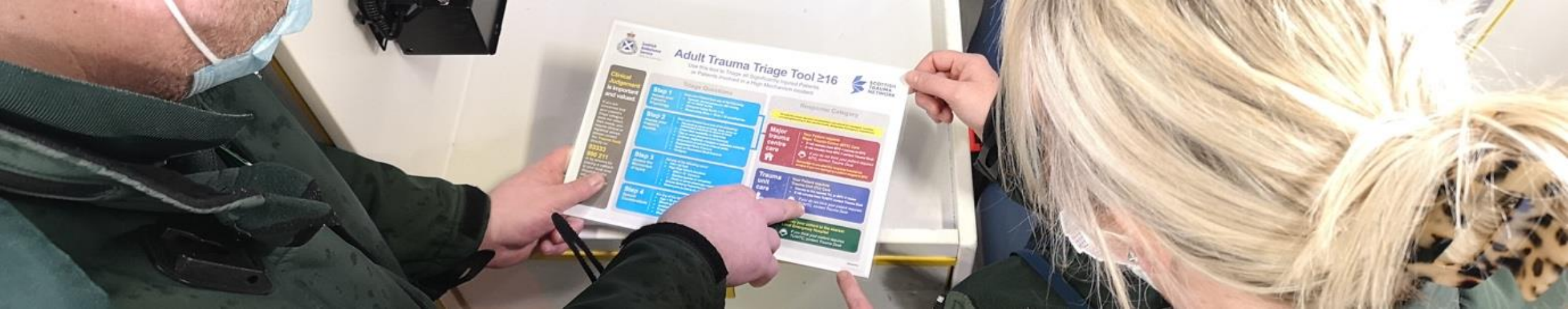


Annual Report 2022/23



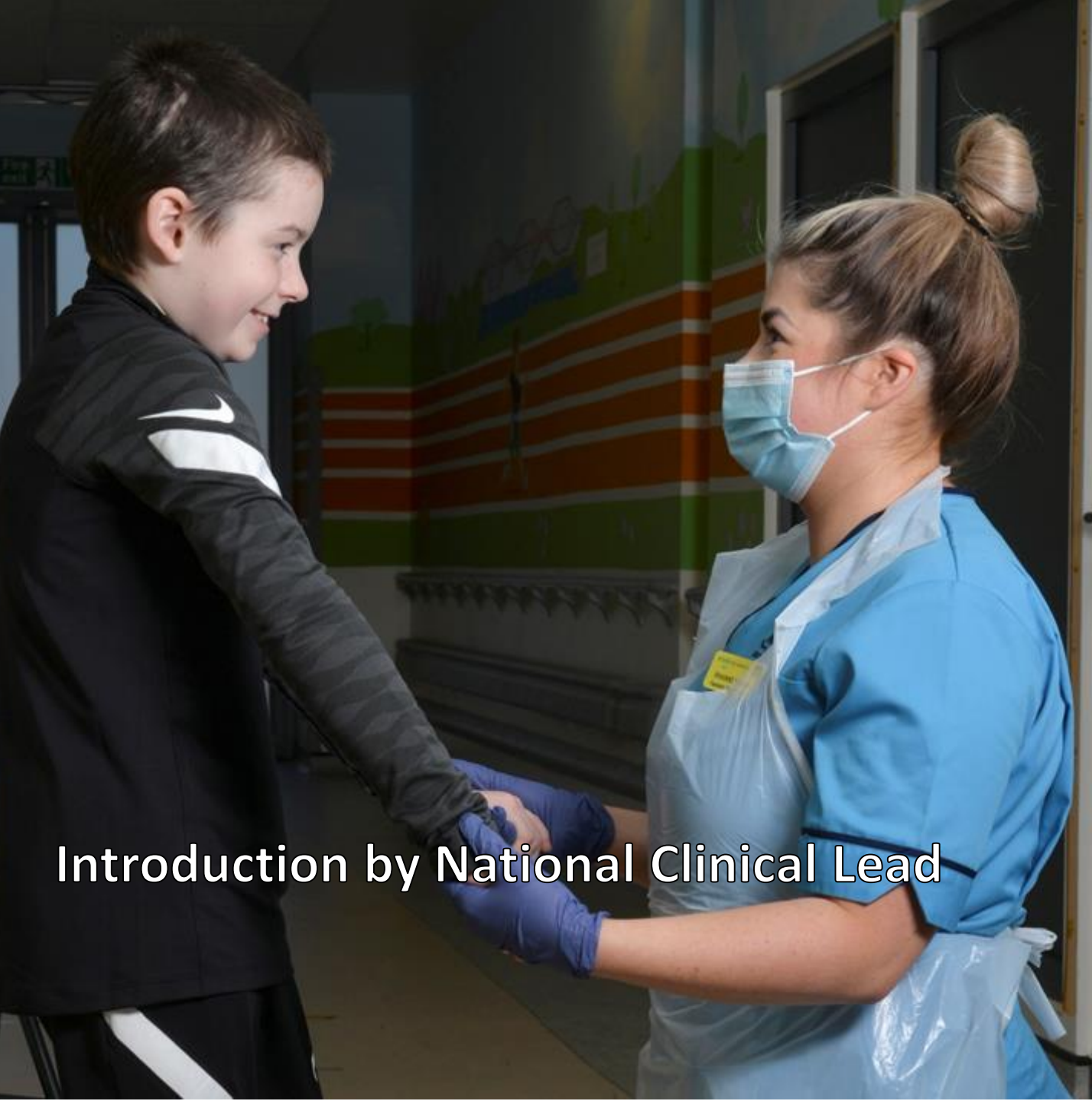
Martin McKechnie, National Clinical Lead
Janis Heaney, Associate Director (Joined July 2022)
Alison Gilhooly, Senior Programme Manager
Mark McKeirnan, Programme Support Officer (joined May 2022)



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Introduction by National Clinical Lead

In writing this year's STN Annual Report, I reviewed my introduction to last year's. To paraphrase, what a difference a year makes.....Then, I was reflecting on the incredible teams of professionals within the Network, and our well-recognised and lauded achievements in delivering Phase I resulting from all that national collaborative pragmatism.

Now a year into Phase II, the Network runs smoothly and expertly, yet we strive to deliver our ambitions in an arena of markedly different clinical and political pressures, with the inevitable significant financial constraints to follow. Therefore, it is necessary that we cut our cloth accordingly. Despite continued support for our representations within Boards and in Government, we too must adapt to some, hopefully short-term, tempering of those ambitions.

This difficult landscape notwithstanding, there are many exemplar developments to be highlighted. We gathered in hundreds over two days for our Conference at the EICC. The energy and enthusiasm was obvious. This was not lost on our keynote speakers including the Chief Executive and Director General of NHS Scotland Caroline Lamb, and the National Clinical Director, Professor Jason Leitch, with whom an entertaining Q&A session closed proceedings.

The amazing roadside to rehabilitation clinical work taking place throughout the regional networks was presented at our annual Clinical Governance Day, yet again showcasing incredible patient and team stories.

Series 2 of our BAFTA-nominated Channel 4 documentary "Rescue: Extreme Medics" concluded filming, and will be on-screen as this report is published. We believe it continues to be a positive representation of the work of the STN.

Other areas of progress include the excellent work by Laura Stewart on the Education and Development Framework of trauma resources for NHS Scotland staff, scoping work and fine-tuning of a case for a new Red Team in the East of Scotland, and planning for Network Peer Review and a national Major Incident with Mass Casualties exercise.

Future sustainability of the Scottish Trauma Network is a theme running throughout 2022-23. As such, our colleagues in the Scottish Ambulance Service (SAS) and Scottish Trauma Audit Group (STAG) continue to extend their vital remit in influencing strategy, service development and quality improvement. We are deeply appreciative of their ongoing support.

Martin McKechnie
National Clinical Lead



Governance

STN Governance is conducted through the Core Group, which consists of clinical and planning leads from each of the regional networks and SAS. The Core Group reports to the STN Steering Group. A number of working ('facet') groups are in place, which produce recommendations and guidance which are subsequently ratified through the Core and Steering Groups.

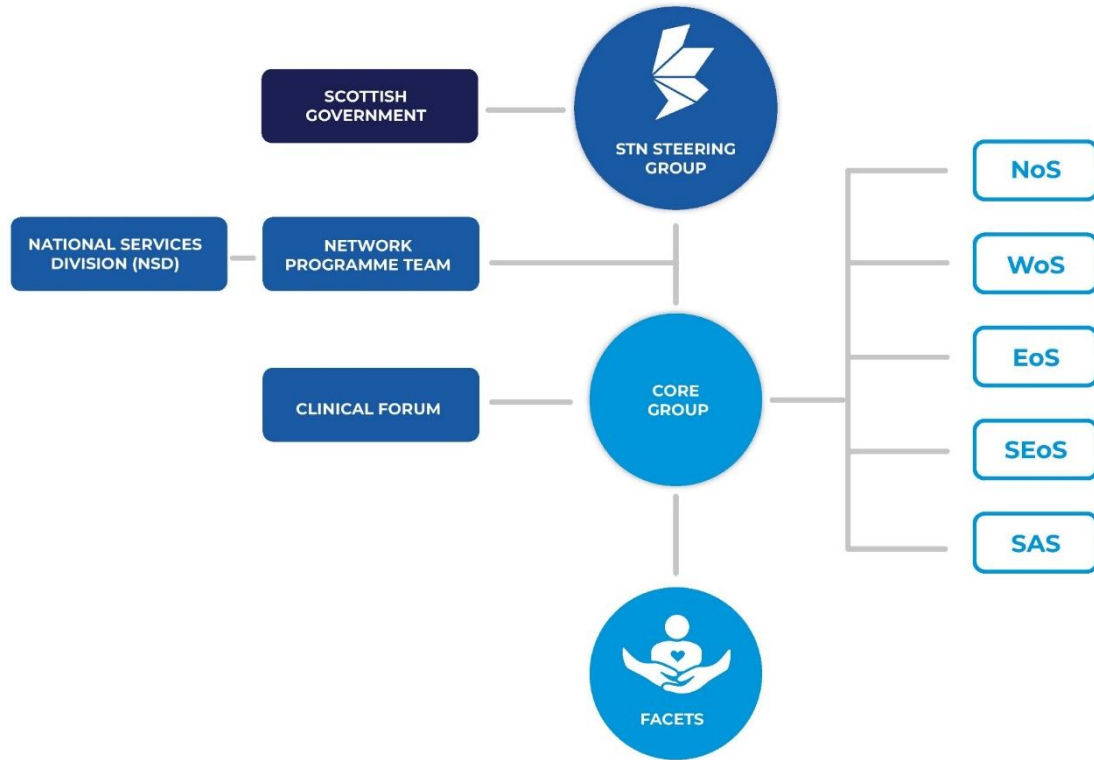
Mary Morgan, Chief Executive of NHS NSS has taken over as chair of the STN Steering Group and Martin McKechnie continues to chair the STN Core Group.

A National Clinical Governance session took place in May 2022. Regions presented two cases, one adult and one paediatric. The next National Clinical Governance session is due to take place in May 2023. Patient stories continue to be part of the STN Steering Group.

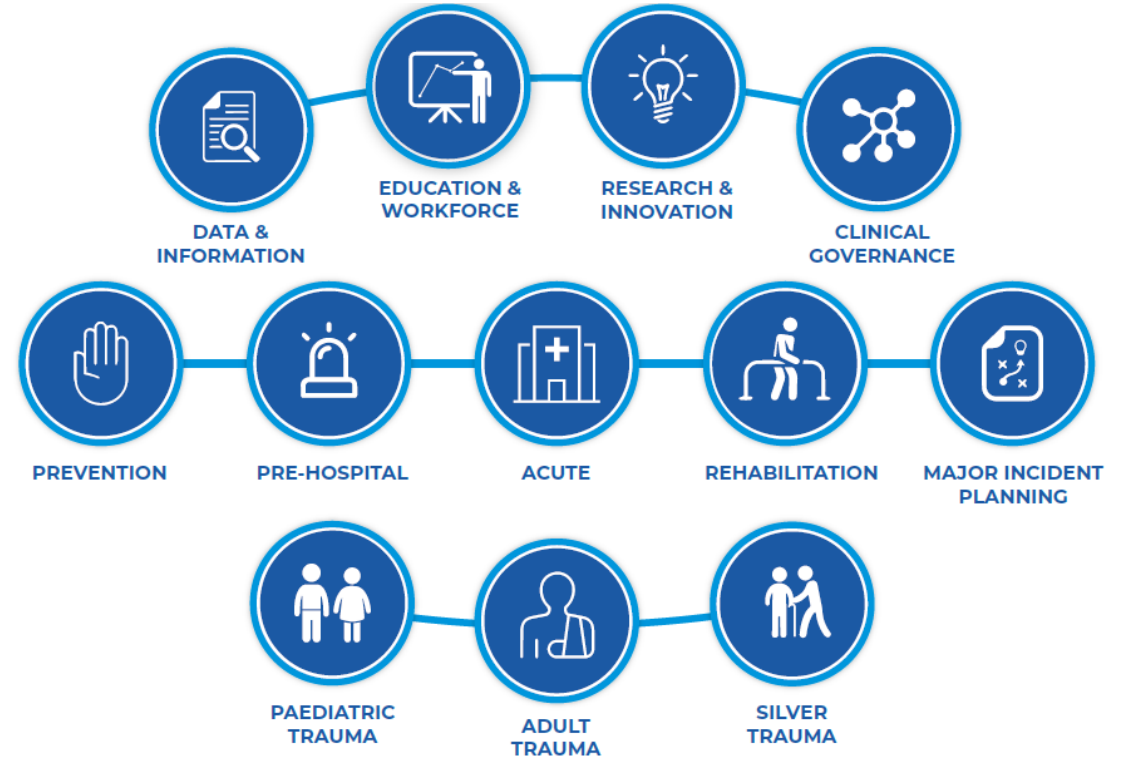
Data from the Scottish Trauma Audit Group (STAG) is published in the STAG Annual Report each year, and can be found on their website: [The Scottish Trauma Audit Group, STAG](#)

Scottish Trauma Network Network




Governance Diagram



Facet Diagram



Work Plan 2022-23

Deliverable 	Progress/Next Steps 	Benefits 
Review of the Major Incident with Mass Casualty Plan	Discussions with the Emergency Preparedness Resilience and Response team in Scottish Government concluded that a review of the plan was not required at this time. An exercise is being planned in 2023 to test the plan, and a review may be required following that test.	NHS Scotland has a relevant, up-to-date Major Incident with Mass Casualties plan to support management of a MI/MC should one occur in Scotland
Audit of Major Trauma Triage Tools	The Scottish Ambulance Service has been carrying out an audit of the Major Trauma Triage Tool, looking at feedback from hospital-based clinicians. The Paediatric Group will be reviewing one of the factors of the Paed MTTT at their meeting in March 2023.	The Major Trauma Triage Tool lies at the heart of the STN as it acts as an evidence-based guide to selecting patients likely to benefit from care in one of the Major Trauma Centres.
Develop a Trauma Data Platform, and progress data linkages for telling the story.	Scoping document agreed with the STN Research and Innovation Group in 2021-22. NSS Digital and Security did not have resource available to progress the platform in 2022-23. Further discussions ongoing on priorities and funding options for the platform.	Allow data to be accessed in one place. The network can start to show value for money and assessment against the network aims and objectives. Telling the Story using data.

Work Plan 2022-23

Deliverable



Publication of Development and Education Framework for Nursing and AHP Staff working across the in-hospital trauma system.

Develop clear processes for ongoing monitoring and management of education resources published on the network website.

Review of Rehabilitation Plans to ensure they are fit for purpose, with an aim of developing a single plan template for Scotland.

Progress/Next Steps



NMAHP Development Framework for Major Trauma published on STN website in June 2022. Comms campaign via Twitter, NES and NSS routes. In person workshops held at North Region and STN conferences with good attendance, engagement and evaluation.

Process for capturing impact of framework is being developed with QI/KPI approach using lessons learned from NES "overarching" framework feedback. Small case studies planned to get qualitative data to "tell the story". Development Framework is available for creators of education resources to map or align content.

Regional teams continue to use and review the Rehabilitation Plan templates. The first section of the plan has been agreed nationally to enable data collection for STAG, however, there continue to be some regional variances in the rest of the templates. The STN Rehab Group is content with these variations.

Benefits



Development and education frameworks will be available to support staff development across in-hospital teams.

National approach to education for NMAHPs.




Staff delivering trauma care will be supported by clear education guidelines and resources to help them deliver the right care for injured people in Scotland.

These will be monitored and kept up-to-date and relevant.

A "once for Scotland" approach is taken when developing rehabilitation plans for patients.

Clinicians in "boundary Boards" will not have to use different templates depending on where the patient was treated.

Work Plan 2022-23

Deliverable 	Progress/Next Steps 	Benefits 
<p>Develop sustainability strategy for the network to support ongoing delivery of care for seriously injured people across Scotland.</p>	<p>Sustainability Plan submitted to Scottish Government and accepted in 2022. Further work to develop an action plan from recommendations following the review of the network will be undertaken in 2023-24.</p>	<p>Engagement from stakeholders on the future of the network. Clarity on the national approach to trauma will be understood.</p>
<p>Support the work on a feasibility study of the establishment of a single 'red' team in the East of Scotland.</p>	<p>This piece of work continues to be led through the STN Pre-hospital Group. Findings show that a single pre-hospital critical care team based in the East of Scotland is feasible, discussions are ongoing to finalise a business case and funding model for the service.</p>	<p>The network and Scottish Ambulance Service will be clear on the feasibility of establishing a single red pre-hospital team in the East of Scotland.</p>
<p>Develop peer review/ongoing audit process</p>	<p>The network preference would be to carry out a full peer review of services in 2023, utilising the model currently in place elsewhere in the UK. Timing is to be agreed for a review to be carried out. Ongoing audit will be lead by STAG using SNAP governance processes, with input from the national STN team.</p>	<p>The trauma care system in NHS Scotland will have a clear process for auditing and supporting best practice, ensuring the best outcomes for injured people in Scotland.</p>

Finance



All network funding spent on projects agreed through network governance. In addition to regular agreed staffing and expense spends, this included:

- NSS Digital and Security review of Trauma App project and support for procurement scoping
- NSS Digital and Security initial scoping for Data Platform

Social Engagement (April 22 – March 23)

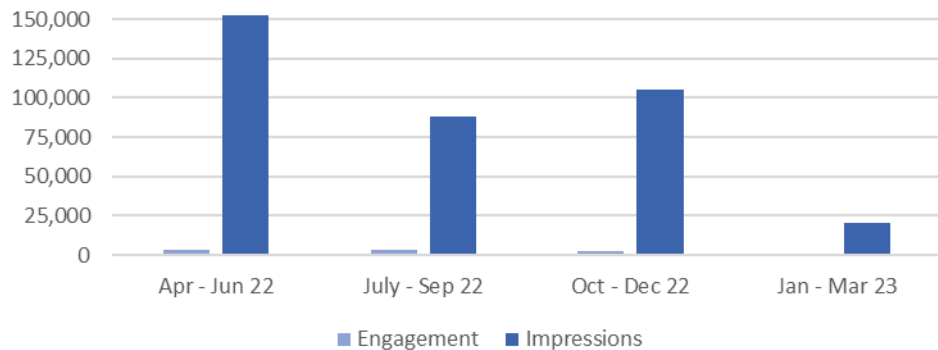


4,219 Twitter followers (543 increase since 2022)

2.4% Average Engagement per Tweet

Increased Engagement and Impressions in April due to Rescue: Extreme Medics series release and in December due to the release of HECTOR training course.

Engagements vs Impressions



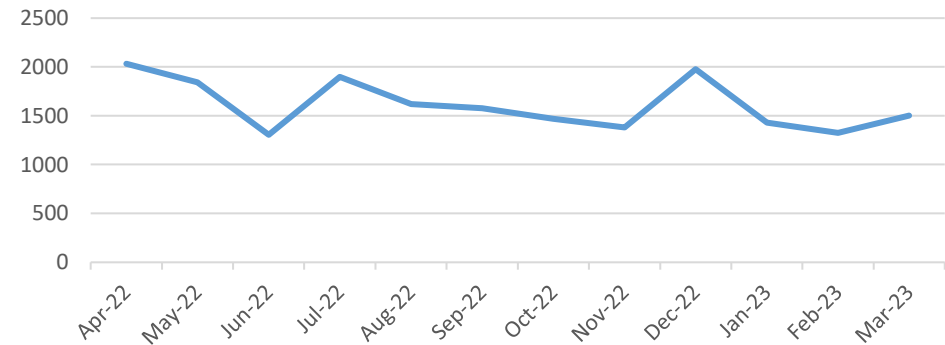
3,337 Returning Users (15.6%), 17,998 New Users (84.4%)

00:01:37 Average Session Duration

57.9% of users are from Organic Searches, 21.8% Direct Searches, 13.1% Referral and 7.1% Social Media




61.71% Bounce Rate (view one page and leave the website)

Number of Visitors



WoS Network Deliverables



Deliverable 	Progress/Next Steps 	Benefits 
<p>Improved access to adult multispecialty trauma care.</p>	<p>Single Point of Contact for adult and national SPOC via ScotSTAR for sub specialty paediatric MT now in place.</p> <p>Multi-disciplinary teams established on all sites – including medical, nursing, rehabilitation and mental health services</p> <p>Major Trauma Ward operational in MTC with a specialist rehabilitation model of care</p>	<p>Patient centred care and clinician support.</p> <p>National improvement in access to paediatric sub specialities.</p> <p>Patients have access to the right staff at the right place/time where the ethos of care supports meeting the aims of the network of both Saving Lives and Giving Life Back. Beneficial outcomes observed by staff, families and patients. Socioeconomic benefits; reduction in LoS/Transfers to local boards</p>
<p>Governance of Trauma Care</p>	<p>MTC Governance structure established within both sites. Governance template for WoS TN</p> <p>Creation of network wide M+M will be established utilising monthly WoS Trauma Education Events</p>	<p>Visibility of trauma care within individual HB structures and clinical leads network.</p> <p>Network access and engagement with safety issues.</p>
<p>Education and shared learning</p>	<p>Success of monthly MT forum. Accessibility of adult MT educational program. Development of SOPs</p> <p>Ongoing access to local and national training/education programmes for all of the multidi-disciplinary teams</p>	<p>Professional development and sharing of best practice.</p> <p>Well trained confident trauma workforce</p>
<p>MTC Developments</p>	<p>Paediatrics - further engagement and support Discussion with regional/national services neurosurgery, cardiothoracic and spinal injuries</p> <p>Further development of specialist rehabilitation service</p>	<p>Assurances for quality of care.</p> <p>Continuity of care and improved specialty communication; Improved patient outcomes; Improved management of complex patients.</p>

SEoS Network Deliverables



Deliverable



Improvements to the continuity of rehab provided across the patient pathway

Continued delivery of robust clinical governance structure

Completion of annual reviews within all sites in the South East and ensuring learning from these reviews is utilised to inform future service development.

Progress/Next Steps



Telephone follow-ups being delivered to all major trauma patients admitted to or repatriated back to a trauma unit.

Undertaking scoping work to look at delivering post-acute rehab follow-ups for MTC patients.

MTC mental health/psych team provide follow-ups post-acute.

Rehab teams providing input to patients admitted to other hospital areas inc. critical care

Continuing to establish links with third sector organisations & community services

Continued development and review of major trauma policies/protocols inc. updated regional protocol for head injuries

M&Ms established on all sites.

MTC rehab reflection meetings established to review patient rehab input

Excellent compliance with rehab KPIs across all sites

Staff experience survey undertaken within MTC.

Looking to trial use of RCS this year to ensure rehab is targeted at those with most complex needs.

Establishment of new roles to meet service needs e.g. social worker position; rehab coordinator assistants.

To review service response to major incident and share learning across network

Benefits



Patients are able to access the right services and expertise across the entire patient pathway.

Maintained continuity and intensity of rehab supports improved patient recovery and achievement of rehab goals.

Effective governance contributes to the safety and quality of care.

Supports early identification of any risks or concerns and ensure these are mitigated.

Robust network governance process supports delivery of service improvements and shared learning across sites.

Strong compliance with KPIs illustrates delivery of high quality and equitable care for patients across region.

Regular service reviews supports identification of any gaps or opportunities for improvement within the service.

Ensures lessons learned are shared and actioned appropriately.

Improvements to staff experience helps to support retention and good staff wellbeing.

EoS Network Deliverables



Deliverable



Remobilisation of Major Trauma Ward and workforce planning.

Major Trauma Patient Pathways reviews and the Initiation of Rib Fixation .

Ongoing rehabilitation mapping exercise with development of patient pathways.

MDT post discharge from hospital telephone consultations.

Benchmarking against NICE Guidelines.

Increased use of service user feedback to support service improvement.

Launch routine use of outcome measures.

Progress/Next Steps



The EoS Major Trauma Ward has reopened post Covid.

A significant amount of work has went into remobilising the service as a whole over the last few months.

Workforce planning had been under taken in all areas with strategic 5 year planning beginning.

MT Office space is being proposed to enable the multidisciplinary teams to be housed collectively and more effectively.

New discussions have started re initiation of rib fixation with consultants due to start in August.

Head Injury Pathways are currently under review also.

Each rehabilitation sub-speciality is due to outline standards of assessment and intervention at each stage of the Major Trauma pathway.

Planned launch of MDT post discharge telephone consultations.

Development of peer support group and increased use of patient experience questionnaire.

Routine use of FIM and review of the use of RCS.

Benefits



Cohorting of Major Trauma patients allows for specialist multidisciplinary care to be delivered in a concentrated geographical area with more rapid access to emergency treatments such as regional anaesthesia and delivery of specialist multidisciplinary rehabilitation care.

Staff retainment and morale has increased.

Refurbishment works are underway for MT Rehab and Psychology.

We have also secured essential rehab equipment to help deliver the specialist care.

Initiation of this pathway will ensure that chest trauma patients benefits from input from Major Trauma Service independent of where they are admitted with an overall reduction in mortality and morbidity.

To ensure that rehabilitation clinicians delivering the service have a platform to influence service delivery that is as patient-centred as possible.




Proactively contact patients to assess and support acceptance/adjustment post discharge from hospital.

Measure and review our performance to support ongoing service improvement.

Review our service delivery to proactively address gaps in Service.

NoS Network Deliverables



Deliverable 	Progress/Next Steps 	Benefits 
<p>Agree and implement action plans to improve the time to report on CT head scans for patients with a GCS<13 or intubated and those with a GCS 13-14</p>	<p>Audits and actions plans have been put in place in Aberdeen Royal Infirmary and Raigmore Hospital and monitored at local and network level. To continue into 23/24.</p>	<p>Patients with potential head injuries are identified in a timely manner and appropriate care and intervention made to increase mortality and recovery .</p>
<p>Gap analysis of services at the MTC and Grampian specialist rehab teams against the new NICE Trauma Rehab Guidelines and agree priorities for improvement.</p>	<p>Consultation with staff and action plans put in place to achieve appropriate guidelines over a period of time. To continue into 23/24.</p>	<p>Patients will receive evidence based rehabilitation and consequently be able to realise their full potential as quickly as possible.</p>
<p>Implement communication plan</p>	<p>Trauma Unit staff delivering road shows at local hospitals and community settings. Network event, newsletters, social media annual report and assurance visits to hospitals in the Network. To continue into 23/24.</p>	<p>Increase awareness of the trauma network, trauma services, roles of the trauma team and developing relationships across the north.</p>
<p>Deliver comprehensive education programme</p>	<p>Monthly adult and paediatric Teams education sessions. Paediatric training programme for remote and rural sites developed and implementation across the north.</p>	<p>Increased trauma skills, and confidence to apply them, will lower mortality and increase better outcomes for patients who have experienced trauma.</p>
	<p>Skills training for rib fractures, nursing, and AHPs delivered alongside TRiM and secondary transfer . To continue into 23/24.</p>	

SAS Network Deliverables



Deliverable



Advanced Practitioner in Critical Care (APCC) Programme. All 3 SAS APCCs teams based in Glasgow, Edinburgh and Inverness are now fully operational.

Central Co-ordination including Major Trauma Triage Tool and move to Critical Care Desk (CCD).

Major Incident and Mass Casualty planning

Progress/Next Steps



APCC competency framework developed and approved by the SAS Clinical Assurance Group

Monthly APCC governance meetings

Roster review to optimise coverage whilst support 4 pillars of advanced practice

Non-medical prescribing training and Pre-hospital Ultrasound training continues with the aim of all APCCs being non-medical prescribers and PHUS practitioners

Increase cohort from 6 to 7 in our West and South-East APCCs teams

Ongoing and sustainable MTTT education sessions for our new trainees, ongoing MTTT CPD sessions for ambulance clinicians targeting areas highlighted by our review and performance framework.

CCD operational since October 22. An advanced practice led desk with centralised tasking and co-ordination of advanced resources attending major trauma, critically ill patients and complex incidents. The CCD also provides clinical and logistical support to operational ambulance clinicians.

SAS Mass Casualty Plan has been extensively reviewed with an update published in November 2022.

Plans to implement the new 'Major Incident triage Tool' and 'Ten Second Triage Tool' within the UK. SAS have been involved in meetings in relation to this with plans to evaluate these tools through exercises prior to implementation in Scotland.

Benefits



As the APCC team evolve, so does the development of robust, sustainable clinical governance processes therefore improving patient care

Ensures optimal APCC cover for the delivery of enhanced patient care whilst also supporting the APCC cohort to develop professionally and utilise their skills and expertise to develop the wider SAS clinical workforce in major trauma care

Increasing the scope for further pharmacological intervention as well as enhanced diagnostic aids for critically ill patients

The ongoing education and review framework support the evidence-based triage decisions and the principles of the STN in getting major trauma patients to the most appropriate receiving unit.

The advanced practice led CCD supports our operational ambulance clinicians as well as coordinating the pre-hospital critical care team (red team) and enhanced care (yellow team) response to major trauma and critically ill patients.

Up to date, improved preparedness for major incidents and mass casualty incidents

Potential for improved, simpler, evidence-based triage tools and processes for major incidents and mass casualty incidents.

A UK wide standardised approach in relation to major incident triage

STAG Network Deliverables



Deliverable



Research project to better understand longer term mortality in the seriously injured trauma population: An analysis of the certified cause of death within one year of serious injury in the Scottish population.

<https://emj.bmj.com/content/39/12/A973.3>

Highlighting areas using Scottish National Audit Programme (SNAP) governance and initiation of quality improvement projects

Focus on older patients. One element of this is to record frailty scores with the aim of triggering early input from Medicine of the Elderly. In the longer term STAG plan to add this data to the probability of survival tool as we know it factors in patient outcome.

Collection of the rehabilitation minimum data set

Progress/Next Steps



Work completed by Hannah Craig (medical student), with supervision by Dr Gordon. Hannah has presented this in several forums and published this work.

The SNAP governance annual process is now widely accepted and has prompted many quality improvement projects within hospitals and networks. STAG aim to supply data that supports local QI work.

STAG began to collect frailty data in October 2021 and are highlighting the importance of this in multiple forums. 47% of patients aged 65 and over had a frailty score within 3 days of admission in 2022

Estag update progressing. Currently being tested by users and expected to go live in early summer 2023.

Benefits



STAG hold a vast amount of data which will help us better understand the effects of trauma on the person and wider community. Follow up after hospital is already being examined by several of the regional networks with the aim of identifying trauma related problems and signposting to relevant services or offering support from the network.

The STAG annual report has summaries of QI work below the relevant KPI and mortality data. See [Part 1: Introduction, standards and outcomes - Audit of trauma management in Scotland - reporting on 2021 - Audit of trauma management in Scotland - Publications - Public Health Scotland](#)

Early input from the Medicine of the Elderly specialty brings many benefits such as management of delirium, cognitive impairment, nutrition, and medicines. Adding the frailty score to the probability of survival model will increase accuracy of this tool.

Ability to measure new KPIs regarding time to specialist care to identify availability of beds and where resource is inadequate. To better understand what injuries require ongoing rehabilitation and where this is best met.

Workplan 2023-24



Work Plan 2023-24

Deliverable



Progress/Next Steps



Benefits



Develop and deliver an action plan to meet recommendations from the review of the network carried out by NSD.

The network will have clear targets to meet the recommendations of the network review, and continue to support the delivery of trauma care in Scotland.

Finalise EMRS East business case for submission through SAS, SEAT and Scottish Government governance structures.

A clear proposed plan will be in place to replace the current, unsustainable services being delivered through NHS Tayside and NHS Lothian.

Continue to scope data available to support benefits realisation of the network. Note that creating a data platform is the preferred solution of the network.

Allow data to be accessed in one place.




The network can start to show value for money and assessment against the network aims and objectives.

Telling the Story using data.

Review financial sustainability across the network considering current financial climate

The network will continue to deliver good value for money for Scotland, with capacity to deliver against key priorities.

Work Plan 2023-24

Deliverable 	Progress/Next Steps 	Benefits 
<p>Support delivery of the Major Incident Exercise in 2023</p>		<p>STN continues to be involved in Major Incident planning, and is best placed to support review of the Major Incident with Mass Casualties Plan.</p>
<p>Finalise and implement peer review process for Major Trauma Centres and wider service.</p>		<p>The trauma care system in NHS Scotland will have a clear process for auditing and supporting best practice, ensuring the best outcomes for injured people in Scotland.</p>
<p>Implement monitoring and review of use of education resources and development framework.</p>		<p>Staff delivering trauma care will be supported by clear guidelines and education resources to help them deliver the right care for injured people in Scotland.</p> <p>These will be monitored and kept up-to-date and relevant.</p>
<p>Develop a catalogue of education programmes and resources available across Scotland, including sim scenarios to support local training. Linking with CSMEN.</p>		<p>Clearer and more equitable access to education resources for staff across NHS Scotland.</p>

Stakeholder Feedback

The network provides positive impact on length of stay, patient care and repatriation, which helps patient families,. For example, a Trauma Co-ordinator arranged for a patient's dog to be kept in foster care for the duration of in hospital stay as this was troubling patient. The network has helped see the patient as a human being, beyond their actual injuries

The thing that I take greatest pride in is the effort the network takes to get as close as possible to true equity of access to care, regardless of where in Scotland a patient might be. I think that speaks to the true heart of a national health service

Thanks again for organising a really informative and positive conference. I left full of enthusiasm, and it has not yet subsided!