



# NoS Trauma Network Newsletter

## Winter 2023

Issue 17

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### Introduction

A very Merry Christmas to you all.

As 2023 draws to a close I would like to personally thank each and every one of you for your continuing hard work and dedication in improving trauma care for our North of Scotland communities. The Network is nothing without you and together we can continue to achieve great things.

Against the backdrop of ongoing fiscal constraints, we have accomplished much in the past year. Both the recently published Strategic Plan 2023-28 and the preparatory work for the Network Peer Review, planned for early next year, have put into sharp focus where we are doing well, but also where we need to improve. I have no doubt that the Network's open, friendly and pragmatic approach will enable solutions to be found.

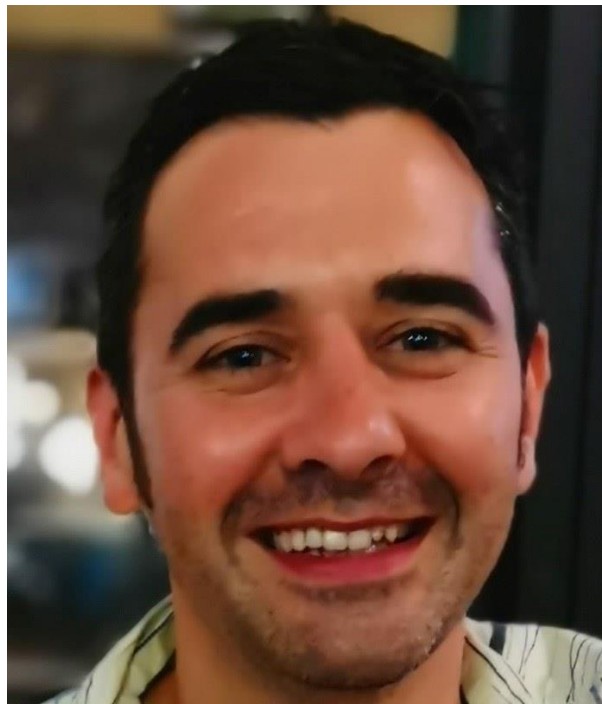
It will come as no surprise to many of you that one of the key strategic objectives for the next 5 years is to develop a robust, high quality teaching and training programme for the region. By building on the foundations already laid, the programme will look to empower all healthcare providers to deliver up-to-date, exemplary trauma care to all patients from point of injury through to rehabilitation.

I hope the festive period allows for some much deserved R&R and you all have a happy and fulfilling time. Thank you once again for your ongoing hard work.

**Tim Hooper**

**NoS Trauma Network Clinical Lead**

## Introduction to new team members



**Duncan Speirs, Major Trauma Rehab Coordinator, TU, NHS Highland**

Duncan lives in Inverness with his wife, Claire, and two boys, Reiss (9) and Aaron (5). Originally from Thurso, Duncan started his nurse training in 2000 at Glasgow Caledonian University. Moving to Glasgow was quite a change. Duncan spent a few years working on the wards developing his skills before moving into critical care, firstly in Gartnavel General's HDU before being seconded to and then permanently moved to the ITU, Glasgow Western Infirmary.

Duncan and his wife relocated to Inverness at the end of 2013 to start their family. Duncan took up a post in the Raigmore trauma theatre as a scrub nurse but also worked in theatre recovery. Pre-COVID Duncan worked extra shifts in ICU before securing a permanent post there at the start of the pandemic. Duncan became a senior member of the team and over time secured a Band 6 post. It was during this time he learned of the major trauma rehab team and spent time with Kirsty MacPherson, Major Trauma Rehab Coordinator and was hooked. Nursing for Duncan has always involved rehab in one shape or form, taking patients at their lowest and helping them as part of an MDT along their journey. One thing Duncan has always missed was continuity. Patients come and go from wards/theatre/critical care and the rest of their journey is never known. The Scottish Trauma Network is an invaluable tool which he says is continually evolving since its inception and Duncan is absolutely delighted and excited to be part of it following his commencement in post as Trauma Coordinator in September.

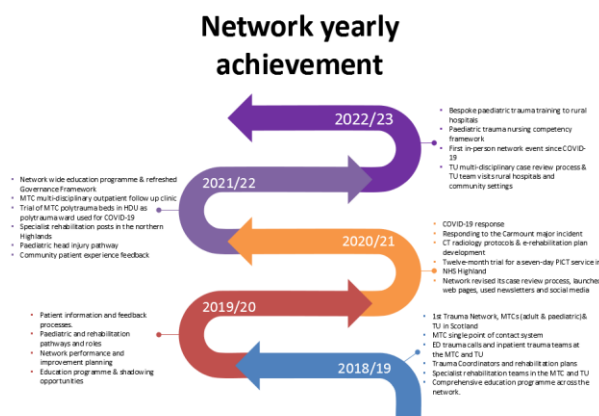
Out with work Duncan is a family man who, with his wife, enjoy taking their boys out walking, cycling and fishing. Duncan's wife is a Senior Staff Nurse in a surgical ward so it can be a juggle between shifts but they make it work.



**Leanne Caie, Clinical Psychologist, NHS Grampian**

This is Leanne's first qualified role as a Clinical Psychologist following her completion of the Doctorate in Clinical Psychology through Newcastle University. Leanne has previously worked within the NHS Grampian Neuropsychology Department as an Assistant Psychologist and as a Trainee Clinical Psychologist, so is looking forward to re-joining the department as a newly qualified member of staff within the MTC pathway. Leanne's new role will see her supporting patients within the community following major trauma. She will provide, where necessary, psychological and neuropsychological assessment, formulation and treatment of difficulties. Some of this may include signposting to other relevant services. Leanne looks forward to working with individuals and their families to support and continue their rehabilitation on return to the community.

## North of Scotland Trauma Network : Strategic Plan 2023-28



The Network Board commissioned a strategic review in December 2022 to build on successes of the first 5 years, review achievements and formalise a unified Network strategic plan for 2023-28. The objectives of the planning process were to provide focus and clarity of direction for the Network and stakeholders, ensure that the Network continues to provide outstanding care to patients and to support our stakeholders to deliver excellent outcomes.

Throughout 2023 all hospitals within the Network were visited by Dr Tim Hooper, Network clinical lead, Anne-Marie Pitt, Network manager and Lesley Staples, Network rehabilitation lead. In addition, the team engaged with prehospital elements of the Network (including the Scottish Ambulance Service, EMRS and PICT) and specialist rehabilitation facilities to ensure a comprehensive picture of the Network was formed. A SWOT analysis was conducted to help inform the planning process. From this a draft strategic plan was produced and distributed for consultation. The plan was ratified by the Board in December 2023 and can be found here<sup>1</sup>.

In summary the objectives are:

- Deliver consistently excellent care for all trauma patients in the North of Scotland
- Develop a robust, accessible and dynamic governance structure to drive service development
- Refine the Network structure to ensure it remains lean, efficient and adaptive
- Develop a high quality teaching and training programme for all involved in trauma management
- Collaborate with all Scottish trauma stakeholders to provide outstanding patient care pathways
- Ensure Network resources and information are easily accessible and fit for purpose

## Education

### European Trauma Course - benefits of attending

Jane Astles is an Advanced Nurse Practitioner working in the district general hospital in Shetland. Jane is based primarily in A&E and is regularly the primary assessor of patients who present unwell or injured to our department.

Prior to ETC, Jane had not undertaken any formal training in assessment of seriously injured patients and recognised there was a significant gap in her knowledge. Following previous self directed study, Jane had grasped the principles of the primary and secondary survey but could not see how to deliver them in practice - practical problems came to mind such as:

- How were you supposed to assess for catastrophic bleeding when the entire team were supposed to listen to the hand over as a team?
- How could a team of people undertaking a simultaneous A-E assessment be led?
- When are you supposed to clear the spine during the surveys?

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<sup>1</sup>[https://www.nhsscotlandnorth.scot/uploads/tiny\\_mce/20231204\\_North\\_of\\_Scotland\\_Trauma\\_Network\\_Strategic\\_Plan\\_2023-28\\_v1.8\\_FINAL.pdf](https://www.nhsscotlandnorth.scot/uploads/tiny_mce/20231204_North_of_Scotland_Trauma_Network_Strategic_Plan_2023-28_v1.8_FINAL.pdf)

- How can you check someone's back when they are immobilised? When are you supposed to remove the clothing?

But then Jane was offered a place on ETC by the NoS Major Trauma Network, and these questions, and a 1000 others that had impacted on her confidence were resolved.

She thought the course was massively practical. Workshops addressed the skills required, then the scenarios enabled them to be put into a clinical context. Over the 30 plus storylines, the ETC framework became apparent to her. It actively encourages periods of refocusing and regrouping in it.

Jane was dubious initially on remaining within her working roles during the scenarios. But she came to see that this is really the only way to work. Thinking as an ANP during the course, whilst being surrounded by a highly skilled team, enabled her to visualise how she can lead in her own resus room. Jane says she does not need to have every skill but must know how to get the best from those that do, and allow them to focus on their speciality while she, as Trauma Team Lead, can keep the wider situational awareness. Jane felt this was empowering. Another benefit from everyone keeping their 'real' roles was that she learned such a lot from the other candidates. The majority were very senior and vastly experienced doctors, ED consultants and anaesthetists. It was so helpful to her to see into their world and begin to understand a little of how they make their decisions - a wonderful opportunity in itself.

The biggest and best part of the course for Jane was the support and patience of the faculty.

The course was a career affirming, practice changing and liberating, experience for her - what other course could give you that. Jane wants to her deepest thanks to Angus Cooper and his team.

**Jane Astles**

**Advanced Nurse Practitioner - Acute Care**

**Gilbert Bain Hospital**

**NHS Shetland**



**Celebrating**

Following completion of an NHS Education Scotland fellowship, Clare Tarr, SLT at the MTC, entered a piece of her work to support education and training in flexible endoscopic examination swallowing for SLTs into an InnoScot Health Innovation scheme in April 2023. Clare was shortlisted as one of three finalists in August 2023 and her a prototype for the design is currently being developed at the Glasgow School of Art. She currently continues to develop work in dysphagia diagnostics through a 12 month Internship with Robert Gordon University which she commenced in October 2023 alongside her clinical role.

Well done Clare!!



### Paediatric Education Sessions

The MTC Paediatric Trauma Education Sessions are scheduled to take place on every second Friday of the month from 12pm to 1pm (with the exception of school holidays). Please get in touch with [gram.nosmtc@nhs.scot](mailto:gram.nosmtc@nhs.scot)<sup>2</sup> if you want to join in with the sessions. Previous sessions can be viewed [here](#).<sup>3</sup>

### Scottish Trauma Network Peer Review

The Scottish Trauma Network is undertaking a peer review. The process will involve a team of clinical trauma specialists from within the network, and from other trauma networks in the British Isles.

The review team will examine evidence submitted by the regions which describes how the trauma services are meeting our minimum requirements. The team will visit the regions, starting with the West in December and then the North, East and South East in February. These visits are an

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<sup>2</sup><mailto:gram.nosmtc@nhs.scot>

<sup>3</sup><https://www.nhsscotlandnorth.scot/networks/trauma/education>



opportunity to see how the services are delivered in person, and to give the review findings and feedback directly to the local clinical team.

This process is not an inspection. All regions have been involved in the design of the review, and it is intended to be a collaborative and supportive quality improvement process. Feedback from the review will inform service improvement plans for the network for the coming year, and help us move the network into the next phase of delivery.

## Update from Rehabilitation

### Highlights

The trauma rehabilitation multidisciplinary teams have been involved in a number of developments over the past few months.

In the MTC the team have been reviewing the NICE Guidelines for trauma care and working through an improvement plan to meet the recommendations. The majority of recommendations (188/238) have been achieved. This work has now been rolled out across the other MTCs across Scotland.

Following an audit of elderly trauma patients who were admitted to the MTC in 2022 it identified the need to review the elderly patient pathway. Staff met for two workshops on 25.4.23 and 15.6.23 to scope the current variety of patient journeys, identify areas for joint working with consultant geriatricians, STAG coordinators and therapy staff and share learning from the HECTOR course. A number of actions, improvement ideas and potential QI projects were discussed. Details to follow in the next issue.

The Trauma unit team have been visiting local hospitals and Local Emergency Hospitals across Highland to meet staff and raise awareness of the trauma network. Link staff have been identified to build relationships and be key points of contact for the trauma coordinator and therapists.

Multidisciplinary teams from neurorehabilitation services have been involved in a NHS Grampian wide service review. This will affect trauma and non trauma patients with a neurological injury eg traumatic brain injury or non traumatic spinal injury. Proposals are underway to review and enhance inpatient, outpatient and community staffing and resources.

A series of Scottish Trauma Network Rehabilitation Learning Events have brought staff together from across the 4 Trauma Networks. These are hosted by each trauma network, 4 times a year and recordings can be viewed here<sup>4</sup>.

Sessions so far have included:

14.9.22 - NoS Network Management of challenging behaviour

25.1.23 - WoS Network Rehabilitation in Critical care

26.4.23 - WoS Paediatric Network

26.7.23 - EoS Network Substance Misuse, Major Trauma and the third sector

25.10.23 - SEoS Network From Theory to Practice: The Importance of Goal Setting

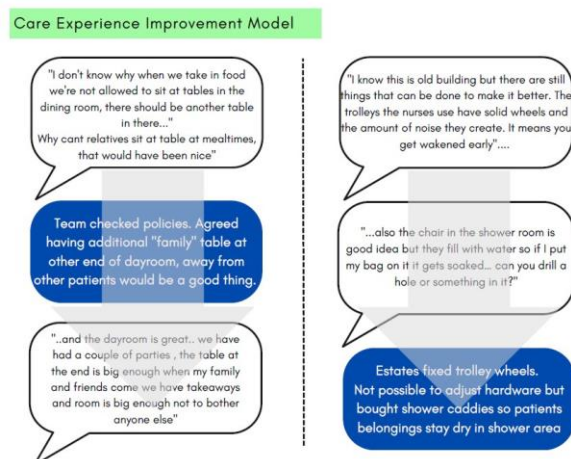
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<sup>4</sup><https://scottish.sharepoint.com/:f:/s/ScottishTraumaNetwork2/EI0vcVa1kmNCoekrbBZttCwBOOGV98HohZ1rEIOkzxJNiQ?e=CWpqOf>

Sessions are on a Wednesday from 2-4. All staff are welcome.

## Patient Feedback

The Neurorehabilitation Unit (NRU) at Woodend Hospital, Aberdeen, started using patient experience questionnaires in 2019. This gave us useful feedback in a range of specific areas as well as some open feedback on what was going well and what could be better. Soon after we heard about the Care Experience Improvement Model (CEIM) and realised that was likely to give us much richer feedback and a useful structure to deliver improvements. A few of us from the rehabilitation team attended 3 learning sessions in Perth delivered by Health Improvement Scotland, and we also had a project to work on with support from improvement advisors. This was really helpful in getting us started. We tried our first "real" session in January 2020 (yes just before Covid..). At that time only Angela Gall, Rehabilitation Consultant, was trained in the 'discovery approach' methodology - which encourages patients to describe their journey experience, having a few broad discovery questions then digging deeper. The training teaches you to record all the patient said so that when feeding back to the team it is truly the patients words and not an interpretation / summary. We decided that in order for the CEIM to become embedded it would have to be incorporated into an existing team meeting, so we added on 30 minutes, once a month to have our Reflective Improvement meeting. At those meetings we read out the patients words and invite feedback from all staff on how that made them feel, then facilitate a discussion to tease out improvement ideas. As we had been using questionnaires already and feeding back / reflecting, this didn't feel challenging and quickly became embedded. Since then, we have done internal training and have a rota with representatives from the whole MDT leading patient conversations and facilitating the monthly meetings. The course taught us we should aim for 5-6 per month, but with a small unit, and many patients staying for a number of weeks, we agreed to aim for 2 per month. There have been many benefits as a result of embedding the CEIM in NRU. Of course there are the improvements directly as a result of patient feedback, but one of the main spin off benefits is the amount of positive feedback the team get... lovely comments which we share with everyone each month. It boosts morale. Of course we all have to take on the constructive criticism and take an active part in improving things, but positive feedback is good for us all.



*"Very impressed with Ward 212, ARI, whilst undergoing orthopaedic surgery; so impressed with the level of care from all staff - porters, HCA's nurse, anaesthetic team, physios - everyone showed compassion and care and how important and incredible the staff and service are, given the negative press the NHS received - thank you all again and keep doing the amazing work!"*

## Trauma Unit Highlights



Duncan and Kirsty, Trauma Co-ordinators, have visited the MTC in Aberdeen and met with the MTT there and had many valuable meetings and discussions. We looked at the differences and indeed similarities on how we work and how we can continue to develop these roles. We discussed plans for frailty, silver trauma, and head injury pathways. We also visited the NRU at Woodend hospital and then the horizons community rehab center. We took a lot back from this visit and gave us plenty of ideas on how to progress our team, but also reinforce our strengths and beliefs in job that we are already doing.

During our Team Away Day we explored our patient and financial numbers from the past year. Considered further team development, new roles/positions, training opportunities etc. A presentation was provided on current projects that had been undertaken over the past year and where we are taking them. In the afternoon, with senior managers present, planned new projects for the forthcoming year were discussed. Some of these projects included:

- promotional awareness of the team within the hospital
- development of silver trauma assessment
- clinical frailty assessment and links with poli pharmacy
- care of elderly pathway
- collar care education
- tracheostomy education
- traumatic brain injury pathway
- development of service on the west coast
- eRehab plans
- developing 'near me' follow up clinics.



**Tim Hooper**, NoS Trauma Network Clinical Lead, has recently been appointed as **Lead Clinician for the Scottish Trauma Network**. Tim will take with him a wealth of experience as he moves into this next phase of the STN.

On behalf of the Network we would like to take this opportunity to thank Tim for all his efforts, enthusiasm and leadership he provided during his time as Network Clinical Lead and look forward to working with him in the future in his new role.

The **NoS Trauma Network Clinical Lead post** is currently out to advert. Should anyone wish to apply for this exciting secondment opportunity please do so by using the link: [NoS Trauma Network Clinical Lead<sup>5</sup>](#)

## Contact Us



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<sup>5</sup><https://apply.jobs.scot.nhs.uk/Job/JobDetail?jobid=173293&isPreview=Yes&advert=external>

<sup>6</sup><mailto:tay.nospmajortrauma@nhs.scot>

<sup>7</sup><tel:01382835196>