



## Summary

Welcome to the first edition of the South East Trauma Network Newsletter. In the first edition we aim to provide some background information to the work and progress to date. The intention will be to circulate a regular newsletter every quarter; the next edition will be circulated in Spring 2018. We also plan to circulate progress reports to network members. We hope you find this newsletter informative. Future issues will look at specific developments being taken forward by South East of Scotland Trauma Network.

In November 2013 the NHS Chief Executive Group endorsed the National Quality Framework for Major Trauma. Also accepted was the recommendation to establish a single National Major Trauma system. This was to complement regional trauma networks with Major Trauma Centres (MTC) in Aberdeen, Dundee, Edinburgh and Glasgow. Every person who experiences major trauma receives a responsive, high quality, safe and effective person centred care from the point of first contact through to rehabilitation. An early objective is to define and describe a quality framework for major trauma services, including a model of care which will help ensure that there are clear patient pathways which span pre-hospital care, acute trauma care, ongoing care and rehabilitation.

### OUR VISION

Fundamentally, we should seek to optimise outcomes for people who experience major trauma.

### OUR MISSION

To deliver safe, effective and person centred care for major trauma patients and achieve the best outcomes, we need to reduce mortality and disability.

### STRATEGIC AIMS

To provide high quality care from roadside to rehabilitation available to all patients with Major Trauma in South East Scotland.



### What is STAG?

The Scottish Trauma Audit Group is a National Audit within the Scottish Healthcare Audits programme at the Information Services Division (ISD) of National Services Scotland (NSS). STAG recommended an audit of trauma in 2011 with the aim of improving quality of care, overall experience and long term outcomes of patients with significant injuries through measuring compliance against standards of care to support local quality improvement.



### Scottish Trauma Network

The development of the Scottish Trauma Network was launched in January 2017 by the Cabinet Secretary of Health. The network refers to all people within the network area who are in any way connected to the care and recovery of patients who have suffered major trauma.

## Purpose of the Network

The aim of SESTN is: to provide high quality care from roadside to rehabilitation available to all patients with Major Trauma in South East Scotland; to ensure that wherever you are, you will be able to access the services you require; to put patients at the centre of everything it does; to ensure safe quality care is provided close to home when appropriate.

South East Trauma Network	
<b>Roles &amp; Remit</b>	The following groups will take action to ensure that a robust, safe and sustainable Trauma Network continues to meet the needs of the population.
<b>Working Groups</b>	SESTN Implementation Group MTC Implementation Group (RIE & RHSC) Melrose, Borders General Hospital Trauma Unit Fife Kirkcaldy Victoria Hospital Trauma Unit Larbert, Forth Valley Hospital Trauma Unit

It is important that the Network continues to evolve in a way which meets the needs of major trauma patients and carers in the region. In doing so it needs to respond to the South East's growing population and the urban and rural geography and the challenges this presents for patients, families and staff. It will also support the integrated approach required for a robust national network for trauma.

The overall focus of the programme remains building on existing networks and specifically those areas where improvements can be achieved within existing resources and reinforcing the network links with the regional Trauma Units (TU) and Local Emergency Hospital (LEH). There is a communication and engagement plan in place which sets out priorities as and when national and regional resource opportunities become available. It is important that the South East takes action to ensure that a robust South East of Scotland Major Trauma Network is developed and builds on existing relationships. These include the range of services across the community and our hospitals to provide high quality, safe and sustainable Major Trauma Services which comply with the standards as set out in the National Framework for Major Trauma. A key area for over the coming months will be the regional rehabilitation network and this work will be progressed by our Clinical Lead Acute Trauma Rehab (Alan Carson) and our Regional Rehab Lead (Orla Prowse).

The South East of Scotland Major Trauma Centre incorporates many clinical services. The programme incorporates four workstreams, Retrieval, Reception, Definitive Care and Rehabilitation. The scope affects all unscheduled care services within the RIE but primarily focused at this stage on Scottish Ambulance Service (SAS), Emergency Departments, Orthopaedic Trauma, General Surgery, Anaesthetics, Radiology, Critical Care, Major Trauma Service as well as Acute Rehabilitation and cross transfer. An outline of each group that has been set up so far is provided in the table above. Each group will set out the MTC's current position against standards (MT KPI's), identify key actions and estimated costs for the delivery of a major trauma service in the South East of Scotland.

## BENEFITS OF TRAUMA NETWORKS AND MAJOR TRAUMA CENTRES

A trauma network includes major trauma centres (MTC) that provide consultant-led specialist teams with access to appropriate diagnostic and treatment facilities. The MTC will form the 'core' of the network. There is 1 MTC, 4 Trauma Units (TU) and one local emergency hospital (LEH) that contribute to SESTN. A combined Adult & Paediatric MTC is the Royal infirmary of Edinburgh (RIE). The TU are at Victoria Hospital, Kirkcaldy, Forth Valley Royal Hospital, Larbert and Borders General Hospital, Melrose and a LEH at St John's Hospital, Livingstone. The Victoria Hospital in Kirkcaldy also contributes to the East of Scotland Trauma Network. Forth Valley Royal Hospital also contributes to the West of Scotland Trauma network. The Scottish Ambulance Service (SAS) is the pre-hospital care provider in the South East. MEDIC ONE charity also provides pre-hospital services across South East Scotland.



## What is the role of the South East Trauma Network Group?

The SESTN Group will ensure that a robust, safe and sustainable Trauma Network continues to meet the needs of the population (all ages), reduces mortality, demonstrates improved care, and delivers better outcomes for patients. This is essential as part of the development of a bespoke national model which reflects population needs, ensuring equity and compliance with the standards as set out by the Scottish Trauma Network (STN).

### SESTN Programme Team

Colin Briggs - Chair of the SESTN  
Edward Dunstan - Regional Clinical Lead  
Orla Prowse - Regional Rehab Lead  
Dean Kerslake - MTC Clinical Lead  
Alan Carson - Clinical Lead Acute Trauma Rehab  
Roger Alcock - Consultant, Emergency Medicine, Forth Valley (TU)  
Deirdre Anderson - Service Manager, Forth Valley (TU)  
Colm McCarthy - Consultant, Emergency Medicine Borders General Hospital (TU)  
Philip Lunts - General Manager, Borders General (TU)  
Val Hatch - General Manager, Fife (TU)  
Lindsay Reid - Consultant, Emergency Medicine, Paediatrics (MTC)  
Doug Murray - Consultant, Emergency Medicine, St John's (LEH)  
Peter Lindle - Consultant Paramedic, Major Trauma  
Martin Hurst - Programme Manager  
Wendy Parkinson - Project Manager  
Frieda Cadogan - Project Support

## Members Personal Profile



Mr Edward Dunstan, Regional Clinical Lead

Consultant Orthopaedic Surgeon

MB BS, BSc, FRCs, FRCS (Trauma and Orthopaedics)

Mr Edward Dunstan specialises in hip and knee surgery and trauma. He trained at the internationally renowned Royal National Orthopaedic Hospital, Stanmore, where he was the Senior Surgical Officer and was awarded the Sneddon Society Medal for research. There he studied under some of the leading hip and knee replacement surgeons in the UK. Throughout his training he trained at some of the major trauma centres in the United Kingdom and was heavily involved in major incidents including the Paddington Train Crash of 1999 and the 7/7 Bombings of 2005. He is currently an Orthopaedic Consultant based in Fife, where he is also Director of Surgery. Currently he is chair of the Scottish Committee of Orthopaedics and Trauma (SCOT) and sits on the BOA council. He has been heavily involved in service redesign, theatre efficiency and enhanced recovery in Scotland assisting with the GIRFT project and has participated in several peer reviews.

## South East Trauma Network Key Developments and Improvement Work

- We have recently appointed a Regional Rehabilitation Lead who is in the process of mapping our existing pathways with MSK team leads from the RIE site. This will be looked at from an acute into community approach highlighting the gaps from the point of discharge from a Major Trauma Centre and how we decide at what point that discharge will be. We are in the process of scoping a Traumatic Brain Injury (TBI) Unit, including workforce, supporting an innovative approach to TBI rehab. The network will be holding their first workshop in May/June to initially discuss and review clinical protocol documentation. These workshops will be held every quarter.

### Royal Infirmary of Edinburgh (MTC)

- There have been a number of developments at the Royal Infirmary of Edinburgh to enhance the care delivered to Major Trauma patients. We have appointed Clinical Leads for Major Trauma and Acute rehabilitation to help drive some of the changes.
- We have worked closely with the Scottish Ambulance Service (SAS) to develop a standardised pre-alert handover so appropriate preparations to receive the trauma patient can take place in a timely fashion. This has been combined with the introduction of a new tiered multidisciplinary Trauma team response ensuring that specialists are ready in advance of the patient arriving.
- We have run multidisciplinary Trauma team training days, including simulation and skills stations, which will continue throughout 2018.
- The introduction of monthly multidisciplinary Major Trauma morbidity and mortality meetings has led to a number of improvements, including the introduction of new guidelines, protocols, documentation and quality improvement initiatives including increasing the number and type of blood products available in the Emergency Department as well as other initiatives to reduce haemorrhage.

### Royal Hospital for Sick Children

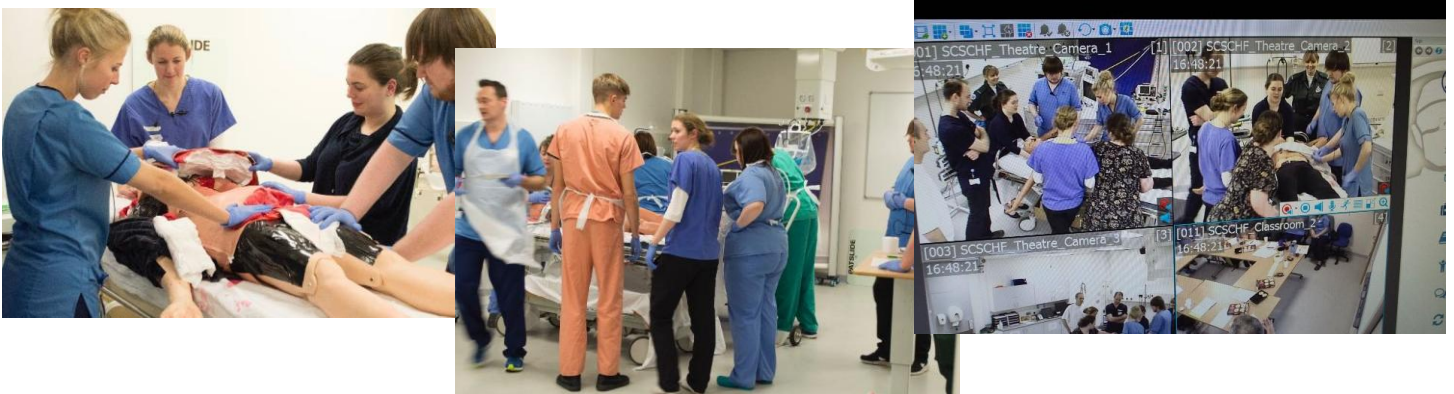
- We have established our consultant-led trauma teams incorporating a tiered level response to injured children. Our Trauma team leaders have started to progress through bespoke Trauma team leader training and we are running in-house Trauma simulations to refine the processes of the team and the system.
- We have developed trauma booklets to ensure that all documentation is consistent and incorporates STAG data points.
- RHSC has a multi-specialty governance team who meet quarterly.
- We are in the process of appointing to a Clinical Lead for Major Trauma at RHSC and working with the Scottish Trauma Network Paediatric Working Group to develop the Paediatric Trauma Triage Tool.

### Forth Valley Royal Hospital (TU)

- Since January 2017 we have started the FVRH monthly trauma meetings. These consist of an initial Trauma Education meeting to which all of the hospital specialities are invited. We review STAG data, offer opinions and feedback and then critique a trauma case and any associated evidence-based learning to improve patient care. The second part is

a Trauma Business meeting with multi-specialty clinical and management engagement to ensure that we have an appropriate forum for discussion and action arising from the WoS and SES major trauma regional networks.

- In 2016, our departmental head injury protocols were re-written, including indications for CT. This contributed to the improvement in our performance from 28% in 2015 to 35% in 2016 with continued improvement in 2017.
- Our quality improvement work has included the introduction of a “Trauma Sticker” with guidance on when to move patients to resus with suspected major trauma. The sticker also adds an aide-memoir which is mapped to STAG indicators and improves trauma flow.
- We have developed a high risk trauma triage tool to identify major trauma in high risk groups (such as the elderly) with low velocity mechanisms and or delayed presentations to expedite care for patients with occult major trauma. We have adopted a standardised ‘standby’ and hands free handover form developed by a senior EM trainee which is already in use across NHS GCC to improve handovers.
- We have an enthusiastic cohort of Emergency Development Fellows who have with nursing colleagues developed teaching packages for resus kit and are completing QI work including driving up tissue donation rates.
- We have enhanced our departmental and organisational learning from pro-active (new guidelines and in situ simulation) and reactive (audits and QI, complaints, incidents, cold and hot debriefs) clinical governance with the use of our screensaver reminders and daily safety brief cards. These A5 cards are developed by all grades and disciplines of staff and are rotated through in the daily morning ‘all team’ safety brief.
- Within the Scottish Centre for Simulation and Clinical Human Factors we have with colleagues from across Scotland designed, developed and delivered the bespoke high fidelity, multi specialty, multidisciplinary Scottish Acute Major Trauma Team Training course. The feedback from participants and faculty who came from across Scotland has been overwhelmingly positive and we intend to run this on a regular basis going forward.



- We run an in-situ simulation programme which involves all staff in the ED - reception and clerical staff, porters, radiographers, managers, nursing and medical staff. This links to our quality improvement initiatives such as time to CT, early identification of walk in major trauma patients as well as training for high acuity low occurrence (HALO) events

### **Borders General Hospital (TU)**

- We have established a local Trauma Network Group. We are in the process of reviewing current local pathways. We have recently held a workshop on Acquired Brain Injury and Neuro rehabilitation with Alan Carson (Clinical Lead Acute Trauma Rehab).

### **Victoria Hospital, Kirkcaldy (TU)**

- We are currently in the process of recruiting to our STAG Coordinator and Clinical Lead. We are also in the process of reviewing clinical protocols and pathways.

The Scottish Trauma Network's first annual event was held on 18th & 19th January 2018, Murrayfield Stadium. "Planning for the future - what will be different". The event held a number of presentations covering themes across the patient pathway, from pre-hospital to rehabilitation.

For further feedback on the event please visit here: [www.traumacare.scot](http://www.traumacare.scot)

We hope you have found this newsletter informative. If you work in major trauma services and would like to highlight your work to colleagues and the public, please email [wendy.parkinson@nhslothian.scot.nhs.uk](mailto:wendy.parkinson@nhslothian.scot.nhs.uk) or call 0131 465 5498.