



# NoS Trauma Network Newsletter Spring 2024

Issue 18

Spring 2024



## Introduction

I would like to take this opportunity to introduce myself as the new NoS Trauma Network Clinical Lead and thank you all for the warm welcome and kind words of encouragement. As an Emergency Medicine Consultant in Aberdeen and Pre-Hospital and Retrieval Consultant with EMRS north, I have had the opportunity to work within the network since its inception. It has been truly humbling to

meet many of the rural teams and gain a wider understanding of the intricacies of the NoS Network, particularly our geographical challenges and more recently, financial constraints.

The past few months have been particularly busy as we gathered data for our Peer Review, the results of which, along with the recently published Strategic Review should help us focus on our priorities for the next couple of years. I thank everyone for their hard work in gathering data and the fantastic presentations from each of our regions during the peer review.

I am excited to be starting this role along side Lesley Stables, NoS Trauma Network Rehabilitation Lead, and Angus Cooper as the newly appointed NoS Trauma Network Education Lead, a role which will help develop and deliver high quality teaching and training for all aspects of trauma care within our network.

I look forward to working with you all and hope to catch up with many of you at the Trauma Network event on the 15th May (details below).

**Donna Paterson, NoS Trauma Network Clinical Lead**



## Introduction to new team members



Jackie Carruthers has recently taken the post within the North of Scotland major trauma team as Advanced Practitioner Physiotherapist. Jackie's background is predominantly acute Orthopedics, and is really looking forward to developing the service and stretching herself into community, offering support to patients and local physiotherapy teams to ensure an equitable and successful service. Jackie is really excited to be on board.

**Jackie Carruthers, Advanced Practitioner Physiotherapist, NHS Highland**



Gillian Ironside recently started the post as Professional Lead for Physiotherapy with NHS Shetland in January 2024.

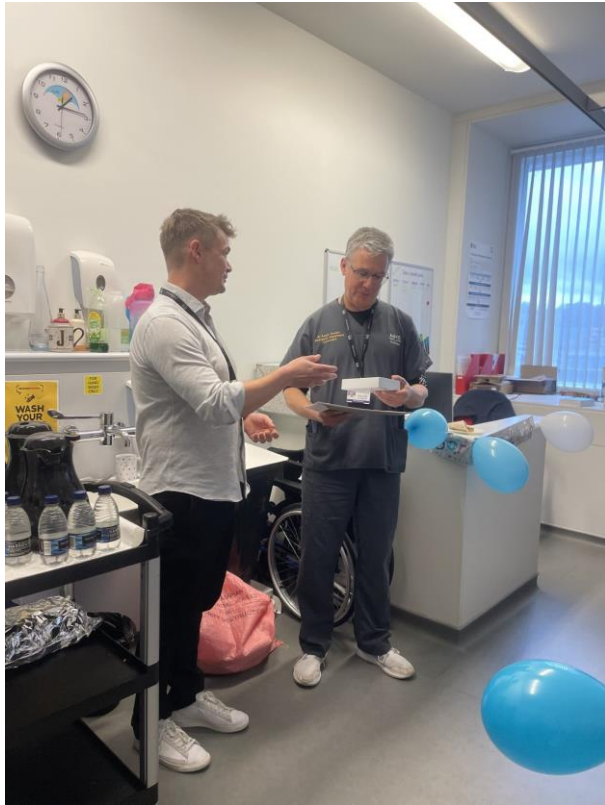
Gillian has previously co-ordinated services for Major Trauma, managed Acute Physiotherapy service and Community Rehab services. Her clinical background is largely in Neurology and Stroke with a more recent focus on Planned Care including Orthopaedics and General Surgery. Gillian has a keen interest in Quality Improvement and Leadership and is delighted to engage with the NoS Major Trauma service to deliver best care to those in need.

### **Gillian Ironside, Professional Lead for Physiotherapy Services, NHS Shetland**

#### **NoS Trauma Network Education Lead**

Dr Angus Cooper has been appointed to the post of North of Scotland Education Lead. Angus recently retired as a MTC Consultant from the Major Trauma Centre, Aberdeen. Angus brings with him a wealth of experience and knowledge in education and trauma. We are all looking forward to working with Angus over the next few years as the Network moves into the next steps of development.







## Scottish Trauma Network Peer Review

The Scottish Trauma Network (STN) has carried out a peer review process of all major trauma services in Scotland. The process required each regional Network, hospitals and community services to self-assess performance against the STN minimum requirements and gather evidence to support the assessment. A team of clinical trauma specialists from within the STN, and other trauma networks in the British Isles, then scrutinised the evidence and visited each MTC. The visit to the adult and paediatric MTCs in Aberdeen happened on the 26/27th February 2024.

The visits were an opportunity to see how the services are delivered in person, and to give the review findings and feedback directly to the local clinical teams. A formal report is being discussed with each regional Network detailing the peer review panel's finding, including areas of significant achievement and areas of concern.

The initial feedback to the NoS Trauma Network is that the vast majority of the STN minimum requirements are being met to a good standard and a safe service is being delivered. Some areas of significant achievement include inreach/outreach models of rehabilitation, liaison with schools for children who have suffered major trauma and education on trauma skills in hospitals, especially the education roadshows carried out by the Paediatric MTC to Local Emergency Hospitals and the Trauma Unit team roadshows to the Local Emergency and community hospitals within NHS Highland.

Areas where recommendations have been made are not a surprise to staff working within trauma services and some are linked to areas where funding was not received from Scottish Government. Some examples of recommendations are : more responsive radiology reporting, a major trauma ward at ARI, filling paediatric anaesthetist vacancies, and extending major trauma team provision to seven days a week. The Network and hospitals will be responding to the report and agreeing recommendations and actions to be taken forward as part of the Network's Improvement Plan.

## Education Feedback

Paediatric Advanced Cadaveric Surgery Course, 23rd - 24th November, 2023



I attended PCAR on the 23-24 which was held at the Newcastle surgical training centre within the Freeman Hospital. These two days were both a mixture of presentations and practical sessions. The main message throughout the course was "Pack and Pause" and this slogan even appeared on the mug that each participant received at the end of day 2. Team work was a sub theme of the course and the importance of each member's contributions.

As someone who works in the north east of Scotland I have not had much interactions with children who have sustained either a bullet or knife injury and these presentations and discussions were informative especially about the damage a bullet can do. Working on the adult cadavers was an experience I will never forget and especially the surgeons undertaken an abdomen top to tail examination was a highlight, I along with our groups facilitator knew where the punctures and tares on the various organs were, so I was ecstatic that they didn't miss any injury.

I learned about packing and in particular the bastion sandwich temporary closure technique which I will do a teaching session with my team on in the near future.

Going forward, as a department we are working with our trauma co-ordinator to put together a specific skills pathway and subsequent teaching which I will be able to use both knowledge and skills gained from this 2-day course to good use. I also wish to be able to participate more in the local trauma network monthly meetings. I am encouraging my colleagues to put their name forward for next year's course.

**Mark Lopez, Team Leader Theatres, RACH**



## **European Trauma Course and Heartlands Elderly Care Trauma and Ongoing Recovery course (HECTOR)**

I was very fortunate to be given the opportunity to attend the Hector course in December and the ETC course in September last year as an observer. Both courses have been incredibly valuable in facilitating my learning in major trauma care and have reinforced the value of team work, collaboration and communication. The ETC course helped to improve my knowledge of the early management of patients in the emergency department which in turn has increased my confidence when attending trauma calls as a trauma coordinator.

### **Catherine Houston, Trauma Coordinator, MTC, NHS Grampian**

I attended the HECTOR course in Dec 2023, held at the SIMS Centre in Forth Valley Royal Hospital. There was a mixed approach to the content with lectures, discussion groups and practical mock scenarios, which gave everyone the opportunity to share their experiences and practice the primary, secondary and daily survey/assessments. As result of this training I feel better equipped to assess patient that we see in ED who require a physiotherapy assessment to facilitate discharge home and those who are receiving acute care in the ward environment. Having worked with the elderly population for a number of years and having a special interest in frailty, I found the link-ups between the initial surveys, recognition of frailty and introduction of the complex geriatric assessment very interesting and the discussions generated amongst such a diverse group of clinicians were especially enlightening. It's a great way to demonstrate MDT working and highlights everyone's role in the management of these patients . I would highly recommend the course to anyone working within this sector.

### **Jackie Carruthers, AP Physiotherapist, Trauma Unit, NHS Highland**

Having attended the HECTOR silver trauma course last week I find it quite apt that I am writing this brief feedback report today on 'World Delirium Awareness Day' as I feel this was the most important piece of knowledge and understanding that I took away from the course.

The course was split over two days, a mixture of lectures, demonstrations, simulation, and a lot of discussion. There was no assessment part to these days it was all about learning and sharing information/experiences.

There were 15 Participants split into 3 groups, guided by a strong faculty of 14 to support our learning. A variety of specialists and specialities were present all keen to share and learn from different hospitals and trusts. Consultants, surgeons, AHPS, nurses, trauma coordinators, from a wide range of services, GPs, geriatric medicine, ED, plastic and reconstructive surgery, general surgery, orthopaedics and a strong contingent from major trauma services encompassing West, South east, East and Northern Networks formed both participants and faculty.

Following the long journey down from Inverness the day before, I explored briefly the beautiful borders town of Melrose before retiring fairly early ready to start the course the next morning.

The morning of day one was split into two separate sections, primary survey, and secondary survey. Both surveys were initially demonstrated before the participants were split into groups of five to work through and discuss scenarios. Although I found the assessment and surveys fascinating, I struggled to find a place in my role where I would be the one carrying these out, although I did gain



understanding and appreciation for this and partook in the survey process myself to push me out of my comfort zone.

The afternoon session was again split into small breakout lectures in our groups, focusing on, delirium, falls and collapse, common pitfalls and injuries. Which were all fascinating and thought provoking. The second half of the afternoon was spent on the silver survey which follows the primary and secondary surveys. Again it was in the format of initial lecture and demonstration followed by scenarios in our groups.

Mentally drained after an intense but enjoyable day of learning I went out for dinner with some members of the faculty and further travelled participants, before retiring early (again) to bed.

Where in the first day had me in unfamiliar territory with regards to the initial 'front door' assessments, the second day is where I believe I took the most from, with regards to developing and improving my practice, and the care to my patients.

The first part of the morning was spent learning about the HECTOR daily assessment, a systematic uniformed approach to holistically view your patient on a daily basis which not only provides clear trends and changes, but has focus on achievable daily goals and outcomes. During these scenarios I was constantly comparing or reflecting on patients in my care past/present and how I could apply this practice to help possibly improve outcomes in the future. I was also trying to adapt the paperwork in my head to include screening/treatment for delirium and incorporate both into my daily visits to the wards.

The rest of the morning was further split into breakout sessions with focus on Parkinson disease, Rib fractures stumble/battle score, all before lunch. The afternoon was spent in discussion groups and working through scenarios consolidating all that we had learned and covered over the two days.

All in all I could not recommend this course enough, for what I have taken away on my increased knowledge, understanding, and management of patients in delirium alone it has proved a worthwhile journey and experience.

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



### **Scottish Interfacility Transfer Course (SHIFT)**

In March we ran our first SHIFT course with support from the North of Scotland Trauma Network and NHS Education for Scotland. This was a simulation-based course on inter-hospital transfer which took place in the Centre for Health Science at Raigmore and was based on the Scottish Interfacility Transfer Course developed at the Scottish Centre for Simulation. The day included a talk on preparing for transfer and the equipment used, transfer trolley and ambulance familiarisation, and simulated

scenarios, some of which took place inside the ambulance. Seven anaesthetic trainees and five Critical Care nurses attended the course and the feedback was excellent. We would like to thank everyone involved in running and supporting the course and we hope to run it again next year.

This course is suitable for Critical Care nurses and doctors in Stage 1 training in Anaesthesia. To register interest on a future course please email [sarah.maclean3@nhs.scot](mailto:sarah.maclean3@nhs.scot)<sup>1</sup>

**Dr Sarah Maclean, Consultant in Anaesthesia & Intensive Care, NHS Highland**



### **Paediatric Education Sessions**

The MTC Paediatric Trauma Education Sessions are scheduled to take place on every second Thursday 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>

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<sup>1</sup><https://sarah.maclean3@nhs.scot>

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

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

## Scottish Ambulance Service Update



Mike Adams was recently appointed to the Scottish Ambulance Service Advanced Practitioner Critical Care team based in Inverness.

I feel very privileged to join the APCC North team following a secondment and over 12 months of intensive training & learning. My role is split between independent practice under the aegis of the SAS Critical Care team, and the Highland PICT team embedded in Raigmore Hospital Emergency Department – both supported by the Scottish Trauma Network.

I'm originally from Liverpool, but was destined for Scotland which has been home for over 30 years, the Highlands for 20 of those. I originally trained as a teacher, specialising in Outdoor Education, working in that field as well as youth & community work and outdoor adventure guiding until I joined the Scottish Ambulance Service in 2010. In the last 14 years I have progressed from Technician to Paramedic, to Advanced Paramedic (Urgent & Primary Care) and Clinical Training Officer, before the opportunity to join the APCC team presented itself.

Starting my SAS career in a small rural home-based station has strongly influenced my perspective on delivering pre-hospital care to patients in the Highlands. Our team covers a wide geographical area with mixed urban, rural and remote communities, where you can face extended management periods with critically ill patients, limited resources in support, and challenging environmental factors.

My motivation is delivering the best possible patient care I can to the patients who most need it. The APCC role enables me to practice at the forefront of my profession, utilising the best possible tools and skills to facilitate that care, and playing a role in developing innovative practices.

I'm blown away by what the national APCC team has put in place over a relatively short period of time, and have learned so much from this most supportive team since joining. The North team also benefit from working directly with a superb cohort of medical colleagues on the PICT team and within Raigmore Hospital departments. I can't imagine a better, more supportive and even challenging learning environment. I'm looking forward to contributing more to both teams as my skills consolidate and my experience develops.

Outside work I've retained my passion for the Outdoors, love listening to & playing music, spend lots of time doing general 'crofty' stuff growing things, brewing things, and occasionally venturing south to watch the odd game of football.

**Mike Adams, Advanced Paramedic Practitioner Critical Care, Scottish Ambulance Service**

## EMRS North Updates



Tasking from 23rd April, 2023 to 18th March, 2024

315 Primary taskings

135 Secondary taskings

145 Advice calls

Another thing worthy of mention is the point of care ultrasound course on 29th February which a number of EMRS North consultants and retrieval practitioners attended. Thanks to Ollie Robinson and Otto Collier Wakefield for teaching on the day and also the University of Aberdeen medical students who volunteered to help with the course.

Using our V Scan point of care ultrasound probes we are training to take imaging skills to the scene of a trauma patient to help answer crucial questions. The information can assist with interventions and decision making. The plan is to repeat this training at frequent intervals to maintain our skills.

## Pre-hospital Immediate Care and Trauma Team Updates



Mike Adams was appointed to the post of substantive PICT Advanced Practitioner (AP) in critical care after completing the one year PICT training program and passing all OSCE and essay examinations with flying colours.

PICT APs Stuart Abel and Donna MacGregor were both awarded MScs after their successful dissertations on highly relevant prehospital topics of prehospital regional anaesthesia and prehospital hysterotomy.

Dr Tom Mallinson was appointed Fellow of the Faculty of Remote, Rural and Humanitarian Healthcare RCSEd.

The PICT team are now in continuous service to North of Scotland trauma patients for 8 years, since commencement 2015.

**Dr Luke Regan, NHS Highland**

## NoS Trauma Network Event - Crowne Plaza, Aberdeen Airport - Wednesday, 15th May



### **SAVE THE DATE** NoS Trauma Network Event 2024



Wednesday, 15<sup>th</sup> May 2024  
Crowne Plaza, Aberdeen Airport

Open to all health and social care professionals in the North of Scotland who are involved in the delivery and planning of trauma care.  
An event programme will follow in due course.



The NoS Trauma Network are hosting an Event on Wednesday, 15th May at the Crowne Plaza, Aberdeen Airport, Dyce. You are all invited to come along and join us for what is set to be an informative and interactive day. The invite is open to all health and social professionals in the North of Scotland who are involved in the delivery and planning of trauma care.

#### **The Aim of the North of Scotland Trauma Event is to:**

- Focus on the priorities within the Network's Strategic Plan and outcomes of the STN Peer Review for patient care and outcomes to improve over the next five years.
- Provide an opportunity to hear about best practice and learning from colleagues and partners.
- Seek wider engagement and views on key education priorities going forward to better support staff.
- Hear about the wider developments in the Scottish Trauma Network and the supporting role of the NoS Network.
- Provide an opportunity for trauma education and building stronger work relationship by networking.

**If you wish to register for this event please click** [here](#)<sup>4</sup>.

During the event there will also be a chance to win our Poster Competition. Should you wish to submit an abstract please contact: [tay.nospgmajortrauma@nhs.scot](mailto:tay.nospgmajortrauma@nhs.scot)<sup>5</sup> for the application form.

<sup>4</sup><https://forms.office.com/Pages/ResponsePage.aspx?id=veDvEDCgykuAnLXmdF5JmqJJIRpLA-BPpGPh9dQBC7IUNFVZUFVEVDRIQlkxSIRZWDDBPNFFWU01ETSQIQCN0PWcu>

<sup>5</sup><mailto:tay.nospgmajortrauma@nhs.scot>





## Contact Us



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**Facebook:** <https://www.facebook.com/NoSTraumaNetwork>

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