North of Scotland Major Trauma Centre Update

Introduction MTC Update 1: Jan 2018

This is the first of many newsletters which will provide regular updates on the development of the North of Scotland (NoS) Major Trauma Centre (MTC) based in ARI and RACH. This specific edition provides the background, what it will mean to be a MTC and key priorities and developments going forward.

NoS MTC to go live in Autumn 2018

As you will be aware, teams in ARI and RACH have been working closely with colleagues across the NoS, the Scottish Government and other partners in Scotland around the development of an inclusive Scottish Trauma Network (STN) which effectively responds to the needs of trauma patients and their families wherever trauma occurs in Scotland. An integral part of the network model is the development of four MTCs based in Aberdeen, Dundee, Edinburgh and Glasgow – this was confirmed by the First Minister and the Cabinet Secretary for Health and Sport in May 2017.

A significant amount of work has been undertaken by clinicians, support staff and managers in ARI and RACH to inform plans (both local and national) and also commence the shift towards delivering the required standards for the MTC in Aberdeen. The national group overseeing the development of the STN has fully supported the plans for developing a robust NoS Trauma Network and the MTC based in Aberdeen - those plans submitted by the other regional networks and the Scottish Ambulance Service have also been approved.

Funding has now been confirmed with the expectation that Aberdeen and Dundee MTCs go live during 2018, with Edinburgh and Glasgow to follow in subsequent years. This is fantastic news for patients, their families/carers and staff in ARI, RACH and the NoS and we would like to take this opportunity to thank you and your teams for your continued support and active participation in the development of the plans and case for Aberdeen to be an MTC . We are confident that the improvements made to trauma care will also have a positive impact on care for other patients in the NoS.

The focus is now on the implementation of the Aberdeen MTC with a go live date of Autumn 2018 – we know that this will not be without challenges. Critical to the development of the MTC is collaborative working with teams and sites across the NoS. We will provide regular updates on progress in relation to the MTC, trauma developments within the NoS and national networks. For more information please contact Faye Simpson, Unit Operational Manager at faye.simpson@nhs.net or Lorraine Scott, Programme Manager at lscott@nhs.net

National Minimum Requirements for MTCs

- A Consultant led multi-specialty trauma team 24/7
- Immediate on-site access to:
  - Emergency Medicine Consultants
  - Anaesthetics/Critical Care Consultant
  - Haemorrhage Control Surgery
  - General /Orthopaedic Surgery
  - Imaging services
- Ability to perform resuscitative thoracotomy immediately
- Operational major haemorrhage protocol
- Dedicated emergency operating theatre immediately accessible
- Access to appropriate consultants within 30 mins
- Immediate access to CT and CT reporting
- Access to MRI
- A specialist multi-disciplinary major trauma inpatient team/service:
  - Trauma Consultant
  - Trauma coordinator
  - Rehabilitation specialists
- Major trauma ward/area
- Early acute rehabilitation service
- Participation in STAG audit
- Robust clinical governance and quality improvement programmes
- Single point of contact for clinical expertise/support for Network
- Collaborative programme of multi-disciplinary education and research within MTC and across the national/ regional trauma network.

So What Will be Different for You and Your Patients?

Most trauma patients receive very good care in ARI and RACH, but we know this can be variable due to a number of factors. There are clearly areas we require to improve upon in order to ensure clinicians and staff are adequately supported in order to deliver comparable care with those MTCs elsewhere in the UK to ensure our patients have the best possible experience and outcomes. The key differences between the care we deliver now and what this will look like as a fully developed MTC are outlined below. In summary the MTC (and wider network) will:

- focus care around maximising individual patient **clinical and functional** outcomes (across the whole pathway)
- **reduce variability** in experience, equity and delivery of standards locally, regionally and nationally
- support greater **sustainability of tertiary services** e.g. diagnostic capability, recruitment /retention, education and research
- **benefit all critically injured and critically ill populations** across the NoS

Acute Trauma Care Now

- Variation in care, experience and outcomes, particularly for polytrauma patients
- System/specialities are not always coordinated around the individual patients needs
- Ad-hoc pre-alerts of trauma patients hamper preparedness for receiving team
- Responses from specialities to trauma calls can be variable
- No dedicated 'Single Point of Contact' for teams in the wider network for advice/support
- Not all key members of staff have the necessary knowledge/skills
- No joined-up governance across the trauma patient pathway
- Variable rehabilitation assessments and input due to capacity
- Lack of coordination and communication within the hospital and with local teams often means patients stay in hospital longer than required

Future Care Delivered by MTC

- 24/7 Trauma Team Leader presence in the ED
- 'Single Point of Contact' for early notification and supporting teams outwith the MTC in delivering initial trauma care
- Specialist Inpatient Trauma Team led by a Trauma Consultant (dedicated rota)
- Dedicated Case Manager who will coordinate and oversee the patient journey, be the main point of contact for patients/families and communicate with local teams/hospitals re transfer/discharge
- Every trauma patient will have their rehabilitation needs assessed within 48 hours of admission and have, where appropriate, a rehab plan coordinated around their needs by the MTC Rehab Coordinator
- Early communication and liaison with local and national specialist teams to ensure patients receive the right care in the most appropriate place to support care closer to home as soon as clinically appropriate.
- A robust governance process providing assurance across the whole patient journey and informing a MTC improvement programme
- A dedicated trauma training and education programme for professionals/teams within MTC and NoS Network

Some of the Key Priorities for Implementation Over The Next Few Months?

- **Ensure the right clinical leadership and support is in place** – work is underway to formalise clinical leadership and appoint a dedicated MTC Project Manager. Agreement made that MTC will sit within the surgical division
- **Rehabilitation** – commence recruitment to the various rehab professional roles and the MTC Rehab Coordinator
- **Front Door** – formalise arrangements for the Single Point of Contact, implement plans for 24/7 Trauma Team Leader presence in ED, implement education/training plans e.g. Thoracotomy, European Trauma Course for colleagues who form the trauma team (medical/nursing), definitive surgical trauma skills
- **Critical Care** – increase existing capacity by one ICU and two HDU beds. Focus will be on nurse recruitment
- **Anaesthesia /Theatres** – develop anaesthetic trauma assistants to support initial trauma care/theatres out of hours
- **Inpatient Specialist Trauma Team** – agree the details of the Trauma Consultant rota and commence recruitment, recruit to Case Manager roles and 24/7 middle grade support tier
- **MTC Trauma Unit** – formalise patient criteria for unit, recruit to nursing staff and purchase equipment for unit
- **Governance** – agree and commence implementation of agreed MTC governance processes

Proposed Timeline for MTC Implementation

Service Developments

Development of MTC Protocols & SOPs & Regular Progress Updates Internally & Externally

- Testing of Single Point of Contact (SPOC) commenced
- e-STAG Rollout in MTC (adult & paeds)
- Implementation of MTC admission document
- Testing of rehab plan document across the NoS

MTC Governance Systems Agreed & Put in Place

Implement plans to enhance access to emergency and urgent theatres 24/7.

- Further testing of SPOC
- Develop 24/7 Trauma Team Leader in ED
- Purchasing of MTC equipment

Specialist MT Inpatient Team in place

MTC Ward & MT Inpatient Team Operational

NoS MTC Goes Live Autumn 2018

SPOC Goes Live

Rehab Team In Place & Support delivery of Rehab Plan

Prior to Jan 2018 | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sept**

- Paediatric Team visit English MTCs
- Commence implementation of MTC Education Plan

- Case Managers & Rehab Coordinators commence Clinical Roles
- All rehab posts commence roles

Training of MTC Ward Nursing Team

- Agreement that MTC Service to sit within Surgical Division with Critical Care operational team responsible for overview of implementation
- Development of educational courses e.g. thoracotomy
- Development of job descriptions for posts in the MTC & NoS
- Interim project management put in place

- Review/agree MTC clinical leadership
- Agreed JDs & commence process for:
  - Trauma Case Managers & Rehab Coordinators
  - Rehabilitation posts
  - MTC Project Manager
  - Specialist MT Inpatient Service
  - Critical care nurses
  - Anaesthetic trauma assistants
  - Governance Clinical Lead

- MTC Project Manager in post
- MTC Trauma Consultant Rota confirmed
- Agree Trauma Fellows JD
- Governance Clinical Lead in post
- Induction/training programmes underway for:
  - MTC Case Managers
  - Rehab Coordinators
  - Inpatient MTC Trauma Consultant Rota Team

Details will be shared soon re these roles & fantastic opportunities

Implementation of MTC Education & Training Plan

Recruitment & Workforce Development