Annual Report 2024/25

NHS SCOTLAND

SCOTTISH TRAUMA NETWORK

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Introduction

2024 marked a change in emphasis for the Scottish Trauma Network (STN). With formal establishment of the STN beginning in 2018 and taking three years for all four regional networks to come online, 2024 saw the completion of the implementation phase. Funding was baselined to the respective health boards and the Scottish Government viewed the next phase of the STN as ‘business-as-usual’.

However, the work of the STN is far from complete. Whilst the external peer review of 2023/24 was largely complementary, there were multiple recommendations for ongoing development and improvement – most of which were already acknowledged by the STN. These recommendations, along with those from the previous National Services Directorate (NSD) review, helped shape the STN’s strategic framework which was formally ratified in the summer of 2024.

The strategic framework has four key areas of focus: improved quality of care; enhanced trauma education and workforce development; improved equity of access to services and the care delivered; and improved data and outcomes. These are helping to inform and shape the workstreams at national and regional level including the development of national strategies for both trauma education and data utilisation.

The Scottish Government are developing a national clinical framework that will undoubtedly have an impact on strategic clinical networks including the STN. The STN have been asked to produce a target operating model (TOM) outlining where we are, where we want to be and how we’ll get there. The crux of this is ‘where we want to be’ and the STN is addressing this by revising its minimum requirements into a service specification. Once complete, this document will be pivotal in maintaining and improving trauma care throughout Scotland.

Saving lives, Giving life back remains our mission and through collaboration we will continue to achieve much.

Dr Tim Hooper
National Clinical Lead for the STN

Governance

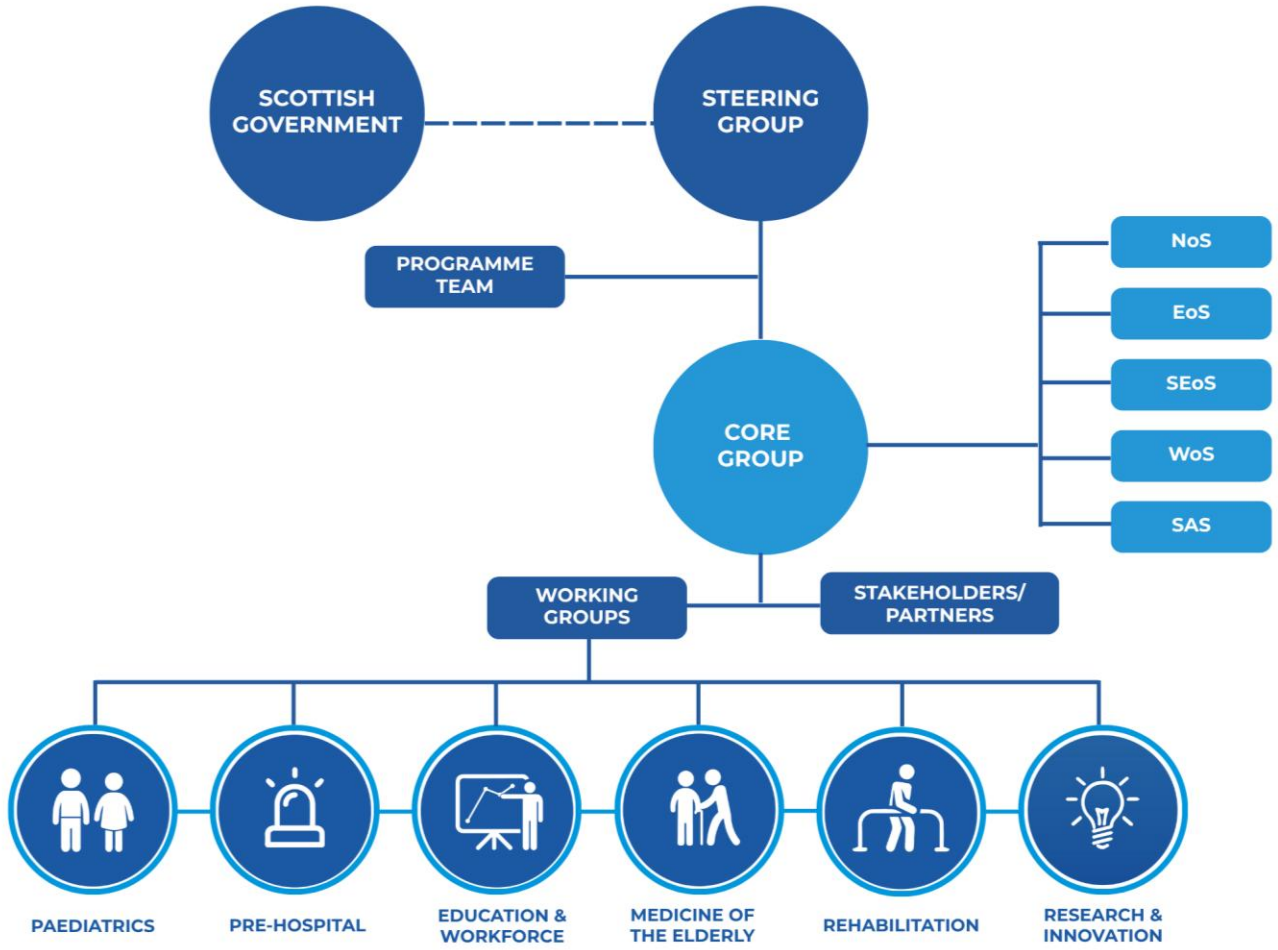
The Scottish Trauma Network (STN) is governed by its Core Group, which consists of clinical and planning leads from each of the regional networks and the Scottish Ambulance Service (SAS). The Core Group reports to the STN Steering Group for oversight.

Mary Morgan, Chief Executive of NHS National Services Scotland (NSS) continues as chair of the STN Steering Group. Dr Tim Hooper, in his role as national Clinical Lead, continues in his role as chair of the STN Core Group.

Six working groups report into the Core group, each chaired by a subject matter expert within the field. Subgroups meet four times throughout the year and produce recommendations and guidance which are ratified through the Core and Steering Groups.

Clinical Governance days are held annually, with clinical cases presented from each region. The National Clinical Governance session was held in June 2024. 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 the STAG website.

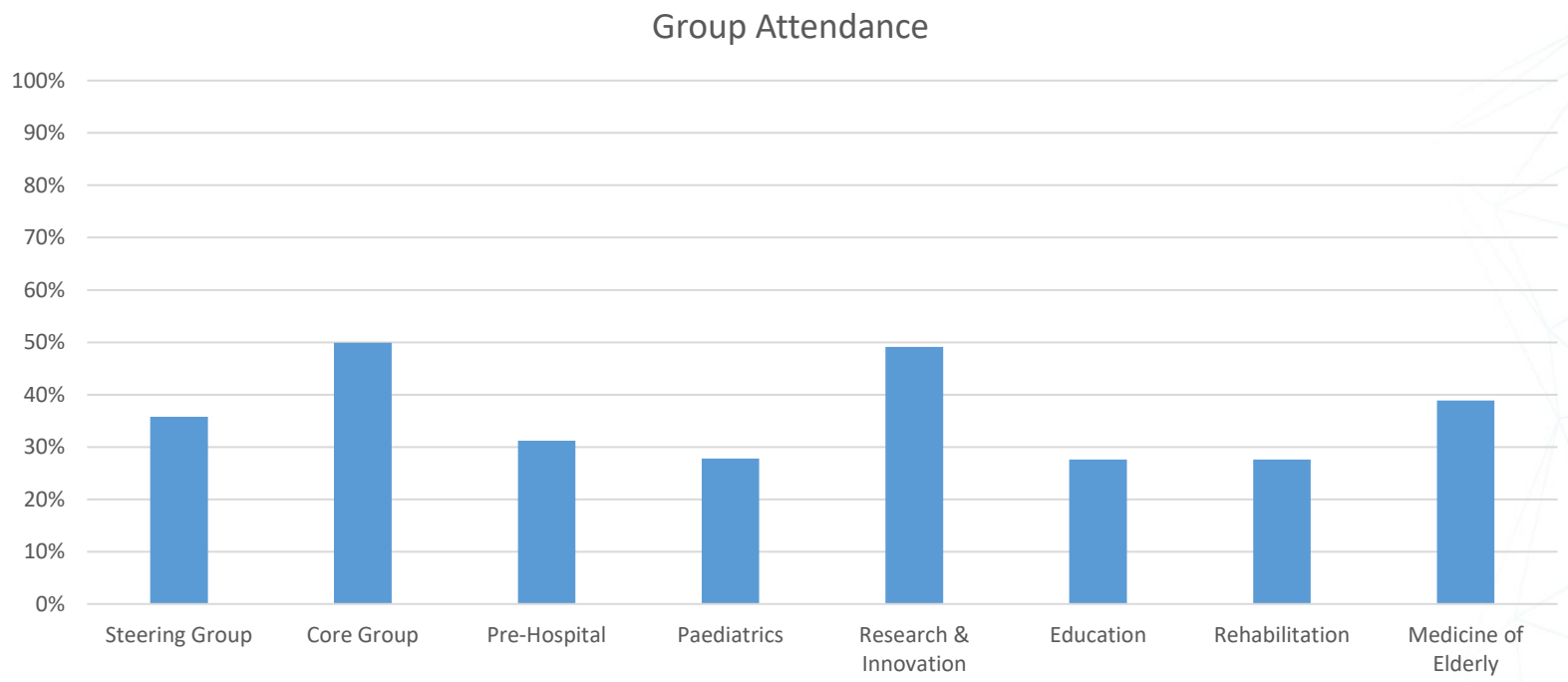


Governance diagram

Governance

The STN Steering Group meets three times a year, with the Core Group and subgroups each meeting four times annually. Terms of Reference for all subgroups were reviewed in 2024/25.

Analysis of meeting attendance is shown in the chart (below). In the coming financial year, a review of subgroup membership will be undertaken to ensure improved attendance and the appropriate representation from all regions. While meeting attendance may clash with clinical commitments from time-to-time, subgroup chairs will re-enforce that if members cannot attend, they should strive to send a deputy in their place.

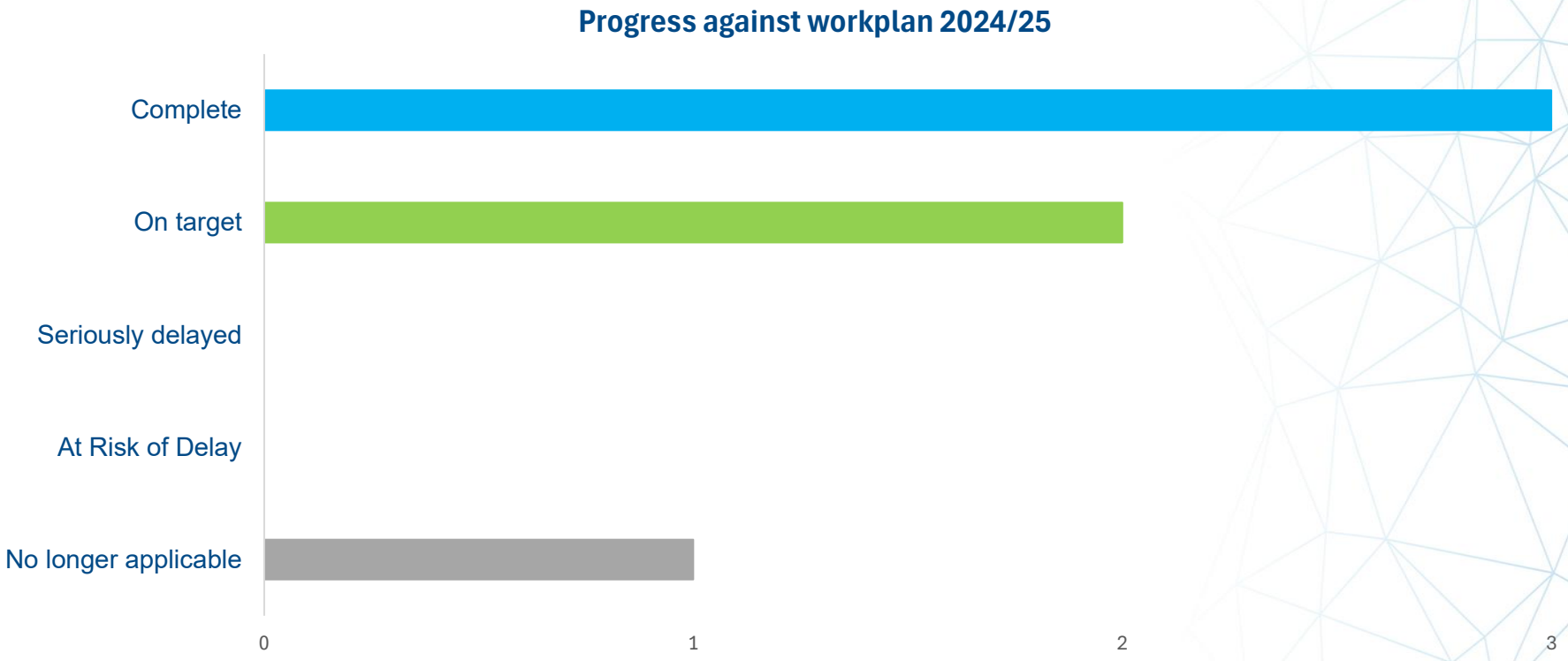


Progress against Network deliverables

In the STN workplan for 2024/25, six pieces of work were set out, over and above the standard business-as-usual activity. In this report, each activity is given a RAG status based on its progress.

The majority of these activities have been completed or are in progress (83%), with one no longer applicable.

A breakdown of each activity is provided in the following slides.



Work Plan 2024-25

Deliverable	RAG status and Progress/Next Steps	Benefits
Finalise EMRS East business case for submission through SAS, SEAT and Scottish Government governance structures.	• STN has delivered what it committed to on the EMRS business case. • The delivery of the business case is no longer sitting with STN but is under the remit of the Scottish Ambulance Service (SAS). SAS provides regular updates on this at the STN Steering Group and Pre-hospital subgroup.	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.	• Approaches made to the Department of Work and Pensions (DWP) to investigate socio-economic influence. • STN Research and Innovation group established a partnership with the University of Glasgow to progress research projects with MSc Public Health students and BSc Medical Science intercalating students, respectively. • Plans progressing to establish a national tracker of research projects ongoing across the STN. • Further routine linkage of STAG data with SMR01, National Records of Scotland (NRS), the Scottish National Blood Transfusion Service (SNBTS), Social Care (SOURCE) and Prescribing Information System (PIS)	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.
Develop a strategic framework for the network and produce action plans to begin implementing short term aims.	• Five-year action plan developed, with all actions allocated as short, medium and long term. • 17 short term goals in total with 71% in progress and 6% complete. • Progress updated quarterly and shared at Steering Group and Core Group meetings.	A defined multiyear strategy will allow the network to have clear objectives and action plans in the coming years.

Work Plan 2024-25

Deliverable	RAG status and Progress/Next Steps	Benefits
Develop a catalogue of education programmes and resources available across Scotland, including sim scenarios to support learning across the network. Joining up regions and linking with CSMEN.	• A Scotland-wide faculty has been established to deliver the HECTOR programme on trauma in older adults. Plans are in place to establish the same with the TORCH programme. • Maintaining relationships with CSMEN through cross-organisational working. • A live calendar of STN learning events has been developed in Microsoft Teams. • A TURAS Learn site is under construction to host existing and new resources including simulation scenarios.	Transparent and equitable access to major trauma education resources for staff across NHS Scotland.
Develop and deliver an action plan to meet recommendations from the peer review of the network carried out in 2023/24	• Regional plans developed to progress recommendations • National recommendations incorporated into five-year strategy plan • Tracker developed to monitor progress of recommendations.	The network will have clear actions to meet the recommendations of the peer review and continue to improve and support the delivery of trauma care in Scotland.
Deliver action plan to meet long term recommendations from the review of the network carried out by NSD.	• Action plan was developed, and 71% of actions are in-progress or complete. • Proposal is to merge the outstanding long-term actions into the five-year strategy plan (eg development of a Target Operating Model).	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.

Finance

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

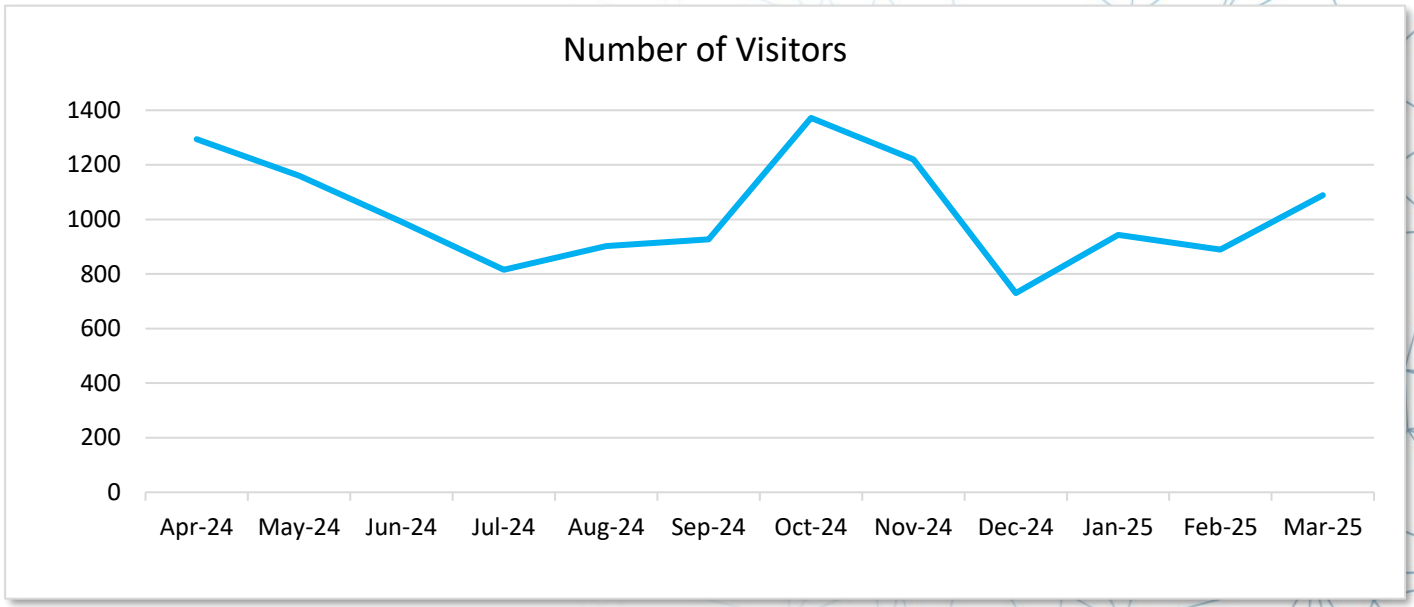
- Continued scoping for EMRS East business case
- Two additional questions added to the PROMs questionnaire

Communication and engagement

Website

- Users:
  - 1.527 Returning Users (11%)
  - 12,333 New Users (89%)

- Route to site:
  - 72.4% of users are from Organic Searches
  - 18.4% Direct Searches
  - 6.1% Referral
  - 1.1% Social Media



Social media

On 31 October 2024, X (formerly known as Twitter) ceased provision of analytics to free accounts. As a result, the STN account (@scottrauma) has been unable to access reliable audience metrics. In addition, the Network has noticed an increased number of bot accounts liking posts, which brings the basic metrics on content into question.

The network will keep @scottrauma account active for the time being, however, it will monitor the approach of other public sector organisations' stance on X and explore alternative options for reaching STN stakeholders.

Communication and engagement

National conferences

Throughout 2024/25 the Scottish Trauma Network was involved in both public and third sector conferences.

In June 2024 STN presented a poster at the NHS Scotland Event in Glasgow's SEC (right top). The poster, *Trauma, Tenacity and Teamwork- A peer review of Scotland's regional Major Trauma networks*, outlined the successful peer review in 2023.

TraumaCare held its annual conference in Glasgow in November 2024. STN supported by coordinating one day of the programme and facilitating speakers for three workstreams: Remote and Rural; Rehabilitation; and Paediatrics. A practical haemorrhage control workshop was also provided (right bottom) by BASICS Scotland.

STN was approached by the British Trauma Society (BTS) in January 2025, which is hosting its annual scientific meeting in Scotland in November 2025. The STN agreed to support the BTS event by providing advice on local venues and transport options; sourcing speakers from the Network and promoting the meeting amongst stakeholders.


SCOTTISH TRAUMA NETWORK

SAVING LIVES. GIVING LIFE BACK.

NHS SCOTLAND

Trauma, Tenacity and Teamwork

A peer review of Scotland's regional Major Trauma networks

Authors

Kirstin Thomson and Mark McKeirnan, Scottish Trauma Network (NHS National Services Scotland)

Aim

The Scottish Trauma Network (STN) improves and optimises the health and wellbeing of the seriously injured throughout the country. It is in place to ensure that no matter where major trauma occurs, patients will receive the same standard of care and rehabilitation.

It operates in a hub-and-spoke model, with a national Programme Team and four trauma regions across Scotland. A national peer review was carried out to determine if STN provides value-for-money, is sustainable and is fit-for-purpose for improving patient care and outcomes.

Methods

The Programme Team within the Scottish Trauma Network aligned its peer review process with the Peer Review Guide: Major Trauma Networks of England and Wales (1). It also reviewed the processes and report published following the South Wales Trauma Network peer review in 2022 (2) to follow best practice.

The Scottish review process began in September 2023. A panel was gathered comprising of 15 colleagues from: five Scottish health boards, NHS England and the Scottish Trauma Audit Group (STAG). Six members of the review panel conducted each region's review, with no member participating in their own area. NHS England and STAG representatives were present on each of these panels for consistency.

All regions and facilities across Scotland were assessed against a set of requirements (see Table 1) which covered:

- Access to facilities and resources
- Staffing availability
- Pathways and protocols
- Communication
- Education

Type of facility	No. of requirements measured	Total no. of facilities
Adult major trauma centres (MTC) and rehabilitation	77	4
Paediatric major trauma centres (PMTC) and rehabilitation	64	3
Trauma units (Adult and Paediatric)	70	10*
Local Emergency Hospitals (LEH)	16	7

*2 TUs are Adult only, 1 is Paed only

Table 1 *Tally of requirements measured at each STN facility during the Peer Review.*

A SharePoint site was established for each region where local teams uploaded evidence on how they meet each requirement. Hundreds of documents were shared for the panel to review remotely.

From mid-December 2023 to early March 2024 the panel members then visited each region in person. Site visits took place over 7 days. During the visits the review panel met with trauma colleagues, discussed the evidence supplied and saw how sites and facilities operated on a day-to-day basis.

Feedback on each of the 1,207 requirements was then gathered on the SharePoint site. This included highlights of significant achievements, areas of concern and recommendations for improvements.

Outcomes

Across the four major trauma regions, the vast majority of criteria was rated as 'good practice' (see Graph 1), with 33 instances of 'significant achievements'. No areas were found to have any 'immediate risks'.

Graph 1 *Anonymised breakdown of regional scoring by Peer Review*

Generally, areas of best practice identified included:

- presence of multi-disciplinary teams
- initial resuscitation and trauma pathways
- care on the wards and initial rehabilitation

Areas of concern across regions identified included a need to:

- improve equity of care for patients who aren't admitted to a trauma ward
- better utilise and streamline resources
- ensuring vacant posts are filled in accordance with minimum requirements

Conclusions

The review found that trauma services in Scotland, while still immature, deliver high quality, person-centred patient care. Many examples of excellence and significant achievement were noted by the review panel.

A total of 107 recommendations for improvement were made, for the national ne... broadly fall into the following categories: education and workforce; equity of acc...

Some key themes for improvement at a regional and national level included:

- the need to bolster rehabilitation across regions
- an opportunity to better utilise data to inform improvement
- a review of the complex set of minimum requirements which define the STN
- the opportunity to build national trauma education programmes to support se...

All regions were provided a breakdown of their findings and recommendations. E... recommendations through regional action plans, with national recommendations... working groups. Progress will be monitored at a national level through STN gove...

References

1 Peer Review Guide: Major Trauma Networks of England & Wales, August ...
2 South Wales Trauma Network: Peer Review Final Report, October 2022.

Peer review panel memo to regions

In all regions there were chall...

NoS network deliverables

Deliverable	Progress/Next Steps	Benefits
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	Audits and actions plans in Aberdeen Royal Infirmary and Raigmore Hospital continue to be monitored at local and network level during 2024/25. Improvements seen at ARI but not at Raigmore. Peer Review action is for STN to take forward radiology issues nationally. Local action planning continues in 2025/26.	Patients with potential head injuries are identified in a timely manner and appropriate care and intervention made to increase mortality and recovery .
Continued delivery of effective clinical governance systems across the Network	Adult and Paediatric MTC Clinical Guidelines published in 24/25. Continuing quarterly Network audit of major trauma patients not transferring to the MTC. Regular case reviews held.	Patients will receive evidence-based trauma care resulting in the best possible outcomes for themselves.
Continued implementation of communication plan	Network event held May 24 and Trauma Unit staff delivering road shows at local hospitals and community settings in 24/25. Network newsletters, social media and Improvement Plan published.	Increase awareness of the trauma network, trauma services, roles of the trauma team, developing relationships across the north and an understanding of the priorities of the network.
Continue to deliver comprehensive education programme	Network Education Lead appointed with extensive consultation on requirements. Network Education Strategy published December 24 and subsequent Delivery Plan. Monthly adult Teams education sessions restarted along with continuing paediatric sessions. Paediatric training programme for remote and rural sites continues across the north.	Increased trauma skills, and confidence to apply them, will lower mortality and increase better outcomes for patients who have experienced trauma.

EoS network deliverables

Deliverable	Progress/Next Steps	Benefits
Network Progression: Review of the MTC medical model	A new MTC Clinical Lead has been appointed alongside Plastics and Anaesthetics joining the rota. Undertaking a review/audit of pathways for 'outlier' patients – i.e. those not admitted directly to the MTS to ensure equity of care.	Ensuring equity of care for all major trauma patients, even those not admitted directly under the major trauma service.
Rehab Gap Analysis	Rehab gap analysis has taken place. AHP Service Level Agreements are underway to support MT pathways.	Educating services to ensure intensity of rehab is delivered so patients can achieve their goals.
Paediatric Trauma Unit	Two Paediatrics Rehab Coordinator are appointed to.	Enhances patient journey. Improves data collection.
Feedback	'whole experience was amazing', 'Continuity of constant care and attention', 'magnificent treatment – staff compassion and listening – high praise', 'Patient – I have been to work!', 'The care has been Gold Standard'.	Patient and Staff feedback allow us to celebrate achievements and improve services for both to ensure optimal experiences and outcomes.
Training & Education:	An Educational Lead have been appointed. A T&E platform has been established, various events have taken place including simulation sessions, chest trauma, awareness sessions and Grand rounds as well as Regional and National events.	Increased trauma skills and confidence to apply them, will lower mortality and increase better outcomes for patients who have experienced trauma. Ensures best practice and learning is shared across sites.
Research, Development & Innovation	Acute and Rehab follow ups underway. Network is undertaking a scoping exercise in 'Best Possible Value in relation to "Saving Lives, Giving Life Back"'.	Helps support best practice moving forward. Allows for creative ideas and solutions to real time issues.
Clinical Governance	Peer Review recommendations are fully underway with some complete. The CL Gov/pillars reporting structure are been reviewed after aligning with Theatres, Anaesthetics and Critical Care within NHS Tayside.	Will provide a robust structure to allow CL Gov/pillars to be captured/improved/shared to enhance the overall patient experience. Will align with the current STN governance structures as well as NHS Tayside's.
Data and Audit	First year EoS MTN has not had any negative KPI outliers. EoS MTC Rehab database has been through a test of change last year and we are hoping to use this information to analyse rehab dosage this year.	Date capture and KPI analysis helps shape the future of patient care and aids us in delivering the best possible care in the right place at the right time.

SEoS network deliverables

Deliverable	Progress/Next Steps	Benefits
Improving continuity of rehabilitation across the major trauma pathway	Recruitment underway to support the establishment of a supported discharge team for MTC / NHS Lothian patients.	Access to care at the right place at the right time. Maintaining intensity of rehab so patients can achieve their rehab goals. Ensuring equity of care for all patients across the South East network.
	All sites in the network are now delivering follow-up telephone calls to trauma patients.	
	Paediatric MTC delivering a trial of six-day rehab co-ordinator cover.	
	Full time permanent social worker appointed to the MTC.	
	Protocol developed to allow physiotherapists on MTW to be second signatories for pain relief prior to therapy.	
Ongoing staff training and education /	Paediatric MTC delivered STN Paediatric Study Event in June 2024 with over 150+ attendees.	Confident and well-trained workforce. Supports workforce retention and staff wellbeing. Ensures best practice and learning is shared across sites.
	Major Trauma Consultants participated in a CPD/Development day in April 2024.	
	PMTC have well established educational outreach programme – delivering regular education and training to all SE Trauma Units and LEH.	
	Paediatric MTC ran a full day service development day in October 2024 – teams are now working to implement key actions from the day.	
	Continuing to support staff to attend training courses. In 2024/25 this included attendance at EMDR; HECTOR; ATLS and TCAR courses.	
Regular participation in clinical governance processes	Positive outcomes in 2024 STAG SNAP Governance report – the network performed particularly well in compliance with PROMs, Rehab Plan and MTC access for severe head injury KPIs.	Improved clinical risk management and reduction Evidence based decision making Supports service development & improvement.
	Positive feedback from participation in STN peer review. A network improvement plan has been developed to implement the key recommendations.	
	Major Trauma guidelines reviewed and updated. Including updates to network transfer guidance and inclusion of end of life/palliative care guidance.	

WoS network deliverables

Deliverable	Progress/Next Steps	Benefits
Improved access to multispecialty trauma care.	Develop an in-reach hyper acute service for the care and coordination of patient pathway for those patients who are not admitted into the major trauma ward in MTC.	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. Ensuring equity of care of access to services for patients not admitted into major trauma ward
	Right Decisions – review of current protocols and pathways to develop WoS pathways utilising Right Decisions App to support continuity of care – guidelines for management of head injuries not being managed through neurosurgical services; guidelines for management of non-spinal cord injuries	
	Embed new network governance structure	
Education and shared learning/ Research and Innovation	Quarterly Trauma Forums	Professional development and sharing of best practice. Well trained confident trauma workforce – supports staff satisfaction and retention Highlight/share widely progress in patient outcomes as result of development of major trauma service and pathways
	Clinical Governance Advisory Group quarterly – share learning from local M&M	
	Preparation of range of poster presentations for use at local and national events	
	All sites/areas have access to in-house education and training – shared videos across network	
	Progress writing up QI projects	
MTS Developments	Further development of specialist rehabilitation service – all sites now using the rehab complexity scoring system.	Assurances for quality of care. Continuity of care and improved specialty communication; Improved patient outcomes; Improved management of complex patients. Clear strategic direction for continuation of major trauma network
	Support STN to develop sustainability plan for the future of major trauma services.	
	Continue to progress actions following Peer Review and to develop major trauma service in line with WoS 3-year sustainability plan and STN national plan	

SAS network deliverables

Deliverable	Progress/Next Steps	Benefits
Develop the clinical structure of the Advanced Practitioner in Critical Care (APCC) team.	We have successfully recruited to the new role of Advanced Practice Clinical Lead (Critical Care). Post holder commenced on 13th Nov 2024.	Provides peer led professional leadership and development of the APCC team. Complements the APCC competency framework and the development of an appraisal structure for APCCs. Aids the provision of a robust, well governed and sustainable yellow tier of response for major trauma patients.
Review and update the clinical governance structure of pre-hospital major trauma care.	We have implemented our new clinical governance structure. Stakeholder enquiries are received through a dedicated mailbox and routinely considered by SAS Major Trauma Clinical Leads. There are clear routes for escalation and resolution with some enquiries feeding into quarterly STN clinical governance meetings.	Provides a robust structure for clinical governance that aligns to STN structures. Facilitates review, reflection and learning within SAS. Promotes cross working and learning across all organisations that provide pre-hospital trauma care.
Paramedic/Technician (green tier) trauma care review.	We have commenced site visits and online engagement sessions with SAS clinicians to seek their views on the provision of major trauma care and establish what they need to develop clinically.	Improved engagement with SAS clinicians to gain a better understanding of training and development needs. Improved 'green tier' trauma care.
Conduct a comprehensive review of the SAS Critical Care Desk.	Having been operational for over 2 years the CCD will now be reviewed to highlight areas of achievement and best practice and to identify opportunities for improvement. A representative working group has been formed to take the review forward. The review will happen over several discreet stages including an appraisal of progress to date, performance and gap analysis, service evaluations, options appraisals and recommendations.	This review will seek to build upon the substantial work already invested in developing the CCD. The project will further refine the operating model for the desk whilst also engaging with staff to ensure they feel well equipped and adequately supported. The review findings will be documented and used to ensure that resources are optimised and facilitate the effective identification, care and triage of Major Trauma patients.
East of Scotland, Pre-hospital Critical Care Team Business Case.	Business Case and potential plan for the implementation of a new Pre-hospital Critical Care Team for the East of Scotland is being produced. The geospatial analysis is in place, and the Business Case is nearing completion.	Improved survival rates and clinical outcomes including a reduction in disability. Equitable critical care response for the East of Scotland.
Major Incident and Mass Casualty Planning.	New 'Major Incident Triage Tool' and 'Ten Second Triage Tool' have not yet been implemented. SAS have responded to all the recommendations from the Manchester Arena Enquiry. A review of the major incidents with mass casualty plan will be undertaken with the Scottish Government within the next twelve months.	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	Progress/Next Steps	Benefits
Support the ability to answer bespoke research and quality improvement questions by the STN.	STAG will make data available within the National Safe Haven for requestors to access information timely. This will also allow STAG data to be linked with other datasets held in Public Health Scotland.	STN will be able to demonstrate where improvements are being made, helping support future strategic planning.
Support the regional networks and hospitals with data for management and quality improvement.	STAG have produced a monthly report that allows hospitals and networks to view compliance with KPIs and benchmark against other areas. This compliments data available in the Tableau dashboards.	These reports will allow ongoing benchmarking allowing hospitals and networks to identify similar types of hospitals and share learning.
Agree KPIs for frail patients, who have a higher mortality, length of stay and complications following serious injury.	ESTAG, the bespoke database used to collect STAG data, is currently being updated (May 2025) to include time to clinical frailty score and time to comprehensive geriatric assessment and changes to other KPIs are available for reporting.	A frailty score will trigger the need for comprehensive geriatric assessment and interventions that will optimise the patient's outcome and support decision making.

Workplan 2025/26

Workplan 2025/26

Framework area of focus	Deliverable	Benefits
Improved quality of care	Develop a target operating model for the network to outline the desired future state of trauma care in Scotland.	Enable the network to have a clear understating of the current state and provide clear steps to reach the desired future state of trauma care in Scotland.
	Write a service specification for the network to replace the existing minimum requirements.	Provide a clear expectation for the level of care for trauma patients in Scotland. Enable easier assessment in future network peer reviews.
	Review the network governance structure to align with the new Scottish Government network model.	Clear reporting mechanisms to Scottish Government and improved connections to policy teams.
Improved equity of access to services and in the care delivered	Collaborate with regional networks to develop patient engagement plan to support future service planning.	Improved understanding of how the trauma service is viewed by patients/ families. Clearly identify areas of service improvement.
Improved data and outcomes	Produce a data strategy for the network	Outline how data will be utilised, which will allow STN to evidence return on investment.
Enhanced trauma education and workforce development	Produce an education strategy for the network.	Standardised approach to education across the network and improved equity of access.