Annual Report 2025/26

NHS SCOTLAND

SCOTTISH TRAUMA NETWORK

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Introduction

The Scottish Trauma Network (STN) is now in its eighth year since phased rollout began in 2018. With implementation largely complete by 2024, this reporting period has been characterised by maturation, refinement and strategic planning.

It is energising to see the amount of work the regional trauma networks are doing to implement the external peer review recommendations and develop the four key areas of focus contained within the STN Strategic Framework 2024-27. This is evident within the regional network and Scottish Ambulance Service (SAS) deliverables and workplans, such as: integration of dedicated social workers and mental health support within the major trauma services; appointment of regional education leads; and refinement of clinical management pathways.

Oversight from the STN programme team on the progress made by regional networks in delivering the peer review recommendations, regional assurance visits and a trauma specific external peer review of the SAS have helped maintain focus and momentum throughout this reporting period.

Nationally, several significant projects have been realised. A new, centralised hub for major trauma learning has been developed on the Turas platform. This will provide an invaluable resource for teaching and learning for all disciplines involved with major trauma management. The STN has reinforced its ties with the Scottish Trauma Audit Group (STAG) and forged links with academic institutions, including the University of Glasgow, to make better use of its data. It was rewarding to see a recent publication in the journal *Injury* showing an improvement in survival following traumatic injury with the implementation of the North of Scotland Major Trauma regional network.

The most strategically significant project has been the development of an STN service specification from its founding minimum requirements. This service specification provides a comprehensive template of what trauma care in Scotland should look like for those sustaining significant traumatic injury. If implemented, it would not only bring Scottish trauma care in line with the rest of the United Kingdom but reduce the inequalities and inequities still seen in Scotland today. High level support from subnational planning groups and Scottish Government will be essential; together, I believe there is a real chance we can realise our aims.

Saving lives. Giving life back.

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.

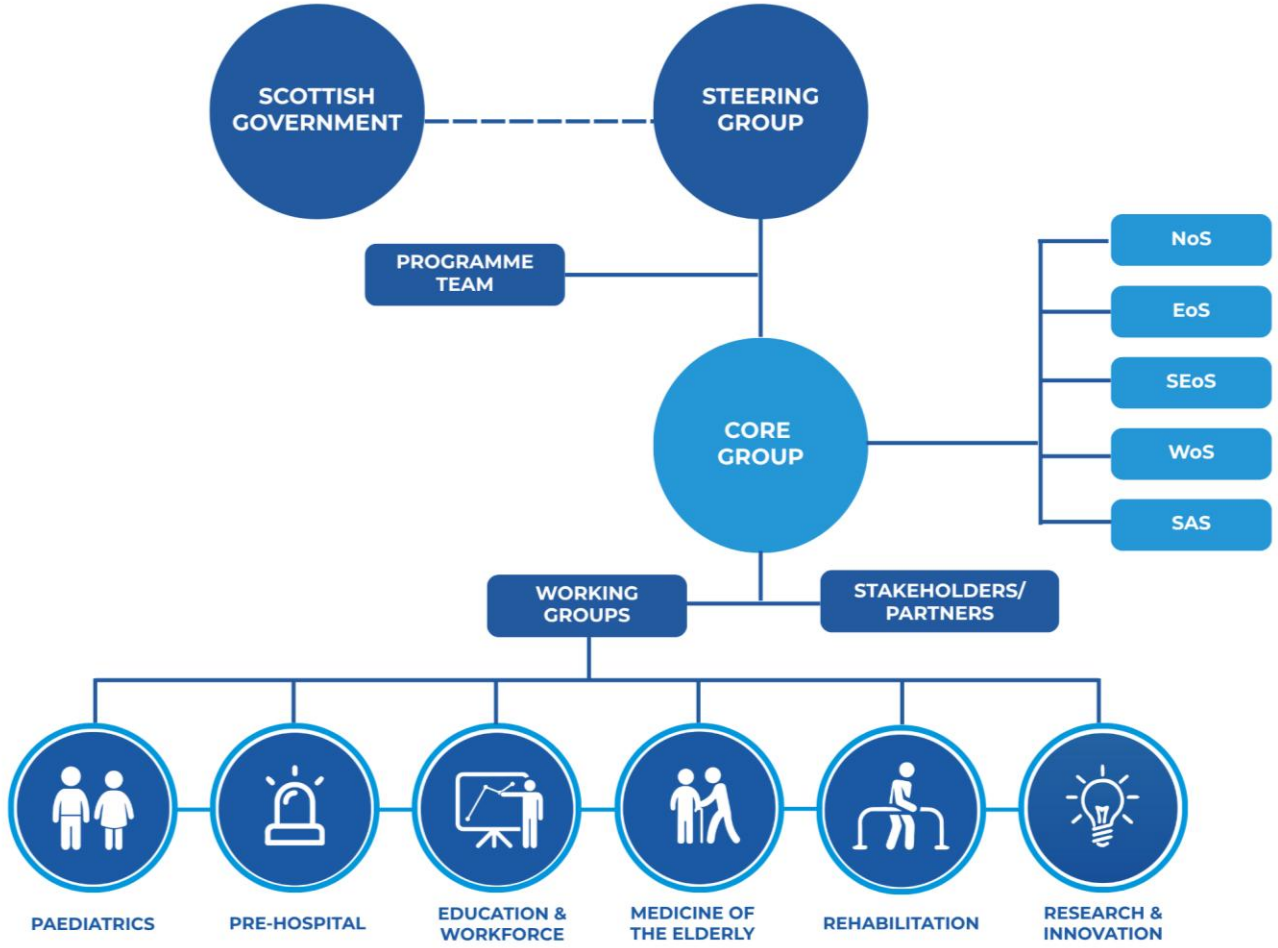
Chair of the STN was Mary Morgan, previous Chief Executive of NHS National Services Scotland (NSS). Mary stood down from this post in March 2026, coinciding with her retirement. Appointment of a new Chair will take place in 2026.

Dr Tim Hooper, in his role as national Clinical Lead, continued 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 Day was held in June 2025. Patient stories continue to be featured at each meeting 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

Throughout 2025/26 the programme team from the Scottish Trauma Network (STN) carried out assurance visits to each respective region at their MTC.

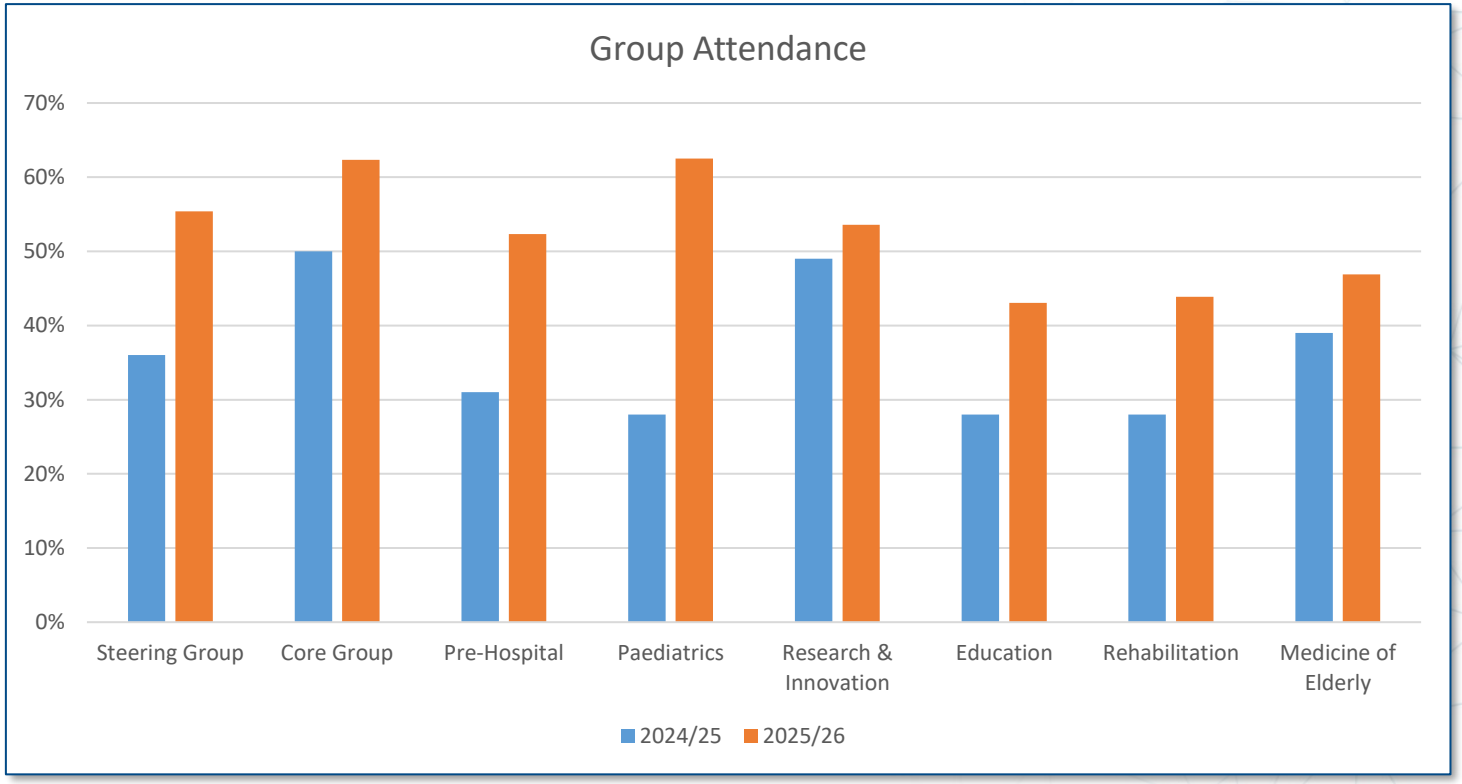
These network-wide visits provided the STN lead clinician and programme manager an opportunity to give in-person attention to each region and allow in depth follow up on the STN external peer review recommendations.

Meeting attendance

The STN Steering Group meets three times a year, with the Core Group and subgroups each meeting four times annually.

A review of subgroup membership was undertaken in the last year, to ensure improved attendance and the appropriate representation from all regions. In all meetings attendance has improved significantly, however encouraging attendance will remain a focus in 2026/27.

While meeting attendance may clash with clinical commitments from time-to-time, subgroup chairs re-enforce that if members cannot attend, they should strive to send a deputy in their place. While deputies do attend on occasion this is a process which will be reiterated to all subgroups to ensure nationally representative attendance.



Analysis of meeting attendance

Progress against Network deliverables

Deliverable	Progress/Next Steps	Benefits
Develop a target operating model (TOM) for the network to outline the desired future state of trauma care in Scotland.	• Short Life Working Group (SLWG) established with representatives from Major Trauma Centres, Trauma Units and Local Emergency Hospitals. • Stakeholder engagement survey developed to determine future priority areas and analyse current service delivery. • High-level design of future state (Service Specification) drafted. • TOM development will conclude in 2026/27.	Supports the delivery and growth of the Scottish Trauma Network, in a structured way to ultimately improve service consistency, efficiency, and patient outcomes.
Write a service specification for the network to replace the existing minimum requirements.	• Draft service specification developed with input of SLWG, with a thorough page-by-page review carried out. • 10 two-hour meetings of the Short Life Working Group held throughout the year • Initial review complete as of March 2026. Final formatting changes to be made ahead of the final sign off process by SLWG.	A detailed set of essential and desireable requirements which will promote consistent delivery and accurate measurement of trauma care across Scotland.
Review the network governance structure to align with the new Scottish Government network model	• Review of STN governance was paused due to national network review. • STN Chair has stepped down as of 1 April 2026. Renewed governance structure discussions will progress once new Chair is appointed.	Appropriate network membership, including individuals with the ability and authority to influence and drive change within NHS Scotland

Progress against Network deliverables

Deliverable	Progress/Next Steps	Benefits
Collaborate with regional networks to develop patient engagement plan to support future service planning	• Patient feedback has been analysed as part of the target operating model (TOM) research, using regional feedback and Care Opinion data. • A formal plan will be developed in 2026/27 including ways to centralise Care Opinion feedback.	Ensure the trauma service is meeting patient needs and using feedback to enhance the service offering.
Produce a data strategy for the network	• Data strategy developed and shared with Steering Group. • Partnership developed with the University of Glasgow, to progress two research projects on behalf of the network and in conjunction with the Scottish Trauma Audit Group (STAG). • Data and technology will be a key area of focus in the forthcoming TOM.	Collaborative and consistent approach to data collection and use across the trauma network.
Produce an education strategy for the network.	• Education strategy developed and shared with Steering Group. • A Turas Learn site has been created and will be launched fully in May 2026. This site hosts existing resources and new simulation scenarios.	Collaborative approach to network education and equitable access to resources for trauma network colleagues.

2024-27 Framework progress

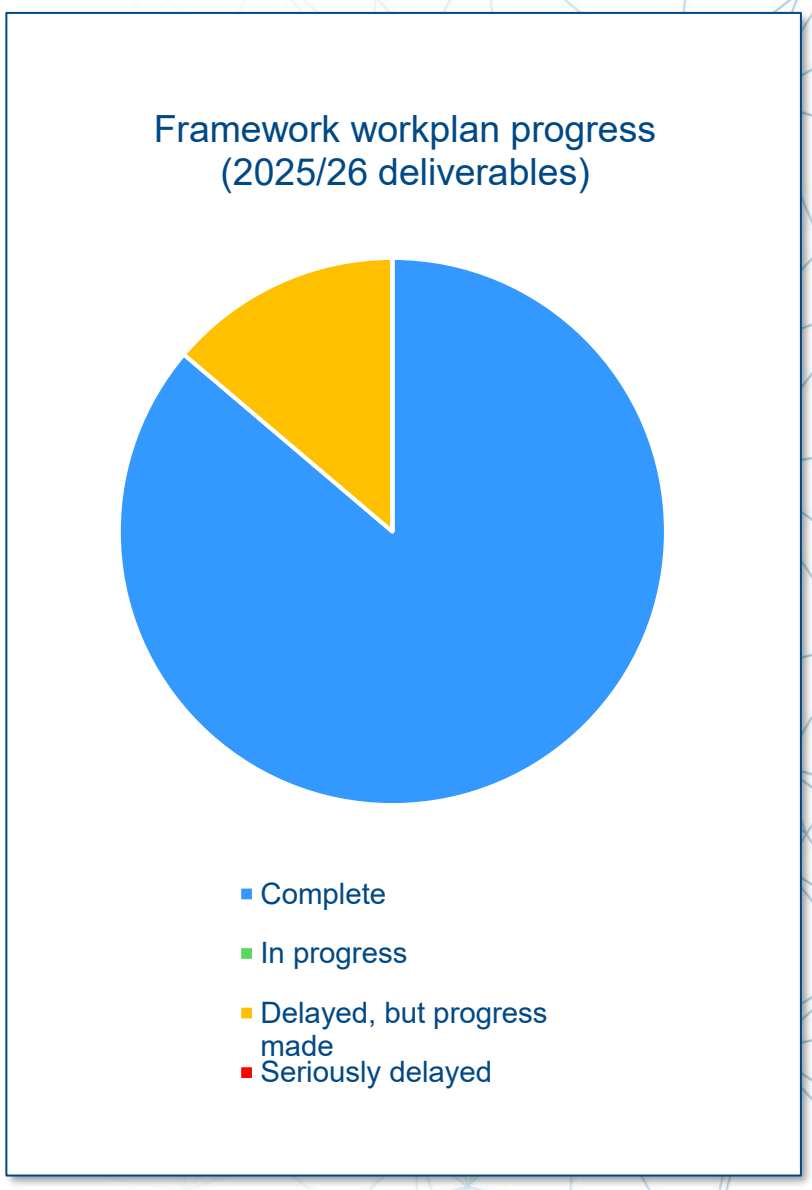
Good progress has been made against the Scottish Trauma Network's 2024-2027 Framework.

The associated workplan is sectioned into goals grouped into four areas of focus: improved quality of care; enhanced trauma education and workforce development; improved data and outcomes; and improved equity of access to services and care delivered.

Of the 29 actions for 2025/26, 24 (86%) have been completed and four (14%) are delayed but most will likely have concluded by May 2026.

Highlights from the workplan deliverables include:

- Final draft of the revised Service Specification written, with extensive input from STN colleagues across all regions.
- Support of planning and delivery of the British Trauma Society Annual Scientific Meeting in Edinburgh in November 2025.
- Linkage of SMR01 and pharmacy data sets with the Scottish Trauma Audit Group.
- Heartlands Elderly Care Trauma and Ongoing Recovery (HECTOR) course now being delivered across Scotland by a Scottish Faculty, developed through a partnership with the Northern Trauma Network in England
- Review of trauma education resources and development of a Major Trauma Learning Hub on Turas.
- Established partnership with the University of Glasgow to further major trauma research, with two research questions allocated to Masters' students
- Delivery of the EMRS East Business Case by the SAS pre-hospital team.
- Peer review of the STN's Pre-hospital service with the Scottish Ambulance Service, with the full report due in spring 2026.
- Launch of a short life working group to research e-bike and e-scooter injury incidence across Scotland.



Finance

All network funding was spent on projects agreed through network governance. This included:

- Travel expenses for five regional assurance visits
- Travel expenses for pre-hospital peer review

Development of STN Service Specification

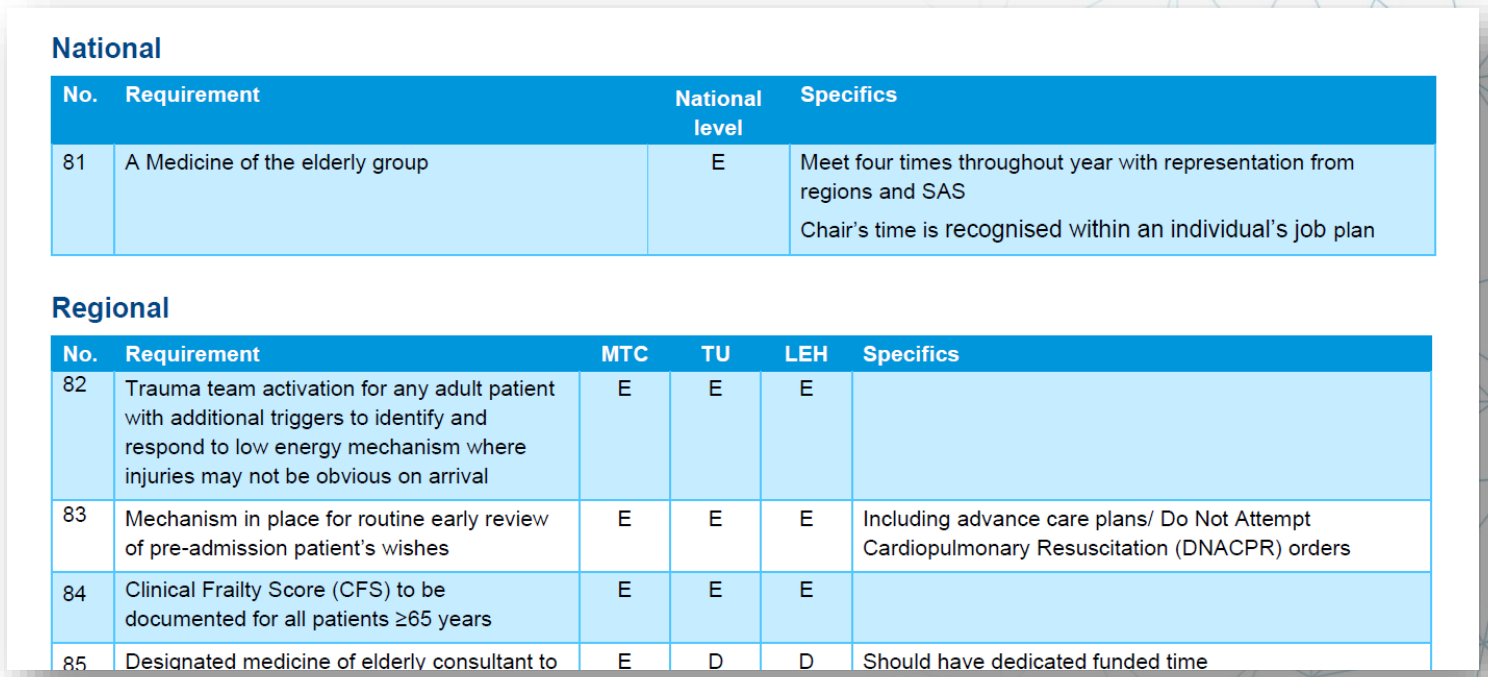
In the STN Peer Review report 2024, a recommendation for the national network was to consider the service specification as set out in the minimum requirements and review these so they are more consistent, measurable and meaningful.

Throughout the last year, the Service Specification short life working group (SLWG) developed and reviewed the STN service specification, in 10 two-hour meetings over the 2025/26 year. Small specialist subgroups were gathered to review Major Trauma Centre, Trauma Unit, Local Emergency Hospital, pre-hospital, rehabilitation and paediatric criteria respectively.

The main changes incorporated in the service specification are:

- Acceptance criteria expanded to include patients with an Injury Severity Score (ISS) >8
- Requirements cited for all MTCs, TUs and LEHs as well as the pre-hospital and national network level
- Addition of classification of each requirement ie essential, desirable or not applicable.

The full document will be taken to the STN Steering Group in May 2026 for ratification, before final sign-off at the NSD Senior Management Group (Clinical).



National

No.	Requirement	National level	Specifics
81	A Medicine of the elderly group	E	Meet four times throughout year with representation from regions and SAS Chair's time is recognised within an individual's job plan

Regional

No.	Requirement	MTC	TU	LEH	Specifics
82	Trauma team activation for any adult patient with additional triggers to identify and respond to low energy mechanism where injuries may not be obvious on arrival	E	E	E	
83	Mechanism in place for routine early review of pre-admission patient's wishes	E	E	E	Including advance care plans/ Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders
84	Clinical Frailty Score (CFS) to be documented for all patients ≥65 years	E	E	E	
85	Designated medicine of elderly consultant to	E	D	D	Should have dedicated funded time

Example of the new Service Specification format

Communication and engagement

National conferences

Throughout 2025, the Scottish Trauma Network supported the British Trauma Society in the planning and coordination of it's Annual Scientific Meeting in November 2025.

The STN Programme team supported the event organizers by meeting regularly throughout the year to provide local input and source keynote speakers. It also provided input into the marketing and publicising of the event to stakeholders.

Tim Hooper, Clinical Lead for STN and Tim Parke, Medical Director for the Scottish Ambulance Service jointly delivered the keynote session to open the conference. They were then joined by Marie Spiers, Clinical Lead for the West of Scotland region, and Sarah Abernethy, Consultant Paediatric Neurologist and Roddy O'Kane, Consultant Neurosurgeon, both from the Royal Hospital for Children Glasgow.

In March 2026, Laura Stewart, STN Senior Educator, spoke at the national TraumaCare Annual Meeting about the development of the Major Trauma learning hub for the Scottish Trauma Network. This was positively received, promoting questions and highlighting the potential for sharing of resources.

Laura also spoke at the at the National Major Trauma Nursing Group in April 2026 about progress of the HECTOR course delivery across Scotland.

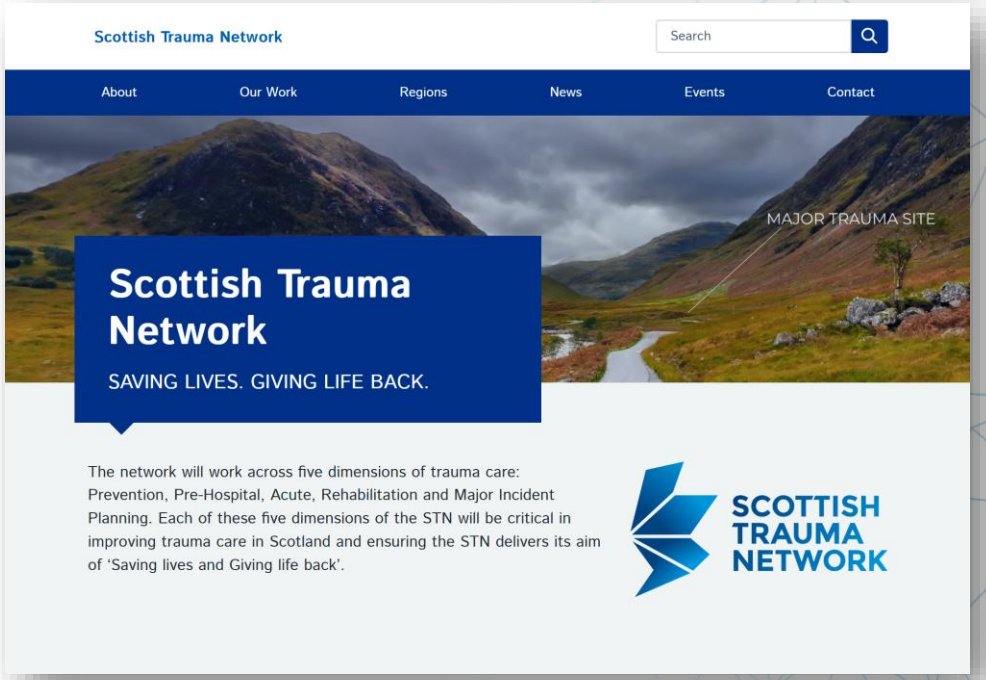
Tim Hooper delivering the Key Note session at the British Trauma Society ASM (*above*); BTS ASM 2025 brochure (*left*).

Communication and engagement

Website

In 2025 the Scottish Trauma Network website was migrated from a third-party host to the NHS National Services Scotland standard web offering. This brings the network in line with other national and strategic networks, ensuring it meets accessibility standards and improves the ease of maintenance.

A review of the previous site content was conducted before the migration, to ensure accuracy of the content and cull any material no longer relevant. A further review will be carried out in 2026/27 to ensure alignment across the network's digital resources (including the Turas modules).



Revised Scottish Trauma Network website

Engagement with stakeholders

The primary method for engaging with stakeholders was by email and utilising the dedicated Microsoft Teams channel for STN. In 2026/27 STN plans to utilise Viva Insights to track email open rates and readership, to help improve engagement with users.

With uncertainty around the efficacy and management of the X (formerly Twitter) platform, the network has not used this as a communication tool in the last year. The network will review its utility going forward and scope alternative options.

Education

Major Trauma Turas site

Following a comprehensive review of existing materials from the STN website, a need was established for a centralised platform for major trauma education. Led by Laura Stewart, STN Senior Educator, work began to develop a major trauma learning site on the Turas Learn platform. The site has been structured to align with the Turas format, ensuring a consistent and user-friendly learning experience.

With support from colleagues in NES and members across the network, over 50 existing education resources were reviewed, standardised, and refined, providing a uniformed format. The first completed phase of the site is scheduled for launch in May 2026.

Training and outreach

October 2025 saw the West of Scotland host the established Trauma Orchestration of Continuing Healthcare (TORCH) course. The London Faculty were hosted at the Queen Elizabeth University Hospital and delivered their wealth of trauma care knowledge alongside local practitioners. The audience comprised of healthcare professional from all backgrounds from across Scotland, with the lectures and workshops very well received. In autumn 2026, Trauma Orchestration of Continuing Healthcare Education for Scotland (TORCHES) will be launched, which will be adapted to suit Scotland's national practices.

Three HECTOR simulation sessions were held in 2025/26, hosted at the National Simulation Centre as well as being delivered on the road in NHS Borders and NHS Grampian, with 42 attendees across the three courses. Being able to deliver the course on the road enables multidisciplinary teams across Scotland to access the course and participate in high-quality, scenario-based training in caring for older patients who have suffered major trauma. The Scottish based multi-disciplinary faculty continues to grow, with the appointment of five new faculty members in the past year.

Regional network deliverables

NoS network deliverables

Deliverable	Progress/Next Steps	Benefits
Continued delivery of effective governance and communication systems across the Network	• Increased continuity of care across the pathway • Network Strategic Plan 2023-2028 continued to be implemented via the Network Improvement Plan where, by the end of March 2026, 77% of the 79 actions were completed or on track which includes 83% achievement of Peer Review recommendations. • Network Forums met quarterly with network wide representation, including Clinical Governance at a Network and MTC level where case reviews, risks, audit and performance discussed. Communication of results via Network newsletters. • Assurance visits by Network leads carried out to each hospital site in the Network to learn about pathway development and where the Network can aid delivery of trauma care. • Continuous KPI monitoring and implementation of improvement plans. The Network were above the Scottish mean for 7 out of the 8 KPIs monitored via the SNP process with one just falling no more than 10% below the mean but which still saw an improvement from 2024. Two other KPIs were 2 standard deviations above the Scottish mean.	Patients will receive evidence-based trauma care resulting in the best possible outcomes for themselves.
Continued delivery of comprehensive education programme	• Continued implementation of Network Education Delivery Plan • Network wide adult and paediatric monthly on-line education sessions • Adult and paediatric outreach training programme for remote and rural sites. • Network wide rehabilitation skills needs analysis completed with agreed action plan • Staff supported in attending formal training i.e. ETC, HECTOR, ATLS • Local development of trauma training for nurses both adult and paediatric • National and local paediatric study days • Rural outreach and training to local hospitals by major trauma teams • Cycling helmet awareness raising in schools	Increased trauma skills, and confidence to apply them, will lower mortality and increase better outcomes for patients who have experienced trauma. Network wide provision aims to bring equality of skilled care across the north.
Continued development and innovation	• Head injury pathway developed at the Trauma Unit • Provision and completed trial of national rehab plan • SLA and SOP developed for paediatric interventional radiology • Polytrauma patient pathway at the MTC • Daily silver trauma assessment and delirium screening tool in the Trauma Unit	Patients will receive improved and more efficient care which will improve outcomes and reduce overall costs for the health service.

EoS network deliverables

Deliverable	Progress/Next Steps	Benefits
Network Progression	Peer Review recommendations (PRR) 55% complete, 45% in progress with three due to close soon bringing it to 82% complete. A MT office hub has been created to collocate staff and enhance MDT collaboration and working relationships further. Regional site visits this year have been invaluable in sharing best practice.	Coordination of patient care has benefited from a collocated office hub in terms of communication, efficiency and time. A huge benefit of being part of a National Network is peer support across the country sharing best practice to enhance all patient journeys.
Adult Major Trauma Centre	A Plastic Consultant, Anaesthetist Consultant and General Surgeon are now part of the multidisciplinary rota. Work remains ongoing relating to MT patients not admitted directly under the MT Service with Rehab Coordinators recruited to support this patient cohort better also. Permanent social worker for adult MTC appointed. Follow up and community transition services established.	Ensuring equity of care for all major trauma patients, even those not admitted directly under the major trauma service. Educating services to ensure intensity of rehab is delivered across the pathway throughout their journey so patients can achieve their goals.
Paediatric Trauma Unit	We have dedicated points of contact now for Medical, Nursing and AHP joining our leadership group and this will aid us in progressing our framework plans.	Ensures a robust TU structure to support the framework. Enhances patient journey, communication and further education.
Feedback	“Your service is 11/10”. “The experience I have had with the process with hospitalisation had been excellent - Compared to other services, standard of care seemed different, gold standard”. “I can’t believe this service follows you as a patient throughout your whole journey and even when I got home the support to allow me to return to work – I’m astonished and grateful beyond words”	Patient and Staff feedback allow us to celebrate achievements and improve services for both to ensure optimal experiences and outcomes.
Clinical Governance	CL Gov Meetings and M&Ms continue to provide us with themes that have been taken forward to allow us to enhance our services. Out with this the focus has remained on PR recommendations. EMRS Business case has now been finalised and is to proceed through a formal governance route.	Provides a robust structure to allow CL Gov/pillars to be captured/improved/shared to enhance the overall patient experience. Approval of the EMRS Business Case would ensure equity of care for all major trauma patients across East/SE.
Data and Audit	The STAG LACs for EoS have closed with full data sets for 2025. Validation work and improvement plans have been key this year in supporting a more accurate KPI outcome, resulting in two KPIs being 3SD above the mean, one KPI 2SD above the mean and two KPIs improving significantly with no negative KPI outliers to report on for SNAP Governance.	Data 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.
Training & Education	A huge amount of T&E has been underway this year. Our Leads are also working on Induction/Education programmes, an education strategy as well as up skilling staff and competencies with scoping exercises around new E&T underpinned by research. Further educating of our supporting services also remains underway to support PRR.	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 our MT Service pathways.
Research, Development & Innovation	Our Leads/teams have been involved in national research initiatives as well as starting a few of their own, some have been published now. A vast and varied amount of QI projects have been completed and ongoing to enhance our services.	Helps support best practice moving forward. Allows for creative ideas and solutions to real time issues.

SEoS network deliverables

Deliverable	Progress/Next Steps	Benefits
Establishment of ortho-plastic service at the MTC	• Bi-monthly orthoplastic outpatient clinic established. • Combined ortho-plastic theatre sessions being delivered. • Standard operating procedure established to ensure priority access to theatre for ortho-plastic procedures.	• Meets standards set out by national and international guidelines including NICE and BOAST • One stage operation can improve clinical outcomes; recovery and reduce infections.
Delivery of paediatric major trauma education to trauma units and local emergency hospitals	• Paediatric MTC has established rolling plan for delivering paediatric major trauma education to trauma units and local emergency hospitals. • Simulation/scenario-based education session delivered at each site alongside a paediatric case review each year. • Major trauma nursing teaching day took place in May 2025 with representatives from trauma units and LEHs in attendance. • Feedback from all sites has been extremely positive.	• Ensures knowledge and expertise is shared across the network. • Enhances the TU/LEH workforce's confidence in dealing with paediatric major trauma patients. • Increases knowledge and understanding of the aims and purpose of the major trauma network across sites.
Continue to enhance access to rehabilitation services for major trauma patients	• Permanent establishment of 6-day rehabilitation coordinator service at paediatric MTC • Permanent social worker for adult MTC appointed. • Work being undertaken to support establishment of a 7-day mental health nursing workforce at the adult MTC. • Rehab Consultant input established at Forth Valley Specialist Rehab Unit	• Increased access to essential rehab, including for out of hour and weekend admissions • Increased continuity of care across the pathway. • Improved links to social services and mental health support - helping to support the network in it's aim of 'giving life back'.
Continued cross-site engagement and collaboration to improve pathways and care for major trauma patients	• Continued engagement and input from all Boards including the Scottish ambulance service in regional steering group; rehab group & clinical governance meetings. • Cross-board collaboration to review and update major trauma guidelines. • Excellent communication established between boards to aid the seamless transfer & repatriation of patients between sites and services.	• Good engagement and collaboration ensures network guidelines remain up to date and fit for purpose. • Helps to guarantee a 'joined up approach' to care and improves patient experience. • Good utilisation and sharing of resources; knowledge and expertise.

WoS network deliverables

Deliverable	Progress/Next Steps	Benefits
Improved access to multispecialty trauma care.	Launched the 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.	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 Service – Carried over to 26/27 – working group to be formed to review and confirm resources,	
	New highlight and data reporting structure agreed for Clinical Governance Advisory Group and introduced for 26/27 cycle – to be kept under review and refined where needed.	
Education and shared learning/ Research and Innovation	Delivered clinical governance event. Quarterly Trauma Forums reviewed and replaced with West of Scotland Learning events. Supported delivery of Scottish TORCH course.	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 met quarterly – learning share through case discussion and learning points from local M&M	
	Presented and facilitated at a range of local and national events including National Head Injury Conference, Paediatric Study day, Rehabilitation Learning event.	
	Provided access to rehabilitation education and training resources and contributed to STN development of Turas Learn site.	
	QI projects presented at local, regional and national events.	
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
	Supported STN to develop sustainability plan for the future of major trauma services with contributions to development of service specification for major trauma care.	
	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. Actions pertaining to rehabilitation have been completed.	

SAS network deliverables

Deliverable	Progress/Next Steps	Benefits
Complete Peer Review of SAS pre-hospital trauma care.	We have engaged subject experts from across the STN and the Northwest Ambulance Service to Peer Review SAS Pre-hospital Trauma Care. Evidence was submitted to the panel in January 2026 and was followed up by an in-person site visit at ScotSTAR base in Paisley in March 2026. A summary report has been produced, this will be followed up by a full report of findings and recommendations.	Peer review is a useful governance process and can help determine if a service provides value-for-money, is sustainable and is fit-for-purpose for improving patient care and outcomes. The review will provide a set of considered, evidence-based, recommendations for service improvement which we will progress to improve pre-hospital care.
Service wide review of the Critical Care Desk.	Over the past 12 months we have conducted a comprehensive review of the critical care desk looking at demand and capacity, processes and outputs. The review engaged with a wide range of stakeholders to ensure a diversity of opinions and perspectives. A full report of findings and recommendations is currently in production and will be available soon.	A substantial amount of effort has been invested in developing the service to this stage and it is important that we continue to refine the CCD model whilst also engaging with staff to ensure they feel well equipped and adequately supported. Recommendations from the review will be implemented to ensure that the service is optimised within the available resources.
East of Scotland, Pre-hospital critical care team business case.	The business case outlining the need for a new regional pre-hospital critical care team for the South-East of Scotland has been produced and submitted to the Scottish Government.	The business case seeks to restore equitable regional access to life saving critical care, ensure essential major incident preparedness for the capital city and introduce a new inter-facility critical care capability for the region.
Exit Strategy.	The Scottish Ambulance Service has played an active role in progressing the application of the EXtrication In Trauma (EXIT) project, supporting the translation of emerging evidence into changes in pre-hospital trauma care. This has included contributing clinical expertise to national discussions and multidisciplinary workstreams, ensuring that key pre-hospital considerations such as patient assessment, triage, and time-critical interventions are reflected in evolving guidance.	The EXIT project has been fundamental in shifting the focus of extrication from minimising movement towards reducing entrapment time and facilitating earlier access to definitive care. The project has focused on achieving multi-agency alignment, including the development of shared terminology, consistent understanding of risk, and agreement on clinical priorities across services. This has supported a more consistent, evidence-based approach to extrication across Scotland, with a clear emphasis on reducing time at scene and improving patient outcomes.

STAG network deliverables

Deliverable	Progress/Next Steps	Benefits
Support research capacity by a collaboration with the STN Research and Innovation group and Glasgow University.	• Help identify and prioritise two high-impact research questions. • Complete the honorary contract process in PHS for two public health students. • Obtain formal IG approval for student access to relevant datasets.	Enhanced research capacity. Faster translation of evidence into practice. Better use of national data assets. Efficient use of resources.
Recalibrate the Probability of Survival model to reflect the current severe trauma population and show true changes in mortality from 2023-2025.	• Recalibrate the Ps model using contemporary case-mix and outcome data (2019-2022). • Produce a comparative analysis demonstrating true changes in mortality over time, controlling for injury severity and demographics. • Publish a report and updated Ps model coefficients for sign off by the STAG Steering Group.	• Accurate measurement of mortality trends. • Better reflection of current trauma severity and demographics. • Improved ability to detect true improvement or deterioration.

Workplan 2026/27

STN Workplan 2026/27

Framework area of focus	Deliverable	Benefits
Enhanced Trauma education and workforce development	• Develop regional education lead roles and establish routes for continuous feedback to focus education activity on identified needs • Create communications plan/strategy including updates to the STN website • Formalise any national network documentation through NSD governance process	• Focussed and consistent approach to education • Improve engagement with stakeholders • Enhance consistency in care across the network
Improved data and outcomes	• Determine if there are trends in e-bike and e-scooter injuries presenting at Scottish hospitals and share the findings with prevention stakeholders. • Review existing KPIs to ensure they link with STN activity and demonstrate value. • Assess how to improve data capture of those outwith the STAG systems such as medical patients and those discharged within 3 days.	• Share knowledge and improve safety messaging • Consistent and meaningful performance metrics • Improved data capture and more reliable representation of patient data.
Improved equity of access to services and in the care delivered	• Delivery of Target Operating Model including high-level recommendations for health boards. • Design a standardised national pathway to improve access to neurosurgical services for conservatively managed traumatic brain injured patients in Scotland.	• A national approach to an improved and enhanced trauma service. • Improved equity of access and communication with national services.
Improved Quality of Care	• Delivery of the Pre-hospital Peer Review report. • Promote local and regional research and innovation by sharing best practice and publicising the STN Research and Innovation group. • Develop a nationally agreed Rehabilitation Plan • Deliver a proposal for a restructured governance model in the STN and share with NSD SMG-C. • Improve collaborative working with third party stakeholders through participation in ongoing activity and sharing of research.	• Peer assessed review with recommendations to improve service delivery • Peer support for quality improvement initiatives • Minimised variation and consistent service delivery • A clear governance structure would improve linkages with Scottish Government and national/sub-national planning and ensure more effective use of clinicians' time. • Improved awareness of the network and shared learning.

NoS Workplan 2026/27

Area of focus	Deliverable	Benefits
Quality of Care & Clinical Pathways	• Strengthen integrated trauma pathways from pre-hospital care through to rehabilitation and community services by implementing learning from case review and developing pathways i.e. network neurology pathway • Strengthen patient feedback for trauma care to inform service improvement. • Undertake benchmarking exercise of current services against STN service specification and work with stakeholders to produce subsequent action plan	• Improved patient outcomes through consistent, high-quality care • Enhanced coordination across the patient pathway from pre-hospital care to rehabilitation • Greater standardisation and reduced variation in clinical practice
Governance & Network Sustainability	• Continued implementation of Network Strategic Plan 2023-2028 and Improvement Plan • Review and maintain effective Network Board, Clinical Governance (where case reviews, risks, audit and performance discussed) and sub-group structures • Continued assurance visits by Network leads to hospital sites in the Network to learn about pathway development and where the Network can aid delivery of trauma care • Continuous KPI monitoring and implementation of improvement plans. • Deliver regular performance reporting, risk management and action tracking • Produce network Annual Report	• Strengthened oversight, accountability and assurance across the Network • Improved risk management and proactive identification of areas for improvement • Sustainable and effective governance structures supporting continuous service development
Data, Audit & Outcomes	• Strengthen use of STAG and linked datasets to inform shared learning and quality improvement. • Continued quarterly audit of major trauma patients not receiving care at the MTC	• Improved use of data to drive quality improvement and inform decision-making • Enhanced ability to monitor outcomes and demonstrate impact of the Network
Education & Workforce Development	• Review and continue delivery of Network Education Strategy and Delivery Plan • Rehab Education Plan i.e. vestibular rehab, vocational rehab, silver trauma, dietetics. • Network wide on-line adult and paediatric monthly education programme • Continued delivery of outreach programme for remote and rural sites (adult and paediatric) • Access to existing, nationally accredited, trauma courses e.g. ETC, ATLS/ATNC, HECTOR, TORCH and developing local faculty for the courses • NoS Trauma education event Winter 2026	• Increased workforce capability and confidence in trauma care delivery • Improved access to education and training across remote and rural areas • Development of a sustainable and skilled trauma workforce across the Network Enhanced multidisciplinary learning and collaboration

EoS Workplan 2026/27

Area of focus	Deliverable	Benefits
Network Progression	Complete Peer Review Recommendations. Undertake benchmarking exercise of current services against STN service specification. Support communication around changes and delivery expectations. Identify improvement plans for delivery. Expanding prevention work with others.	Ensuring equity of care for all major trauma patients. Provides key priorities for future service development.
Adult Major Trauma Centre	Securing emergency medicine joining the multidisciplinary medical rota. Continuing to improve pathways for patients not admitted directly under MT and through PRI.	Patients will receive evidence-based trauma care resulting in the best possible outcomes for themselves.
Paediatric Trauma Unit	Securing a dedicated rehab space. Expanding follow up. Capturing and analysing the data further to support development. Undertaking prevention work.	Patients will receive evidence-based trauma care resulting in the best possible outcomes for themselves.
Network Framework	CL Gov: Review and strengthen consultant rota governance. Continue development of a defined Major Trauma Consultant role at weekends. Review of the rehab database. Data: Develop the Utilisation of other data sources. Improve collection of patient experiences and outcomes. Explanation of the of the LACs and support more local data audit work and service development alongside KPI validation improvement work. Monitoring of compliance for 3 day rehab assessment/plan. Education: Develop MTC ward based training course. Host and deliver HECTOR. Secondary and tertiary report training within service areas out with the MTCWard. Expanding ‘day in the life of’ role recognition. Continue to further educate our supporting services in MT. Research/Development: Expand research work through all staff types and remits. Participate in the Rib Fixation Patient Research Project. Work closely with partnerships to aid delivery of 7 day services.	Provide robust framework to deliver improvement plans which enhance patient journeys and staff satisfaction. Increased continuity of care across the pathway. Data 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. 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 our MT Service pathways. Increases knowledge and understanding of the aims and purpose of the major trauma network across sites. Helps support best practice moving forward. Allows for creative ideas and solutions to real time issues.

SEoS Workplan 2026/27

Area of focus	Deliverable	Benefits
Streamline repatriation processes and improve flow from the MTC	• Improve links with site management across the network to help ensure prioritisation of major trauma repatriations. • Engage with site and clinical management to deliver improvements to pathways and flow wherever possible. • Review & update of regional repatriation protocol	• Delivers a good experience as patients move through the network. • Supports patients to receive care closer to home where possible. • Helps with downstream flow and increased bed availability at MTC for new patients requiring essential care.
Increase accessibility of rehabilitation for major trauma patient's post-discharge	• Establish a supported discharge / follow-up service for the Major Trauma centre. • Continue to deliver telephone follow-ups to all patients in sites across the South East region.	• Improves continuity and equity of rehab care delivered for patients across the South East. • Supports patients to continue their rehab post-discharge and achieve their rehab goals.
Benchmark SEoS services against new STN service specification	• Undertake benchmarking exercise of current services against newly agreed STN service specification. • Identify key strengths within the existing service, as well as areas for improvement to help inform the development of a regional improvement plan.	• Helps to ensure that patient's in the South East of Scotland have access to equitable services and care to the rest of Scotland. • Will assist the network in identifying key priorities for future service development.
Establish regional plan for education and quality improvement	• Establish programme of inhouse major trauma study days across the network • Action plan to be developed to ensure all MTC emergency department nurses are sufficiently trained in major trauma competencies. • Continue to engage and collaborate with national education groups. • Ensure learning from clinical governance meetings and STAG is used to inform the delivery of quality improvement projects. • Establish a regional quality improvement project registry.	• Helps to ensure patient safety; quality of care and improved patient experience • Improved staff retention, confidence and morale. • Supports delivery of data driven and evidence-based quality improvement

WoS Workplan 2026/27

Area of focus	Deliverables	Benefits
Improved equity of access and quality of care for patients with isolated head injuries	Work with STAG to review associated KPI to refocus on important elements of management for patients with head injuries	KPI that can infirm improvement and track progress for West of Scotland management of head injuries patients. Improved patient care and staff experience through consistent and clear referral process. Understanding of gaps and potential opportunities for improvement in provision of rehabilitation. Strategic, evidence informed and structured approach to implementing positive improvements in patient care.
	Work with Neurosurgery to review referral pathway, identify and implement improvements.	
	Benchmark Trauma units against rehabilitation standards.	
	Evaluate impact, benefits and transferability of existing models of care in the management of isolated head injuries.	
	Produce business case outlining options for short, medium and long terms actions to improve access and quality of care	
Education, learning and training resources	Explore development of education lead role for West of Scotland	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
	Deliver West of Scotland Trauma Learning Events on pertinent topics.	
	Deliver rehabilitation education sessions and facilitate forums for peer support.	
	Conduct review, refinement and finalisation of right decisions service materials.	
Review, refine and evidence impact of West of Scotland network	Review regional network wide governance, implementing changes to maximise this forum.	Understanding data to drive change. Assurance on the impact and benefit of network. Improved patient care through expanded input from social care perspective. Understnading impact of service development
	Conduct comprehensive quarterly data reviews on key priority areas	
	Explore economic evaluation of impact of early intensive rehabilitation.	
	Explore opportunities to enhance service through SW input and third /voluntary sector engagement.	

SAS Workplan 2026/27

Framework area of focus	Deliverable	Benefits
Review of APCC provision.	Conduct a comprehensive review of APCC provision throughout Scotland. Assess capacity against demand in each of the three regional teams and make recommendations to ensure the appropriate clinical cover.	A review to ensure equitable and robust coverage of Advanced Practitioners across Scotland can deliver a range of clinical, operational, workforce and system-wide benefits such as: • Improved identification, care and triage of patients • Reduction in system pressures • Enhanced response for critically ill patients • Strong, consistent clinical decision making
Review and improve Major Trauma data collection.	Review and improve SAS major trauma data recording and collection systems for increased efficiency in recording activity and improved data quality.	A review of the SAS Electronic Patient Record for Major Trauma will ensure that all high value data items can be recorded and reported on easily. This will lead to improved performance information that can be shared with partners or internally and facilitate effective monitoring, performance management and service improvement projects.
Major Trauma Triage Tool Review.	The Major Trauma Triage Tools (Adult and Paediatric) will be reviewed by a focus group chaired by the Consultant Paramedic for Major Trauma. The current triage tools have been in use for over five years and as part of the evolution of the STN it was agreed that they would be reviewed periodically.	The SAS Major Trauma Triage Tool review will ensure the tool meets the optimal standards in accessibility and can effectively integrate clinical decision making with network resources to identify major trauma patients as early as possible and direct them to the right facility first time. In doing so the tool should help to improve survival and recovery and manage system capacity effectively.
Review of all SAS Major Trauma guidelines.	Conduct a review of all Major Trauma guidelines to ensure they are robust and reflect the latest evidence, research and best practice.	SAS follow JRCALC UK ambulance guidelines. These are supplemented by SAS specific trauma related guidelines. The review of these SAS guidelines will support the standardisation of care and provide a single agreed approach across all teams and regions.
Review of time on scene for Major Trauma.	A project to understand the factors contributing to optimal time of scene for a variety of clinical presentations.	The project will give us a better understanding of clinical processes and interventions that add value and improve patient outcomes. It will enable us to strengthen guidance to SAS crews around how to optimise their time on scene and when to trigger certain processes.

STAG Workplan 2026/27

Deliverable	Progress/Next Steps	Benefits
Support research capacity by a collaboration with the STN Research and Innovation group and Glasgow University.	• Produce and quality check a project specific data extract. • Deliver the extract in an agreed secure format, with accompanying data dictionary. • Provide regular support sessions to assist the student and supervisors with data interpretation and respond to analytical queries. • Contribute to interim and final project outputs, ensuring accurate interpretation of STAG data.	Enhanced research capacity. Faster translation of evidence into practice. Better use of national data assets. Efficient use of resources.
STN KPI review following the update of the STN Service Specification.	• Conduct a full review of existing STN KPIs, assessing relevance and alignment with the updated Service Specification. • Develop a revised KPI set, including definitions, data sources, and reporting methodology. • Implement the updated KPIs into the local and national reporting framework.	• Measurement of priority outcomes. • Removal of outdated and low value measures. • Allow regional networks and hospitals to identify areas for improvement and celebrate success.

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