NHS
Wessex Trauma Network

REPATRIATION STANDARD OPERATING PROCEDURE

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Wessex Trauma Network Repatriation SOP	Version: 1
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Executive Summary

This procedure defines the principles of the Wessex Major Trauma Network repatriation agreement.

Timely repatriation of patients to their local Trauma Unit (TU), Major Trauma Centre (MTC) or other appropriate local facility is key to maintaining the availability of resources in the UHS MTC and preventing the trauma system becoming gridlocked. An effective agreed process for repatriation, will help ensure that the UHS MTC is able to offer timely and equitable access, without any undue delay, to all patients requiring higher level care at the time of their injury, regardless of where in the Wessex Network region their injury has occurred.

1. Scope and Purpose

This SOP applies to all hospitals within the Wessex Major Trauma Network. This includes the Major Trauma Centre,Trauma Units and Local Emergency Hospitals.

It is to maintain flow of Major Trauma patients across the Network ensuring that all patients who require higher levels of trauma care, available only in the MTC, are able to access this care without undue delay, either by primary or secondary transfer to the MTC regardless of their geographical location at the time of injury. Access to MTC care must be independent of resource limitation at the MTC.

2. Definitions

2.1. Major Trauma Centre (MTC):

Manages all types of trauma but specifically have the lead for managing major trauma patients, providing consultant-level care and access to tertiary and specialised level services. Within the Trauma Network the MTC:

• Is optimised for the definitive care of injured patients. In particular it has an active, effective trauma programme. It also provides a managed transition to rehabilitation and the community.

2.2. Major Trauma Network (MTN)

There are 23 Major Trauma Networks (Operational Delivery Networks) that cover England and Wales. Each has at least one MTC and several TU's that can deliver trauma care to their local populations. Patients from outside the WTN should be repatriated to their local TU or MTC within their local MTN as per the principles and process laid down in this SOP. For the avoidance of doubt, any escalations should also be undertaken as per this procedure.

2.3. Pre hospital Services

The WTN works with 3 ambulance trusts and multiple Air Ambulance organisations.
South Central Ambulance Service (SCAS)
South West Ambulance Service (SWASfT)
South East Coast Ambulance Service (SECAMB)

2.4. Standard Operating Procedure (SOP):

A SOP is a set of instructions to be followed in carrying out a given operation, or in a given situation, which lend themselves to a definite or standardized procedure without loss of effectiveness.

2.5. Trauma Unit (TU)

A Trauma Unit is to accept and manage, at any time, arrival of patients from the following two groups:

- Those considered having injuries not requiring expertise of MTC
- Those critically injured for whom direct transfer to MTC could adversely affect outcome (with subsequent plans to transfer).

2.6. WTN

Wessex Trauma Network is an Operational Delivery Network encompassing

- UHS as Major Trauma Centre,
- North Hampshire Hospital; Dorset county hospital, Dorchester; Queen Alexander Hospital, Portsmouth; St Mary's Hospital, Isle of Wight; Salisbury District Hospital, Poole General Hospital as Trauma Units and
- Royal Hampshire County Hospital, Winchester and Royal Bournemouth Hospital as local emergency hospitals.
- Local ambulance and air ambulance Trusts

3. Principles

3.1. Patients will be transferred to an appropriate healthcare provider within 48 hours of notification for their ongoing requirement based on patient need, not hospital designation. Where feasible this will be as close to the patient's home as possible.

3.2. For some patients, repatriation may be appropriate at an early stage in their care after initial treatment and stabilisation, for other patients, repatriation may only be appropriate after definitive care for recovery and rehabilitation.

3.3. The TU's, MTC and MTN's will work together ensuring patients have seamless access to care and transfer back to their locality hospital, TU or MTC as appropriate when medically stable for repatriation and will be explicit about what types of specialist care is available to ensure suitable on-going treatment and care.

3.4. All repatriations will be patient focused and as a result of a clinical decision and will be supported by the Major Trauma Nurse practitioners, or other contact identified by the local hospital. Transfer will be via clinician to clinician referral where both parties agree that the patient is clinically fit for transfer of care. The receiving team will confirm bed availability and both the receiving and referring team will identify and provide details of a lead contact and / consultant to reduce delays in accepting patients.

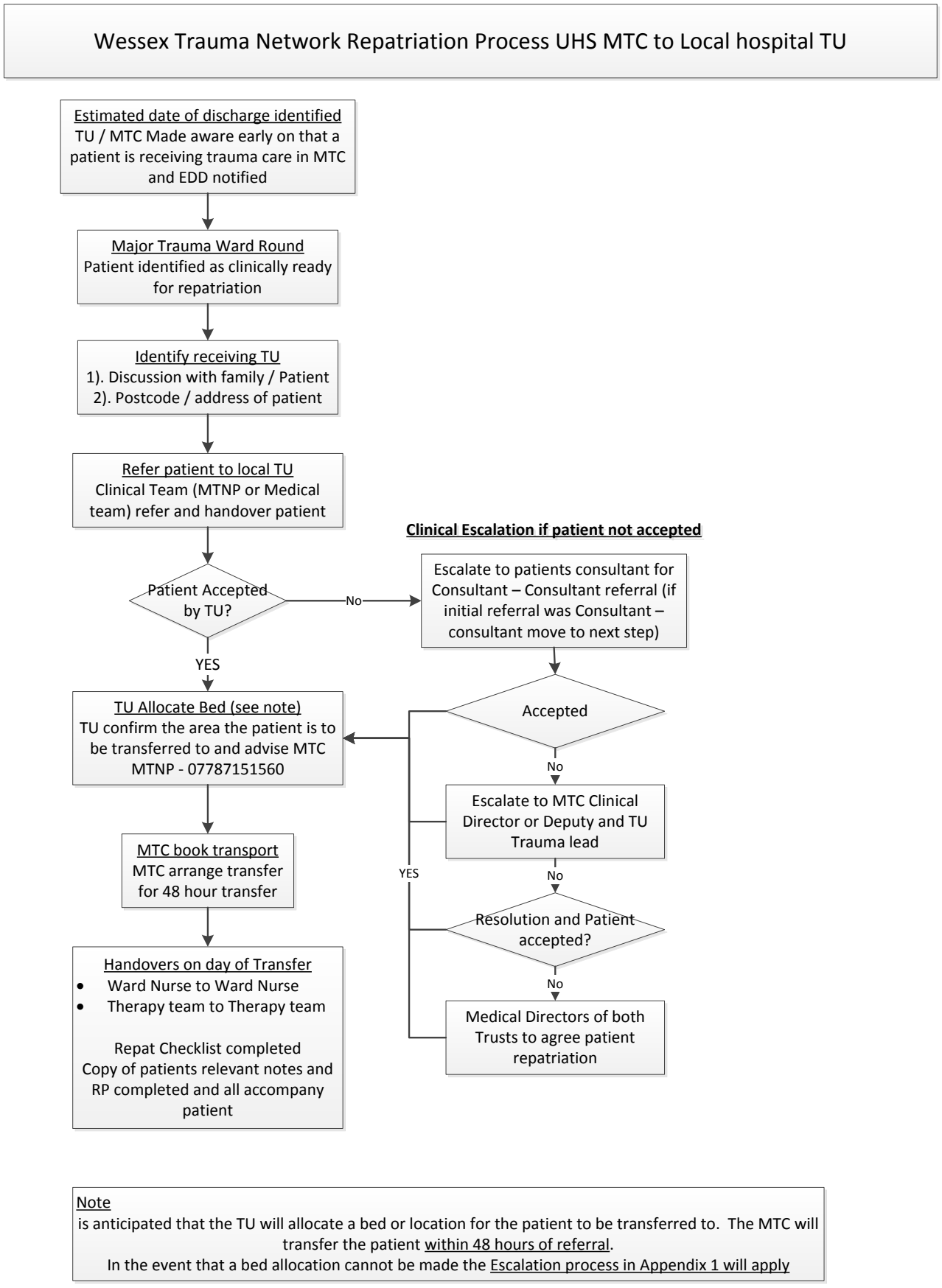
3.5. For MTN – MTN repatriations – if there is no agreement for MTC to TU or other hospital repatriation, then escalation / repatriation should be MTC to MTC.

3.6. Once the agreement for repatriation is confirmed, the referring Trust / team will make a formal referral to the receiving Trust / team and the receiving Trust will ensure that a bed becomes available within 48 hours of the referral being made. Both parties will maintain effective communication on the patient's condition and needs during the repatriation process.

3.7. Patients and or relatives /carers will be informed of the repatriation arrangements as soon as possible and will be informed of progress throughout.

3.8. All transfers should take place within normal working hours (08:00 – 17:00, or later by local agreement) except in exceptional circumstances (i.e. major incident) and patients will transfer with the appropriate documentation including a full clinical summary of injuries and treatment procedures, current Rehabilitation Prescription and imaging. Where repatriation is not occurring within the timescales this should be escalated as per appendix 1 of this SOP.

4. Overview of Procedure to be followed



5. Details of procedure

5.1. The MTC should notify the TU / MTC of the predicted date of discharge (PDD) as soon as

possible after admission to the MTC

5.2. TUs should provide facilities to allow repatriation in a timely manner. **Repatriation is expected within 48 hours of notification** of the patient being fit for transfer by the MTC.

5.3. The MTC clinician / MTNP will refer to the TU / MTC and gain clinical acceptance of the patient. It is then the responsibility of the TU / MTC to arrange the bed and notify the MTC Nurse Practitioner team when this will be available. It is not the responsibility of the MTC to chase the bed or make the necessary internal TU phone calls to arrange the bed.

5.4. In exceptional circumstances, more rapid repatriation may be needed to allow the MTC to continue to offer unimpeded access to acutely injured patients and local TUs should make every effort to facilitate this.

5.5. The MTC should not need to cease to offer immediate access for patients requiring their care due to the occupation of resources by patients who are suitable for repatriation to a local TU.

5.6. TUs / MTCs should have local repatriation policies in place to allow effective repatriation. These should include;

5.6.1. Identified resources for the repatriation of patients with Clinical teams and resources able to accept patients requiring repatriation who may have a number of different injuries and ongoing care requirements potentially including Level 3 Critical care and facilities for on-going rehabilitation.

5.6.2. Administrative point of contact at TUs / MTCs for repatriation, this should be clearly notified to the MTC

5.7. If there is a question of the ability of a TU to provide safe and appropriate on-going care, this must be resolved by direct discussion between the Consultants who are responsible for care of that patient in the MTC and the Consultant accepting repatriation in the local TU. In the case of a MTN – MTN repatriation, this may require a MTC – MTC repatriation, the local MTC can then assess the appropriateness of more local TU repatriation.

5.8. Repatriation should not be delayed because an appropriate local bed cannot be made available. The escalation process in appendix 1 should be followed.

5.9. Patients awaiting placement at a specialist rehabilitation facility, if the waiting time is more than 5 days, the patient will be repatriated to the local TU for the interim period.

5.10. The MTC is responsible for ensuring appropriate transfer of all relevant patient related data, back to the local TU, concurrently with the physical repatriation the patient. If the patient-related data includes imaging studies obtained at the MTC, the MTC is responsible for arranging prompt transfer of radiology imaging via the ExoPACs and must also separately arrange transfer of any radiology reports to the local TU.

5.11. Patients with no home address, treated in the MTC should be transferred back to their local hospital until further information can be obtained. For the avoidance of doubt, this should be the local hospital in the town or city where their initial injury occurred.

5.12. The latest infection control guidance should be followed to avoid unnecessary delays to

repatriation whilst protecting the status of sites or wards that are protected areas (e.g. COVID negative areas)

5.13. Any changes in the condition, or infection status, of a patient which may affect their transfer or future care should be communicated. Infection status should not prohibit the patient from being transferred.

5.14. The timescales and this SOP is applicable 7 days a week

5.15. Communication will be mostly via telephone, but where electronic communication is required NHS.net secure email must be used. MTN – MTN repatriations may require some additional processes to ensure that the right communications (both verbal and written) occur.

6. Roles and Responsibilities

- **Trauma Units**
  TU medical staff to accept patients back when referred to them from the MTC Major Trauma Nurse practitioners
  To ensure accepting medical team notify local bed managers so that a bed can be identified.
  To ensure bed managers rapidly identify and allocate a receiving ward for the patient **AND** communicate this to the Major Trauma Nurse practitioners as soon as possible after acceptance of patient by the clinical team (ideally same day, but within 48 hours)
  Once that bed allocation is made it is confirmed and CANNOT be retracted except under exceptional circumstances (e.g. Major Incident)
  To agree to adhere to the escalation processes for bed availability (appendix 1) and clinical acceptance of patient.

- **Major Trauma Centre – Referring patients**
  To highlight potential patients requiring transfer and give an EDD as soon as available
  To ensure patients are stable and appropriate to be referred back to TU's / other MTC's
  To give clear and accurate handovers of patients to the accepting units
  To ensure transport is booked and patients are transferred on the date agreed (Maximum 48 hours after acceptance)
  To update receiving clinical teams with any additional information from referral date to transfer date.
  To ensure all clinical information is transferred with the patient.

- **Major Trauma Centre – Accepting repatriation of patients from other MTC's**
  MTC medical staff to accept patients back when referred to them from another MTC
  To ensure accepting medical team notify bed managers so that a bed can be identified.
  To ensure bed managers rapidly identify and allocate a receiving ward for the patient **AND** communicate this to the referring MTC as soon as possible after acceptance of patient by the clinical team (ideally same day, but within 48 hours)
  Once that bed allocation is made it is confirmed and CANNOT be retracted except under exceptional circumstances (e.g. Major Incident)
  To adhere to the escalation processes for bed availability (appendix 1)

- WTN Management team – develop, review, implement and monitor the procedure across the WTN
- MTC management team - inform, implement and monitor this procedure within the MTC (UHS)
- TU Trauma Leads – inform, implement this policy within their local TU

7. Communication plan

- Development and formulation of SOP via TU and MTC leads at WTN meeting, for feedback and then agreement.
- Once ratified the following will need to occur:
- WTN Clinical Director and Manager to inform NHSE SE and all COO's within the WTN hospitals.
- MTC Clinical Director, MTC manager, MTC and TU Trauma Leads to cascade and implement this SOP within their respective Trusts
- Trauma Leads within MTC all to be made aware of and highlight this SOP within their Care groups.
- MTNP to be informed
- All Site teams and bed managers to be made aware of the contents of SOP

8. Process for Monitoring Compliance/Effectiveness

The purpose of monitoring is to provide assurance that the agreed approach is being followed – this ensures we get things right for patients, use resources well and protect our reputation. Our monitoring will therefore be proportionate, achievable and deal with specifics that can be assessed or measured.

Key aspects of the procedural document that will be monitored:

What aspects of compliance with the document will be monitored	What will be reviewed to evidence this	How and how often will this be done	Detail sample size (if applicable)	Who will co-ordinate and report findings (1)	Which group or report will receive findings
Major Trauma patients Repatriated within 48 hours	TARN Data	Quarterly	All TARN patients for previous ¼	MTC Manager	WTN Network Meeting

(1) State post not person.

Where monitoring identifies deficiencies actions plans will be developed to address them.

9. Arrangements for Review of the Policy

This SOP will be reviewed 3 years after ratification or earlier if required.

Appendix 1 –Escalation Process

Delay Time	Situation	Communication
+1 day *(24 hours)*	Transfer of care has not occurred within 24 hours of the planned transfer date.	**Site team** at referring hospital to communicate with the receiving hospital team to expedite transfer of care.
+2 days *(48 hours)*	Transfer of care has not occurred within 48 hours of the planned transfer date.	**Trauma clinical and managerial leads** or equivalent will be informed and communicate with their equivalent at the receiving Trust. **Site team** at referring hospital to communicate with the receiving hospital team to expedite transfer of care.
+3 days *(72 hours)*	Transfer of care has not occurred within 72 hours of the planned transfer date.	**Divisional Manager / Head of site operations** for trauma or equivalent will be informed at receiving Trust. **Site team** at referring hospital to communicate with the receiving hospital team to expedite transfer of care. **Network Director / Manager** will be informed where Network assistance is required.
+4 days *(+96 hours)*	Still no plan of action or acceptance date / time set and agreed	**Chief Operating officer / chief executive** to be informed at the receiving Trust. **Site team** at referring hospital to communicate with the receiving hospital team to expedite transfer of care.
+5 days	Still no plan of action or acceptance date / time set and agreed	**Sector / CCG leads** to be informed of the delay. **Site team** at referring hospital to communicate with the receiving hospital team to expedite transfer of care.

Inter-Network transfer / repatriation

The Network Director / manager or equivalent at the receiving and sending Network should be informed of delays of 48 hours or greater as appropriate where the support of the network team is required.

Resolution of clinical issues – clinician to clinician disagreement

If there is a dispute regarding the patient's clinical fitness for transfer of care, or which clinical team accepts the patient, it is the responsibility of the MTC Clinical lead to resolve this with the trauma lead at the receiving unit. This process will be supported by the Network clinical director as required.

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