

**North of Scotland Trauma Network  
Repatriation Policy**

## DOCUMENT CONTROL

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## Contents

	<b>Description</b>	<b>Page</b>
1	Scope	3
2	Introduction	3
3	Purpose	3
4	Principles	4
5	Roles and Responsibilities	5
6	Repatriation from Outside of the Region into the North of Scotland Network	7
7	Repatriation from the North of Scotland Network to elsewhere	7
8	Timeframes	7
9	Escorts	8
10	Escalation	8
11	Monitoring and Review	10
Appendix 1	North of Scotland Trauma Network Repatriation Process	11
Appendix 2	Contact Details for Single Point of Contact (SPOC) at each of the MTCs and TUs in the Scottish Trauma Network	12

## 1 **Scope**

This protocol refers to all patients under the care of the major trauma service in the North of Scotland (NoS) Trauma Network requiring repatriation to a centre that is local to them once specialist treatment has been completed in the Major Trauma Centre (MTC) or Trauma Unit (TU). This could be repatriation within the network, nationally or internationally. It also refers to a patient that has been admitted to a MTC in another region, or even country, returning to the NoS Trauma Network.

## 2 **Introduction**

- 2.1 When repatriation of patients under the major trauma service does not happen in a timely manner it has a negative impact on patient experience and delivery of services for that patient and families, and other patients waiting for treatments and access to major trauma services.
- 2.2 Effective repatriation will improve bed availability and thereby maximise accessibility to specialist major trauma services.
- 2.3 Timely repatriation requires the NoS Trauma Network to work in partnership in the best interest of the patient and family.

## 3 **Purpose**

- 3.1 The purpose of this document is to provide a clear and concise procedure for the timely repatriation of patients within and out with the North of Scotland Trauma Network.

The policy will define:

- Principles
- Role and responsibilities
- Timeframes
- Escalation process to achieve prompt transfer of patients
- Monitoring and Review

## 4 **STN Repatriation Principles**

- Patients are repatriated to their local area:
  - as soon as it is clinically safe and appropriate to do so,
  - when their condition is medical stable and they are clinically fit to travel as determined by the referring lead clinician and receiving clinician,
  - when their treatment in respect of major trauma care which required their admission to the Major Trauma Centre (MTC) or Trauma Unit (TU) is complete, or medical care is still required but the interests of the patient and family would be for that care to be closer to home e.g. repatriation to another Trauma Network or another country,
  - when the level of clinical care which they require can be provided in their local area.

- Planning for repatriation should start as early as possible by the MTC or TU multidisciplinary team and is an integral part of the Rehabilitation Pathway.
- Repatriation must occur in a timely manner to ensure the best use of bed capacity across the region and allow for patient recovery in a unit closer to home.
- Clinician to clinician discussion takes place to ensure that patients are repatriated to the most appropriate hospital/community setting within their local area.
- Once the agreement for repatriation is confirmed, the referring hospital will make a formal referral to the receiving hospital. The receiving hospital will automatically accept the patient and ensure a bed is available. The patient will be repatriated when all arrangements are in place within 48 hours of formal referral.<sup>1</sup>
- Each MTC and TU will nominate a single point of contact (SPOC) to whom all referrals will be made. If the referral is from outside the regional network it should be made to the relevant SPOC.
- A Rehabilitation Plan will accompany all patients transferring out of the MTC or TU.
- Delays should be escalated as soon as identified as per local escalation process to aid early resolution. DATIX forms should be completed if delays are experienced in order to highlight barriers and work towards improvement
- Patients and/or relatives/carers will be informed of repatriation arrangements as soon as possible and will be informed of progress throughout.
- The Scottish Ambulance Service will repatriate stable patients from ward to ward using the scheduled care service. It is not the intention that patient repatriations will require clinical intervention on route and therefore paramedic level care will not be required. The scheduled care service is staffed by Ambulance Care Assistants who can provide basic first aid, administer up to 6L/min of oxygen and provide safe and comfortable transport of patients. Vehicles can accommodate patients on stretchers, seated patients, and patients in wheelchairs

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<sup>1</sup> Scottish Trauma Network Regional Trauma Network – Minimum Requirements (2017-27)

## 5 Roles and Responsibilities

Role	Responsibility
<b>MTC or TU Trauma Multi-Disciplinary Team (MDT)</b>	<ul style="list-style-type: none"> <li>• Trauma MDT identifies a patient for repatriation.</li> <li>• Identify the appropriate service for repatriation eg hospital outwith the NoS Trauma Network, specialist rehabilitation unit or local hospital.</li> <li>• MTC/TU team to discuss with the receiving hospital clinicians the patient's on-going care and rehabilitation requirements and confirm that this can be provided.</li> <li>• Confirm the accepting specialist Consultant and hospital</li> <li>• Referral completed.</li> <li>• Referral accepted.</li> <li>• Trauma MDT assess that the patient is fit for transfer.</li> <li>• The receiving hospital MDT agree the patient is fit for transfer and appropriate arrangements are in place</li> <li>• Document in the patient's medical notes that the patient is fit for transfer and any specific transfer arrangements.</li> </ul>
<b>Rehabilitation Co-ordinators at MTC and TU/Single Point of Contact</b>	<ul style="list-style-type: none"> <li>• Contacts the receiving ward/bed manager as early as possible to request a bed</li> <li>• Ensures the Rehabilitation Plan is updated before transfer and is available to the receiving key worker/appropriate community therapist.</li> <li>• Liaison with the receiving ward</li> <li>• Liaison with the patient and family</li> <li>• Apply clinical assessment to determine appropriate transport needs</li> <li>• Liaise with the SAS, or other transport providers, to make the transfer arrangements including any escort requirements.</li> <li>• Notify transport provider as early as possible if an ambulance for transfer needs to be cancelled or re-arranged.</li> <li>• Act as the single point of contact for patients requiring major trauma care being repatriated into the Network from outwith the NoS Network.</li> </ul>
<b>Orkney/Shetland Liaison Nurse, Grampian</b>	<p>If the patient is from Orkney or Shetland the Liaison Nurse will, in liaison with the Rehabilitation Co-ordinators:</p> <ul style="list-style-type: none"> <li>• Contact the receiving bed manager as early as possible to agree an available bed</li> <li>• Liaison with the receiving ward</li> <li>• Liaison with the patient and family</li> <li>• Apply clinical assessment to determine appropriate transport needs</li> <li>• Liaise with the SAS, or other transport providers, to make the transfer arrangements including the escort requirements.</li> <li>• Notify transport provider as early as possible if an ambulance for transfer needs to be cancelled or re-arranged. Failure to cancel an ambulance may result in a situation where another patient is unable to be transferred.</li> </ul>

<b>MTC and TU Bed Manager / Responsible Capacity Manager</b>	<ul style="list-style-type: none"> <li>• Allocate beds for repatriated and MTC/TU patients in line with patient priority.</li> <li>• Contact relevant Health Board's 'responsible authority' to access out of Scotland transfers</li> <li>• Escalate delays in repatriation and access to First Line Contact</li> </ul>
<b>Transport Provider</b>	<ul style="list-style-type: none"> <li>• Provide appropriate transport for patient transfers as deemed necessary by the clinical assessment.</li> <li>• Patient transfers must occur at a reasonable time of day, taking into account the interests of the patient as well as those of the hospitals.</li> <li>• Ensure the repatriation takes place within 48 hours of the formal referral.</li> </ul>
<b>Receiving Hospital/ward</b>	<ul style="list-style-type: none"> <li>• Confirm patient accepted for transfer</li> <li>• Confirm a bed is available</li> <li>• Confirm the patients care and rehabilitation needs can be met by the receiving MDT</li> <li>• Confirm a lead contact for communication with the referring ward and to reduce delays.</li> <li>• Confirm transport arrangements</li> <li>• Ensure the repatriation takes place within 48 hours of the formal referral.</li> </ul>

5.1 Appendix 1 outlines the patient repatriation and access to tertiary service process.

## **6 Repatriation from Outside of the Region into the North of Scotland Network**

6.1 All repatriations into the North of Scotland Network of patients receiving major trauma care from outside of the region, including all centres in Scotland and outwith, should be notified to the relevant MTC or TU Rehabilitation Co-ordinators who will liaise with the relevant teams.

6.2 For all referrals, the principle of automatic acceptance and 48 hours transfer target is maintained. However it is recognized that negotiations with the healthcare systems in other countries maybe somewhat protracted. Furthermore, where an insurance company is part of the process this may increase delays further, therefore, where possible, it is beneficial to undertake both parts of the process in unison.

6.3 MTCs and TUs will have a single point of contact (SPOC) to whom all repatriations will be discussed. This will be published in the updated completed document below as Appendix 2. The switchboards of the MTC/TU are to be made aware of the SPOC.

## **7 Repatriation from the North of Scotland Network to elsewhere**

7.1 Repatriating patients from the North of Scotland Network to areas outwith the Network will be managed in the same way as section 5 above.

## **8 Timeframes**

8.1 Receiving hospitals/local areas must be notified as early as possible of potential to repatriate a patient or a patient requiring further trauma care.

8.2 As soon as it is known that a patient will be stable and clinically fit to travel, a request for transfer must be made to the receiving hospital/local area.

- 8.3 A bed will be allocated to repatriated patients by the receiving hospital/local area as early as possible. The transfer must take place within 48 hours of the formal request to the receiving hospital.
- 8.4 Transport will be requested by the referring hospital as soon as a bed has been allocated by the receiving hospital/local area.
- 8.5 All requests for Scottish Ambulance Transport must be made by 12 noon the day prior to transfer. The Scottish Ambulance Service cannot guarantee same day transport for short notice requests.

## **9 Escalation**

- 9.1 Where a patient is fit to transfer and not accepted by the receiving hospital this should be escalated to the Discharging Board's First Line Contact who will alert their counterpart at the receiving hospital. Should the matter remain unresolved, the Discharging Board's Second Line Contact will discuss with the relevant Associate Director – see Appendix 1.
- 9.2 Anticipated delays in repatriation of over 48 hours from agreed date of transfer should be reported to the First Line Contact as soon as the delay or likelihood of delay is recognised. Follow 7.1 if the matter is unresolved.
- 9.3 Repeated cancellations and reinstatements for an individual patient during a 24 hour period should be referred to Second Line Contact for decision on further action.
- 9.4 A DATIX form should be completed at the actual point of transfer if a delay is experienced at any point in the process. This is done to facilitate learning and improvement.



9.6 Escalation Contacts are as follows:

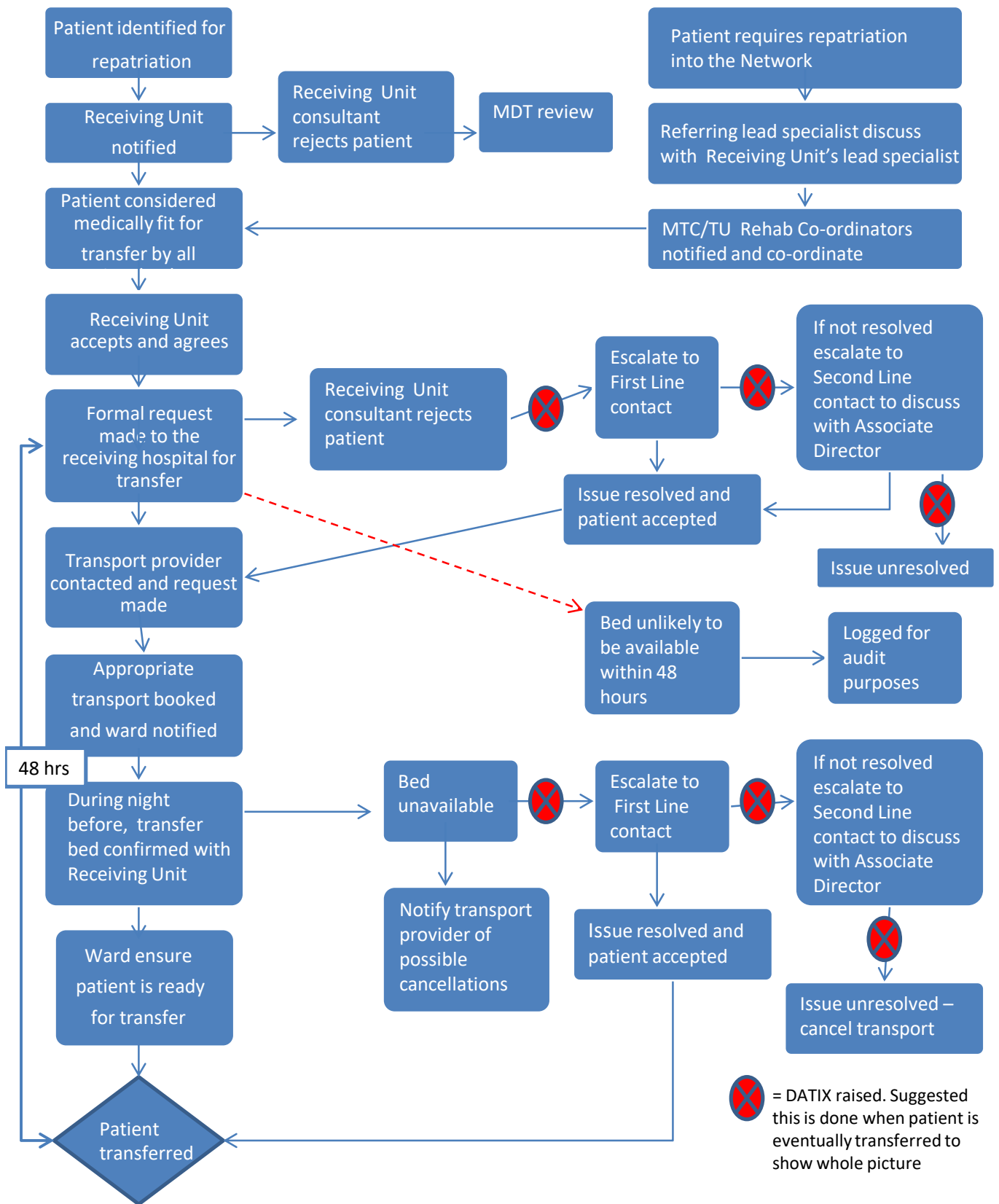
Health Board	First Line Escalation Contact		Second Line Escalation		Out of Hours
	Designation	Contact Number	Designation	Contact Number	
<b>NHS Borders</b>	Discharge Liaison Team Leader or Deputy	01896 826 557	Site Manager	Site Manager via switchboard 01896 826 000	On-Call Manager via Switchboard 01896 826 000
<b>NHS Dumfries &amp; Galloway</b>	Asst General Manager (AGM) OR Clinical Nurse Manager (CNM)	contact switchboard 01387 246246 and ask for AGM or CNM	General Manager or Lead Nurse	01387 241847 01387 241453	Contact switchboard and ask for on call Duty General Manager 01387 246246
<b>NHS Fife</b>	Capacity Manager	01592 643355 ext 21321	General Manager Emergency Care (EC) Directorate or Service Manager (SM) EC Directorate	01592 643355 ext 29395 07720 557611 SM via switchboard 01592 643355	Senior Manager on call via switchboard 01592 643355
<b>NHS Forth Valley</b>	Patient Flow Coordinator	01786 566028	Deidre Anderson Service Manager	01324 566000	Patient Flow Coordinator 01786 566028
<b>NHS Lothian</b>	Repatriation Hotline	0131 446 4531	Repatriation Hotline	0131 446 4531	Senior Manager On-call via Switchboard 0131 536 1000
<b>NHS Tayside</b>	Clinical Services Manager covering capacity	Via switchboard 01382 660111	Access Directorate Office	01382 632920	On call Duty Manager via Switchboard 01382 660111
<b>NHS Grampian</b>	Site & Capacity Manager	0345 4566000 Bleep 4239	Site Manager	Switchboard 0345 4566000	On call Site & Capacity Team Leader via switchboard 0345 4566000 Bleep 4239
<b>NHS Highland</b>	Medical / Surgical patient flow or hospital division manager	through switchboard 01463 704000	Divisional General Manager, Medical Division	01463706236 Page - 2105	on-call Duty manager through switchboard 01463704000
<b>NHS Shetland</b>	On call Consultant Physician or Surgeon	Via switchboard 01595-695678 or 133*	Medical Director	Via switchboard 01595-695678 or 133*	On-call Duty Manager via switchboard 01595-695678
<b>NHS Orkney</b>	Bed Manager	Via switchboard 01856-888000 or 132*	Medical Director	Via switchboard 01856-888000 or 132*	On-call Duty Manager via switchboard 01856-888000
<b>NHS Western Isles</b>	Patient flow manager	01851 704704 and ask for PAGE22.	01851 704704 and ask for PAGE22.	01851 704704 and ask for PAGE22.	Clinical support nurse on duty.

## **10 Monitoring and Review**

- 10.1 Rehabilitation Co-ordinators in the MTC and TU will provide a report to the relevant MTC/TU clinical governance committee at the end of each quarter with details of all cancelled journeys and the reason for cancellation.
- 10.2 Rehabilitation Co-ordinators in the MTC and TU are asked to put in place a system for monitoring daily the number of major trauma patients that are waiting for a bed in their local hospital or a specialist rehabilitation unit. This should be made available to the relevant MTC/TU Clinical Lead.
- 10.3 All major trauma service DATX forms will be reviewed by the relevant MTC/TU Governance Lead and reported to the Clinical Governance meeting.
- 10.3 This protocol will be reviewed in twelve months.

**Appendix 1**

**North of Scotland Trauma Network Repatriation Process**



## **Appendix 2**

Contact Details for Single Point of Contact (SPOC) at each of the MTCs and TUs in the Scottish Trauma Network.

[Rehab Co-ordinators SPOC contact.pdf \(nhsscotlandnorth.scot\)](#)