

North of Scotland Trauma Network/ Major Trauma Centre Plan During COVID-19

General Principles

During the COVID-19 response the NoS Trauma Network will be put under considerable pressure. This pressure will come from the infrastructure demand of COVID-19 and staff absence (both redeployment and illness).

We also recognise the pattern of major trauma will likely change during this period; reduction in road traffic accidents, recreational and some occupational injuries but increased risk of falls, assaults and alcohol induced injuries and domestic violence.

Regardless of these pressures, maintaining the Trauma Networks and the function of individual Major Trauma Centres (MTCs) has been identified both locally within NHS Grampian and the NoS Trauma Network, and at a Scottish and UK level, as a requirement of the NHS.

Consequently for the NoS Trauma Network each component needs to maintain an awareness of other necessary components to function, be adaptive to the demands of COVID-19 but ensure the preservation of the collective service.

Transfer, Secondary Transfer and Repatriation

Initially the demands of transferring patients with potential COVID-19 was a considerable challenge to the Scottish Ambulance Service (SAS). Currently the trauma service is being maintained – with a degree of reduction in cover and expertise on the trauma desk. Recent conversations with SAS indicated increased resources to the North East (including ‘epishuttle’ pods for transfer of potentially infectious people and 3 Puma military helicopters).

ScotStar will be impacted. However, primary retrieval remains a primary requirement of the SAS. Secondary retrieval may be slower and repatriation further impacted, though the mechanism for discussion and decision making remains.

MTC Emergency Department and Acute Management

Likewise in the MTC, trauma care remains a priority and appropriate staff are able to receive and treat trauma. Within the MTC, tertiary survey, regular in person weekend cover and attendance at trauma calls of the MTC multi-disciplinary team members (case manager and clinical fellow) have been suspended.

Acute and Community Rehabilitation

As in all areas there will be pressure. Our goal during this time is to maintain the identification, acute management and rehabilitation of the major trauma patient. Given that acute trauma care will remain core to the NHS work the main areas of risk are likely:

- Failure to identify patients (due to lack of rehabilitation co-ordinators/STAG) or novel pathways/new staff in receiving wards who are not aware of the network.
- Discharge early from MTC/Trauma Unit (TU) or directly from Local Emergency Hospital (LEH) prior to full assessment of need under extreme bed pressure.

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- Reduced capacity to track, follow-up and provide rehabilitation at the MTC, TU, LEH, specialist rehabilitation units, local hospitals, out-patient and community rehabilitation services.
- The impact may be reduced flow and sub-optimal outcomes.

Staff will seek to flexibly cover roles (within COVID-19 duties) and team members will endeavour to take a collective approach to patient management. MTC staff have identified deputies in the case of absence.

Hours will invariably be flexible. Weekend cover and screening for patients will happen electronically and remotely. Staff can attend hospital if required, or will be in hospital through other duties.

All extraneous paper-work will be dropped or amalgamated. The core documents are those which permit communication and acute management of the patient and allow the tracking of patients and communication across rehabilitation areas (Part 1 – Rehab Plan).

Standard letters and generic e-mail address have been created along with communication lists. Appendix 1 has rehabilitation contacts across the network and Appendix 2 are key contacts for each hospital in the network. This allows for a central point of reference for MTC/TU/LEHs and allows an easy point of access to patients and staff who wish to contact the network at a very fluid time. The MTC Single Point of Contact in the Emergency Department remains the same.

TU Routine

In hospital patient screening has ceased. Trauma psychology staff will work from home and track patients using remote technology. They will maintain a point of reference for the MTC and be supported by a local STAG co-ordinator. The trauma Occupational Therapist will be community based and provide the link to community. Within demands and remote working, psychology staff can provide support and a link back to the hospital system for urgent issues. Questions and issues can be directed to high-uhb.majortrauma@nhs.net which will be monitored.

MTC Routine

Rehabilitation Co-ordinator (1 post remains) to screen for new admissions, deputies have been identified. Core duties are.

- Add icon on TRAK.
- Advise team members of new patients.
- Add new patients to daily summary sheet – copy to be left in Doctors Room 212 for Hospital @ Night team every day.
- Rehab plan – Commence page 1 of the rehab plan and the injury sheet. Rest of rehab plan can be completed with the team jointly at MDT to save time collecting information and duplication.
 - Appended and circulated separately by rehab lead.
- Admissions book – Add patient details to admission book.
- Review any patients requiring review/liase with wards by phone if update required and not appropriate to physically visit ward.

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- Referrals to specialist rehab – rehab. coordinator or ward area will complete
- If Rehab Plan cannot be completed, patient will be tracked and plan completed as able.
- Ensure PROMS is completed on discharge/ by day 30 – may also request of STAG if needed.
- Care questionnaire completion on discharge (not essential but preferred).
- If possible (within Acute Control Room requirements) the presumption is that all ward level major trauma patients will be concentrated within the Polytrauma Unit or equivalent space in a surgical ward. This ensures an ability for scant rehab and MTC staff to focus on improvement and flow.
- Monitor and respond to the issues and enquiries mailbox
gram-uhb.traumacoordinator@nhs.net

Paediatrics

Services for paediatrics remain the same as pre COVID-19.

Network

Both TU and MTC need to actively consider local LEH admissions to ensure that patients are tracked. Appendix 2 gives hospital contacts to ensure that there is a central point where network issues can be addressed and escalated if need be. Ongoing monitoring by the Network clinical leads of the sustainability of MTC and TU trauma services will ensure that the impact on the network is foreseen and subsequently planned for.

Rapid Governance

Governance meetings will be suspended during COVID-19. All staff are encouraged (through the local hub) and by means of escalation to Anne-Marie Pitt, James Anderson or NoSPG.majortrauma@nhs.net any issues that emerge around significant safety patient issues or risks to the NoS Network that cannot otherwise be addressed.

James Anderson
Trauma Network Clinical Lead

08/04/2020

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Appendix 1

GENERIC REHABILITATION EMAIL CONTACTS FOR NOS NETWORK

NHS GRAMPIAN	
Adult MTC	gram-uhb.traumacoordinator@nhs.net
Paediatric MTC	nhsg.paedsmtcrehab@nhs.net 07834 985877
SPECIALIST REHABILITATION AREAS	
Neurorehabilitation unit	nhsg.neurorehab@nhs.net
Craig Court neurorehabilitation unit	craig.court@nhs.net
Orthopaedic Rehabilitation unit	nhsg.otoru1@nhs.net nhsg.toruphysio@nhs.net
MSK team	nhsg.mskreferralcentre@nhs.net
ABERDEEN community rehabilitation	nhsg.sap@nhs.net
Horizons outpatient rehabilitation unit	No generic email address. Electronic or paper referral
ABERDEENSHIRE community rehabilitation	
Occupational Therapy	nhsg.otaberdeenshire@nhs.net
Speech and Language Therapy	shiresltadults@nhs.net
Dietetics	nhsg.communitydietetics@nhs.net
Physiotherapy	nhsg.banffphysio@nhs.net nhsg.inveruriecommunityphysio@nhs.net nhsg.fraserburghphysio@nhs.net nhsg.physiostonehaven@nhs.net nhsg.huntlyphysio@nhs.net nhsg.torphinsphysio@nhs.net nhsg.peterheadphysio@nhs.net nhsg.turriffphysio@nhs.net
Podiatry	nhsg.abdnshirepodiatry@nhs.net
MORAY	
Dr Grays Inpatient team	Key Contacts PT Vicki Darcy 01343 567962 OT Emma McDonald 01343 567338 nhsg.morayahpmt@nhs.net
MSK team	nhsg.mskreferralcentre@nhs.net
Community therapy team	glassgreen.therapyteam@nhs.net (Elgin, Lhanbryde/ Fochabers/Lossiemouth)
Occupational Therapy	nhsg.morayotcr@nhs.net Other areas inc community hospitals accesscareteam@moray.gov.uk Social work OT referrals/adaptations htfht@moray.gov.uk
Dietetics	nhsg.moraydietitians@nhs.net
Speech and language Therapy	grampian.sltmoray@nhs.net
Podiatry	nhsg.moraypodiatry@nhs.net
Physiotherapy	grampian.dgphysiotherapy@nhs.net nhsg.physioforres@nhs.net

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	nhsg.physiobuckie@nhs.net nhsg.physiokeith@nhs.net nhsg.physiodufftown@nhs.net nhsg.physioforres@nhs.net
NHS HIGHLAND	
Trauma Unit Peadiatrics	high-uhb.majortrauma@nhs.net anna.cudmore@nhs.net
East Ross - AHP	nhshighland.ERIC@nhs.net
Mid Ross – AHP	High-UHB.MRHSCC@nhs.net
Inverness (East & West Teams)– AHP	High-uhb.spoainvernesseastwest@nhs.net
Nairn – AHP	High-uhb.ccna@nhs.net
Badenoch & Strathspey – AHP	High-uhb.BandSDuty@nhs.net
Skye, Lochalsh & Wester Ross – AHP	High-uhb.singlepointofcontactSLWR@nhs.net
Caithness – AHP	Tel. 01955 606915 No generic email – referrals go to Health and Social Care coordinators but must be phoned initially.
Sutherland – AHP	Tel. 01408 664018
Lochaber - AHP	Tel. 01397 709873
NHS ORKNEY	
ICT	Ork-hb.intermediatecare@nhs.net
Occupational Therapy	pamela.marwick@orkney.gov.uk
Physiotherapy	peter.mackellar@nhs.net
Speech and Language	elizabeth.morris4@nhs.net
NHS SHETLAND	
Physiotherapy	shet-hb.physiotherapy@nhs.net 01595 743323, 01595 74300 bleep 49 01595 743000 bleep 26
Occupational Therapy - Duty OT	otduty@shetland.gov.uk 01595 744319
Dietetics	shet-hb.dietetics@nhs.net 01595 743203
Orthotics	laurencehughes@nhs.net 01595 743023
Speech and Therapy	shet-hb.speechdepartment@nhs.net 01595 744242
Gilbert Bain Hospital other depts/ contacts	01595 743000
NHS WESTERN ISLES	
Occupational Therapy	wi-hb.otwesternisles@nhs.net 01851 822847

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Appendix 2

Lead Governance Contacts at Hospitals in the Network

Network/Hospital	Name	Contact Details
Network	James Anderson, Clinical Lead	James.anderson@nhs.net 07717222419
	Anne-Marie Pitt, Network Manager	Annemarie.pitt@nhs.net 07825008818
MTC Aberdeen Royal Infirmary	David Lawrie, MTC Lead	David.lawrie@bhs.net
	Angus Cooper, MTC Governance Lead	Angus.cooper@nhs.net
TU Raigmore	Luke Regan, TU Lead	Luke.regan1@nhs.net
	Chic Lee, TU Governance Lead	Charles.lee2@nhs.net
Dr Grays	Pamela Hardy, Trauma Lead	pamela.hardy@nhs.net
	Alistair Ross, ScotSTAR North Lead	alastair.ross@nhs.net
Balfour Orkney	Wendy Corstorphine, Trauma Lead	w.corstorphine@nhs.net Tel. 01856 888000
	Mathinus Ross, Medical Director	marthinus.roos@nhs.net Tel. 01856 888284
	Moira Sinclair, Lead Nurse, ED	moirasinclair@nhs.net Tel. 01856 888000
Gilbert Bain Shetland	Kushik Lalla, Trauma Lead	Kushik.lalla@nhs.net Tel. 01595 743000
Western Isles General	Jimmy Myles, Trauma Lead	James.myles@nhs.net Tel. 01851 704704 ext. 2293
Caithness	Neil Pellow, Trauma Lead	neil.pellow@nhs.net Tel: 01955 880229
	Mary Ogbue, Rural Practitioner	mary.ogbue1@nhs.net Tel: 01355 605050
Belford	Chris Stirrup, Trauma Lead	chris.stirrup@nhs.net Tel: 01397 707414
Broadford, Skye	Alistair Innes, Trauma Lead	Alistair.innes@nhs.net Tel: 01471 822491