North of Scotland Trauma Network Escalation Plan - Living with COVID-19

To maintain the function of the NoS Trauma Network, recognising the considerable pressures on the NHS from winter and COVID-19, the Network would regard the following as the minimum requirements to maintain clinical safety and preserve the basic function of the North of Scotland Trauma Network:

- Use remote and virtual systems to maintain critical functions as COVID-19 limitations change including clinical governance.
- Maintain pre-hospital and critical care functions including transfer & retrieval, Single Point of Contact and Trauma Call systems.
- Maintain TU and MTC inpatient capacity to identify and pick-up patients into the pathway to assist MTC and non-MTC flow.
- Maintain TU and MTC rehabilitation coordinator roles/posts to identify and support patients and their families into the trauma pathway and assist patient flow.
- Maintain TU and MTC inpatient AHP rehab capacity to intervene with patients to assist recovery and flow.
- Maintain TU and MTC staff and patient psychology support and rehabilitation across the pathway.
- Maintain community rehabilitation services and sites to ensure ongoing specialist and non-specialist rehabilitation resource for patients with ongoing rehabilitation needs in order to ensure continuous improvement, prevent readmission and support discharge flow.

Level	Triggers for Alert Levels	Capacity Plan	Medical / Nursing/AHP Staffing Plan	Trauma Case Manager/Rehabilitation Co-Ordinator / Psychologist Plan	Operational Actions
1 **MTC**	Number of COVID-19 requiring Level 2/3 critical care ≤4	Normal MTC activity Normal rehabilitation planning Inpatient review of all patients with standard COVID protocols. PolyTrauma Unit open	All staff in place. CDFs Consultant Rota Rehab. Consultant ARI review AHP fully staffed – MTC duties and professional duties as per standard distribution.	4 co-ordinators in place Psychologists in place	Monitor activity levels, be aware of general hospital COVID state. Stream-line procedures STAG, research, governance, education and development activities all proceeding. Core emergency treatment maintained.
TU	Matched to NHS Highland activation level and indicators			Maintain Trauma Co-Ordinator role. Maintain staff in place.	Core PICT emergency services & retrieval, emergency treatment maintained.
Woodend Specialist	As MTC	Normal rehabilitation units activity	Medical, nursing, psychology and AHP staffing in place	Maintain trauma coordinator input for patients, families and	Optimise patient flow from MTC Supported discharge to community

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Rehabilitation			Rehab consultant input to MTC	MDT	settings using Near me or telephone follow up. Onward referrals as normal.
Community	As MTC and TU	Scaled down community rehabilitation. Prioritise critical interventions.	AHP staffing flexible to potential need for redeployment		Covid precautions Telephone and Near me input Focus on self management Prioritised face to face input
Network	As MTC	Normal capacity			All network meetings continued by Teams Education Plan continuing Clinical Governance case reviews continuing Network Improvement Plan continuing
2 **MTC**	Number of COVID-19 patients requiring Level 2/3 critical care 4> up to 9	Normal MTC activity Normal rehabilitation planning Inpatient review of all patients with standard COVID protocols. PolyTrauma Unit open	All staff in place. CDFs Consultant Rota Rehab. Consultant ARI review AHP fully staffed – MTC duties and professional duties as per standard distribution.	Maintain 3 Trauma Co-Ordinators, free up by skill requirement on an ad-hoc basis to support ICU / Critical Care / A&E through nurse leadership.	Actively planning for reduction in staff, redeployment, shielding and illness. Plan for remote working / remote screening / stepping up virtual follow-up. Consideration of planning cross cover (e.g. with Trauma Co-Ordinators and other members of MDT, Physio/OT as able. Core emergency services, retrieval, emergency treatment maintained.

Level	Triggers for Alert Levels	Capacity Plan	Medical / Nursing/AHP Staffing Plan	Trauma Case Manager/Rehabilitation Co-Ordinator / Psychologist Plan	Operational Actions
TU	Matched to NHS Highland activation level and indicators			Maintain Trauma Co-Ordinator role. Maintain staff in place.	Actively planning for reduction in staff, redeployment, shielding and illness. Plan for remote working / remote screening / stepping up virtual follow-up. Consideration of planning cross cover (e.g. with Trauma Co-Ordinators and other members of MDT, Physio/OT as able. Core emergency treatment maintained. Core PICT services maintained.
Woodend Specialist Rehabilitation	As MTC	Normal rehabilitation units activity	Medical, nursing, psychology and AHP staffing in place Maintain rehab consultant input to MTC	Maintain trauma coordinator input for patients, families and MDT	Optimise patient flow from MTC Supported discharge to community settings using Near me/telephone for follow up. Onward referrals as normal.
Community	As MTC and TU	Scaled down community rehabilitation. Prioritise critical interventions.	AHP staffing likely to be redeployed to support inpatient rehabilitation and acute care response		Telephone/ Near Me input. Critical interventions criteria to prevent hospital admission.
Network	As MTC	Normal capacity			All network meetings continued by Teams Education Plan continuing Clinical Governance case reviews continuing

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					Network Improvement Plan continuing
3 **MTC**	Total number of General ICU patients 16> (COVID and non COVID) or Number of COVID-19 patients requiring Level 2/3 critical care 9> up to 22	Reduced Major Trauma Service. Core business ISS >15, those with multiple rehab needs and facilitation of discharge and onwards care. Rehab planning continued. Inpatient review reduced delivered on a case by case basis or virtually. PolyTrauma Unit shared with wards, relocation of wards.	Core staff roles maintained (AHP / Psychology / Trauma Co-ordination). Maintain Consultant Rota. Rehab. Consultant ARI review suspended if required. AHP roles fully staffed, though with potentially reduced capacity on an ad-hoc basis, to maintain capacity and flow generally. MTC duties that can be pooled are done so for resilience (e.g. remote screening some aspects of MDT review or input). CDFs and ANP staff partially released if required for redeployment.	Maintain 2 trauma co-ordinators. Psychology staff supporting co-ordinator role. Review reduced to those with indicated need (TBI, identified issues). Psychology resuming a broader staff support role.	Planning for escalation. Reduced operations, additional activity (excepting core governance stepped down). STAG reduced to tracking / minimum data sets for operation. Virtual meetings Patient review, identification, tracking, ensuring ARI planning is maintained with focus on safe discharge and establishing follow-up paths key tasks.
TU	Matched to NHS Highland activation level and indicators		Core staff in place, though reduced with minimum rehab goals met.	Maintain ½ rehab. co-ordinator to support rehabilitation planning MT COT and psychology to	Flow, patient identification and passing to MDT for follow-up. Consider asking for support from elsewhere in network for virtual follow-

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				support rehab coordinator role	up.
Woodend Specialist Rehabilitation	As MTC	Maintain rehabilitation activity and beds	Maintain/enhance medical, nursing, and AHP staffing. Additional staffing resource from redeployed staff. Virtual rehab consultant input to MTC.	Trauma coordinator role prioritised to MTC. Psychology input prioritised to MTC. Redeployment of VR role to support trauma coordination role.	Set up flow from ARI. Near Me review meetings with families and follow up. TEAMS meetings. Onward referrals.
Community	As MTC and TU	Community input scaled down due to redeployment of staff. Prioritise critical interventions.	AHP resource redeployed to support inpatient teams		Telephone and Near me input Critical/ urgent criteria for face to face intervention
Network	As MTC	Network Manager & Admin part-time redeployed. Network Clinical Leads minimal capacity. Other Clinical Leads no capacity			All network meetings except COVID-19 planning paused Education Plan paused Minimal clinical governance process put in place and case reviews paused. Network Improvement Plan paused.
4 **MTC**	Number of COVID-19 patients requiring Level 2/3 critical care 22>	Tracking, principally ensuring safe minimum standards for patient care and safe discharge.	Likely core staff only, key is that reasonable representation is maintained from MDT at ward and on pathway. Considerable pressure on tasks.	Maintain Trauma Co-Ordinator Role (1ARI, ½ Raigmore), minimum standards of review, potential for inpatient review maintained if required. KPI, Proms suspended. Core task of identifying patients maintained,	Core emergency services, retrieval, emergency treatment maintained. Subject to local capacity restrictions. Close links with Control Rooms to ensure network tasks aligned with hospital needs.

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			Medical staff likely pulled into COVID duties Screening and direct ward visits likely ceased, use of virtual systems. Links with medical/surgical wards maintained.	information given on follow-up and potential to link back in post discharge.	
TU	Matched to NHS Highland activation level and indicators		Core staff in place, though reduced with minimum rehab goals met.	Maintain ½ rehab. co-ordinator to support rehabilitation planning MT COT and psychology to support rehab coordinator role	Flow, patient identification and passing to MDT for follow-up. Consider asking for support from elsewhere in network for virtual follow-up.
Woodend Specialist Rehabilitation		Maintain rehabilitation beds and activity	Maintain medical and nursing staffing, potential for some AHP staffing redeployment to support acute response. Virtual rehab consultant input to MTC	Trauma coordinator role prioritised to MTC. Psychology input prioritised to MTC. Redeployment of VR role to support trauma coordination role.	Set up flow from ARI. Near Me review meetings with families and follow up. TEAMS meetings. Onward referrals.
Community	As MTC and TU	Community input scaled down due to redeployment of staff. Prioritise critical interventions.	AHP resource redeployed to support inpatient teams and acute response.		Telephone and Near me input Critical/ urgent criteria for face to face intervention
Network	As MTC	Network Manager &			All network meetings except COVID-19

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[redacted]		Admin part-time redeployed. Network Clinical Leads minimal capacity. Other Clinical Leads no capacity			planning paused Education Plan paused Minimal clinical governance process put in place and case reviews paused. Network Improvement Plan paused.