

## DOCUMENT CONTROL PAGE

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## Introduction

This standard operating policy (SOP) has been developed to support the transfer or repatriation of paediatric major trauma to an alternative healthcare setting once deemed clinically suitable by the responsible clinician and rehabilitation team.

## Background

The transfer of paediatric major trauma patients to an alternative healthcare setting is infrequent but may occur for several reasons:

- To complete local safeguarding investigations
- For specialist definitive care
- For ongoing rehabilitation (specialist and non-specialist)
- To transfer care closer to home

Delays in transfer / repatriation can cause poor patient experience including:

- Prevention of acutely ill patients being admitted into designated beds
- Cause inconvenience or be distressing for both patient and relatives
- Be a source of frustration in relationships between hospitals

This procedure aims to provide guidance to ensure a sustainable trauma service where delays are at the minimum; with robust escalation procedures should a delay occur.

## Aim

The aim of this guideline is to ensure that children and young people admitted on to the Major trauma pathway across the region are able to access the most appropriate level of care, at the right time and as close to home as possible.

## Scope

This SOP applies to paediatric major trauma patients (0-15 years old) only and covers all hospitals within the North West Childrens Major Trauma Operational Delivery Network (NWChMTODN)

## Objectives

To facilitate timely, safe and appropriate transfer / repatriation of trauma patients within the NWChMTODN by standardising the transfer of care processes from one organisation to another to improve patient and family experience by maintaining good communication amongst all parties involved.

## Transfer procedure

1. At an early stage during the child/young person admission, a discussion should take place with the patient and parent/carers parents about the need for transfer to an alternative health care setting once their clinical need has been identified. The reasons for transfer

should be explained in a sensitive and considered manner by an experienced member of the MDT.

2. The most appropriate setting for transfer should be agreed following discussion with parents/carer, MT Coordinator, Lead Consultant and MDT
3. The identified healthcare setting for transfer should be notified as early as possible to ensure that the patients healthcare needs can be met. The discussion should include the MT coordinators on both sites.
4. The decision for suitability for transfer should be made by the patients Lead Consultant
5. Once the CYP is fit for repatriation this must be documented in the patients records before the transfer is finalised.
6. Transfer should be completed consultant to consultant under the coordination of the MT Coordinators or key worker for the child.
7. There should be formal handovers between all disciplines involved in the child's care to ensure continuation of care and that the child's holistic needs can be met.
8. The MDT must complete an updated transfer rehabilitation prescription to share with the next healthcare provider.
9. Once the transfer has been accepted by the receiving unit, discharge and other related documentation should be completed.
10. Where possible arrange for the parents/carers to visit the receiving unit prior to transfer.
11. Prior to transfer, the referring unit should ensure the receiving unit is informed of the patient's current care requirements, for example medication and rehabilitation.
12. A contact name and number should be provided for any additional information required, It is expected that the patient once clinically able should be accepted to transfer within 48 hours of the initial request being logged. Should the accepting unit not be able to take the patient for whatever reason, the delay should be treated as an exception and escalated through the NWChMTODN exception reporting. The responsibility for this notification lies with Trauma Coordinators in the referring unit.
13. If a receiving unit persistently declines transfers, please follow escalation process for declined transfer.
14. If services are unable to meet the needs of the patients this should be escalated to NWChMTODN Manager to complete a gap analysis and escalate to the ICB.

#### Escalation process for delayed/declined transfer for ongoing care.

Delayed or declined transfer should follow the below pathway.

Delay Time	Situation	Communication
+1 Day	Transfer of care has not occurred within 24 hours after the planned transfer date	<b>Site Team</b> at referring hospital to communicate with receiving hospital team to expedite transfer of care

+2 Days	Transfer of care has not occurred within 48 hours after the planned transfer date	<p><b>Trauma Clinical and Managerial Leads</b> or equivalent will be informed and communicate with their equivalent at the receiving Trust.</p> <p><b>Site Team</b> at referring hospital to communicate with receiving hospital team to expedite transfer of care</p>
+3 Days	Transfer of care has not occurred within 72 hours after the planned transfer date	<p><b>Divisional Manager / Head of Site Operations</b> for Trauma or equivalent will be informed at the receiving Trust.</p> <p><b>Site Team</b> at referring hospital to communicate with receiving hospital team to expedite transfer of care.</p> <p><b>Network Manager</b> will be informed where Network assistance is required.</p>
+4 Days	Still no plan of action or acceptance date / time set and agreed	<p><b>Chief Operating Officer / Chief Executive</b> to be informed at the receiving Trust.</p> <p><b>Site Team</b> at referring hospital to communicate with receiving hospital team to expedite transfer of care.</p>
+5 Days	Still no plan of action or acceptance date / time set and agreed	<p><b>Sector / ICB Leads</b> to be informed of delay.</p> <p><b>Site Team</b> at referring hospital to communicate with receiving hospital team to expedite transfer of care.</p>

## Appendices

### Appendix A: Repatriation Process Flow

