



**SWL&STN Transfer of Care Procedure**  
**for Major Trauma Patients**  
**(transfers out of St Georges)**

Procedure Profile	
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Consultation and approval	
<b>Key individuals and committees consulted</b>	SWL and Surrey Trauma Network Board
	SWL and Surrey Trauma Network Clinical Advisory Group
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<b>To be distributed to and adopted by</b>	St George's Healthcare NHS Trust) Croydon University Hospital NHS Trust Kingston Hospital NHS Trust Epsom and St Helier University Hospital NHS Trust Surrey & Sussex Healthcare NHS Trust Ashford and St Peter's Hospital NHS Trust Royal Surrey County Hospital NHS Trust Frimley Park Hospital NHS Foundation Trust

Document History		
Version	Review date	Reason for change
1.0	May 2016	No changes made
1.0	November 2017	Changes made to reflect current practices
1.2	May 2020	Changes made to reflect nurse lead transfer process and to reflect new national guidance
1.3	February 2023	Changes made to strengthen acceptance within 24 hours of referral
1.4	February 2024	No changes made

## **1. Executive Summary**

This document outlines the SWL&STN procedures for transferring the care for major trauma patients out of St Georges Healthcare NHS Trust (Major Trauma Centre) to the patients' local hospital (Trauma Unit). It outlines the roles and responsibilities to all relevant parties involved in the transfer of major trauma patients. It also provides guidance on timescales and the escalation process, should a transfer not occur within the agreed timescale. **Appendix 1 – process overview.**

## **2. Introduction**

Trauma Networks exist to improve the quality of care given to patients who have been classified as major trauma. To enable Major Trauma Centres (MTCs) to provide trauma care for the most severely injured patients on a continuous basis, it is essential to have a system in place to enable patients to return to a suitable local hospital as soon as the acute phase of their trauma care is completed. This enables them to continue their treatment closer to home. The transfer of care of patients to their local hospitals (Trauma Unit or TU) can be challenging for the patients, family and organisations involved, especially if there are variable operational standards and processes across the system.

To prevent delays, in 2019 the network introduced a nurse lead transfer process with a supporting escalation process for the transfer of major trauma patients out of the Major trauma centre (MTC) to their local Trauma Unit (TU).

The overall aims were:

- To improve the patient pathway and the quality of trauma care.
- To facilitate timely, safe and appropriate transfer of care of major trauma standardising the transfer of care processes.
- To achieve acceptance (with a named Consultant) within 24 hours of referral.
- To achieve transfer of care within 48 hours of acceptance (or within an agreed timescale for patients with complex needs).
- To ensure the ability of the MTC (St George's) to provide major trauma care for the most severely injured patients is not compromised by lack of capacity.
- To improve patient and family experience by ensuring good communication amongst all parties involved.

### **3. Purpose**

The Major Trauma Best Practice Tariff (BPT) stipulates that patients with an ISS (Injury Severity Score) >15 that require an urgent transfer (non-emergency) must be transferred within two calendar days of the referral being accepted. This highlights the importance to maintain flow and thereby capacity in St George's Hospital so that it can deal with all incoming emergencies

### **4. Definitions**

**MTC (Major Trauma Centre)** : The main hospital at the hub of the network dealing with the most severe injuries. For the Southwest London and Surrey Trauma Network this is St George's Hospital

**TU (Trauma Unit)**: The hospital from where the patient originally transferred from, or the acute trust which closest to the patient's home address. There are currently 7 TUs within the SWL&S Trauma Network. Where there is dispute especially for patients who live close to a border the Host Trust is determined in accordance with the NHS find a hospital service which, identifies closest hospital to postcode.

### **5. Scope**

This procedure covers major trauma patients admitted to adult wards at the MTC and covers all trusts that are part of the Southwest London and Surrey Trauma Network.

#### **Major Trauma Centre (MTC)**

- St George's Healthcare NHS Trust

#### **Trauma Units (TUs)**

- Croydon University Hospital NHS Trust
- Kingston Hospital NHS Trust
- Epsom and St Helier University Hospital NHS Trust
- Surrey & Sussex Healthcare NHS Trust
- Ashford and St Peter's Hospital NHS Trust
- Royal Surrey County Hospital NHS Trust
- Frimley Park Hospital NHS Foundation Trust

This procedure covers major trauma patients admitted to adult wards at the MTC. The principles will be followed for paediatric patients, isolated head injuries and spinal cord injury patients but the management will be done locally.

The principles of this should also be applied when transferring the care of patients who are from outside this network. However, it should be noted other networks may operate a different referral / acceptance process.

## **6 Overarching Principles:**

### All patients:

- **Referrals from the MTC should be accepted with a named consultant provided within 24 hours. Images and details of the patients ongoing needs must be communicated at the time of referral.**
- **Transfer should occur within 48 hours of acceptance (or within an agreed timescale for patients with complex needs)**
- The timescales for transfer of care apply to a seven-day week and should be observed during weekends as well as the week.
- It is important that prompt Consultant to Consultant discussions take place where teams have concerns about accepting a patient to ensure the patient receives the optimum level of ongoing care and repatriations are not delayed.
- The infection status of the patients must not delay bed allocation at the receiving Trust within reason but the receiving Trust must be informed of the patients' infection status at the time of referral.
- Transfer of patients should aim to take place between the hours of 8am and 8pm. They should not take place outside of these hours, unless there are exceptional circumstances, for example at the time of a Major Incident. It is important to factor in the transport time to ensure the patient arrives at the receiving Trust in these hours. A datix should be completed for any patients who arrive outside of these hours.
- Transport to be organised by the admitting MTC, providing necessary escort arrangements with all necessary clinical and social documentation, including formal medical and nursing transfer/discharge summary and rehabilitation plan, to accompany the patient.
- In respect to patients waiting for placement at a specialist rehabilitation facility, if the waiting time is more than 5 working days, the patients will be repatriated to the receiving Trust for the interim period.

- This policy applies independent of the bed status at the MTC and the TUs (except in major incident).
- Patients for whom St George's Hospital constitutes the local District General Hospital (DGH) may be rehabilitated on the trauma ward until they are able to be discharged home with on-going support. This may also occasionally apply to patients who make excellent progress with their acute phase on rehabilitation at St George's and can therefore be discharged home with support services rather than returning to their local DGH/Host Trust.
- Patient choice is not normally enacted for repatriations so should not create delay; it is based solely on the patients' GP postcode.
- It is recognised that not all clinical specialties are available at all the receiving Trusts and this needs to be considered when assessing a patient for onward care.

#### Major incident / Mass casualty scenario

- In the event of a major incident / mass casualty incident that significantly compromises business continuity at St Georges Hospital, Trauma Units in the Network will be expected to take patients earlier than might otherwise be expected, providing it is clinically safe and appropriate to do so. This will be negotiated on a case-by-case basis.

#### Out of Network patients:

- Patients with a home post code not within the network will be managed in the same way as those from within the network. However, it should be noted other networks may operate a different referral / acceptance process.

#### Patients with no fixed abode

- Patients' with no home address will remain under the care of the MTC/ until further information becomes available
- Every effort should be made to establish an address of usual residence. If a patient is unable to give an address and they are not registered with a GP practice, their local Trust should be determined by the terms of 'usual residence'. If patients consider themselves to be resident at an address, which is for example a hostel, then this should be accepted.

## **6. Roles and Responsibilities**

Below is a list of the key players and their responsibilities in the transfer of care of major trauma patients out of St Georges.

### **6.1 Major trauma nurse practitioners at MTC (MTNP)**

- Ensuring patients who need to be transferred are referred to agreed name contact / email address at the TU with all relevant up to date clinical information and scans.
- Notifying bed management team at St Georges of the above information once the patient has been accepted
- Notifying the network manager and / or lead nurse of any acceptance delays
- Keeping patients / family informed of transfer timescale
- Working with the rest of the MDT to ensure patient is ready transfer on agreed date

### **6.2 Named trauma coordinator/s at TU**

- Regularly checks inbox for referral requests

### **6.3 Liaises with relevant speciality to get formal acceptance and name of accepting consultant (local systems should be in place to support the named trauma coordinator/s at TU)**

- Informs MTNP at MTC of acceptance by specialty with name of consultant **(within 24hrs of receipt of referral)**.
- Notifies local bed management team at of the above information

### **6.4 Therapy team at MTC**

- Attending MDT ward rounds
- Liaising with therapy team at local hospital (TU)
- Completing the rehab prescription / therapy reports
- Working with the rest of the MDT to ensure patient is ready transfer on agreed date

### **6.4 Bed management team at MTC**

- Upon notification ensuring patients are added to the transfer list and entered onto the Patient Repatriation web base system.

- Contacting bed management team at TU, informing them of patient and that transfer needs to take place within 48 hours.

#### **6.5 Bed management team at TU**

- Upon notification ensuring patients are added to the transfer list
- Ensuring bed is made available with 48 hours of notification
- Checking Patient Repatriation web base system for updates on patients awaiting transfer from MTC

#### **6.6 Network Manager and Network Lead Nurse**

- Escalating any transfer issues both within the MTC and across the network to relevant parties (including ICSs)
- Recording acceptance and transfer delays for quarterly reporting

#### **6.7 Head of Operations at the MTC**

- Ensuring major trauma patients awaiting transfer have been communicated to the site teams at the relevant Trusts
- Escalating both internally and externally patients who have exceeded 48 hours (see escalation contact list).

#### **6.8 Network Board representative (will also act as the senior point of contact at the TU)**

- Ensuring local processes are in place to support the referral / acceptance process
- Respond to patients escalated by the network manager / lead nurse / or the MTC direct
- Ensuring local site teams are aware of escalated patients and have a plan in place
- Reviewing patients who exceed the 48 hour tolerance, as and when requested by the network

### **7. Monitoring Effectiveness**

Transfer delays (including acceptance delays) will be recorded by the MTC (for policy non-compliance) and reported to the SWL&S Network Board and relevant ICS. Root cause analysis may be requested to understand the reason for delays. The SWL&S Network Board will act as the vehicle to monitor compliance and drive the continual improvement.

## **8. Partnership Agreements**

The South West London and Surrey Trauma Network Board will be charged with providing executive commitment to uphold the successful implementation of the protocol

St George's has a responsibility to ensure that there is always capacity to receive an incoming 'time -critical' secondary transfers from Trauma Units. Therefore, to support this capacity the TUs must ensure timely transfers back into their Trust's.



<b>Appendices</b>		
1	Process overview	