Midlands Adult Major Trauma Operational Delivery Networks (ODN) Escalation Framework

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Approval History / Reviewers

This document has been developed in partnership and reviewed by the following:

Reviewer name	Title/responsibility	Date	Version
Prehospital Ambulance Providers East and West	Clinical Leads		1
Major Trauma Operational Delivery Networks East and West	Clinical Directors and Network Managers		
NHSE/I MIDLANDS CCSCH&J (Critical Care, Specialised Commissioning, Health and Justice) Cell - COVID surge response and preparedness	Cell members		
EPRR NHSE/I Region and EPRR Provider Organisations East and West	EPRR Leads		
Urgent and Emergency Care (UEC) East and West	Senior Leadership Team		
National Programme of Care – Major Trauma	National Commissioning Lead and National Clinical Director		

Approved by

This document is approved by the following:

Name	Status	Title	Date	Version

SCOG (Specialised Commissioning Operational Group) MIDLANDS	INFORMED AND APPROVED	Senior Leadership Team		
ROC (Regional Operational centre) MIDLANDS	INFORMED (APPROVAL NOT REQUIRED)	Senior Leadership Team		
ODN (Operational Delivery Networks) Boards East Midlands and West Midlands	INFORMED AND APPROVED	Clinical Directors / Board Members		

Related documents

Title	Owner	Location
OPEL (Operational Pressure Escalation Levels) Framework	EPRR	NHS England NHS Improvement
COVID-19 Pandemic CRITCON (surge levels)	Adult Critical Care - ODN	NHS England NHS Improvement
On-call Team Local Action cards (NHSE/I)	UEC and EPRR	NHS England NHS Improvement

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MIDLANDS Adult Major Trauma Operational Delivery Networks (ODN) Escalation Framework

1. Purpose

1.1. The purpose of this document is to provide a supra-regional adult Major Trauma escalation framework to help guide the process of system escalation across the Major Trauma Operational Delivery Networks (ODNs) in the Midlands. Specifically, the East Midlands Trauma Network and the Birmingham and Black Country, Hereford and Worcester Trauma Network, Central England Trauma Network and the North West Midlands and North Wales Trauma Network.

1.2. It has been developed as a result of the COVID 19 pandemic but is not limited to the management of this pandemic as a response, network emergency preparedness for major trauma networks being an example, which is detailed in **Appendix 7**.

1.3. The Framework clarifies roles and responsibilities for network stakeholders at various escalation phases, formalising existing actions and communication routes within the network.

1.4. It is essential that the framework is underpinned by more detailed and locally specific plans or guidance that individual providers and ODNs will have developed to reflect internal or system escalation routes.

2. Background - Adult Critical Care (ACC)

2.1. A proportion of all Major Trauma patients will require admission to an adult or paediatric critical care unit co-located within adult and/or paediatric Major Trauma Centres (MTC). Regular Sitrep and Directory of Services (DOS) information is provided at a regional and national level for critical care. **Appendix 6** provides information on how to access the Sitrep. This provides oversight on availability of all adult critical care beds and identifies CRITCON (surge) levels across the system ITUs. These are used to prevent an individual provider reaching CRITCON level 4 (maximum capacity reached and no ability to admit) without the network, region or system being unaware and therefore able to take action to ameliorate this, in addition but only for noting; CRITCON levels are further categorised by A or B as a 'staffing declaration' which refer to adhering to or falling below staffing recommendations – please refer to **Appendix 4.**

2.2. Mutual Aid - the ACC ODNs interrelate for pan south challenges and mutual aid.

3. Escalation Planning

3.1. ODNs are expected to have mitigation plans in place to pre-empt likely pressures on the system, such as closing of the hub or spoke/s, transfer and repatriation difficulties and mutual aid arrangements; the latter should be within individual ODNs and across neighbouring ODNs. The majority of ODN operational issues should be escalated via established routes as set out in Unit/ MTC escalation plans, Trust capacity management (surge) plans and emergency planning documents (including on-call documentation).

3.2. Major Trauma Operational Delivery Networks escalation plans are required to operate against a nationally prescribed OPEL (Operational Pressure Escalation Level) framework. The framework aims to standardise escalation thresholds and provides examples of trigger and actions for network stakeholders partners at each OPEL level, as shown in **Appendix 1.**

3.3. The Major Trauma network escalation framework is independent from but must be aligned to wider Trust/system capacity and demand (winter planning) escalation plans and processes.

4. Alert and Activation - Communication Flows across the ODN(s)

4.1. **Appendix 2** defines the communication flow and associated actions for Units / MTCs, ODN Managers, CCGs and NHSE/I regional teams at each OPEL. It provides clear actions in and out of hours for network stakeholders that must be reflected in local escalation plans. The following points summarise the process and highlight new areas of responsibility:

- Trauma Units (TUs) / Major Trauma Centres (MTC) must inform local network members, internal on-call processes, the ODN Manager and / or their CCG / lead commissioner of their escalated status / significant operational difficulties.
- Out of hours the MTC assumes coordination functions on behalf of the Network; TUs are responsible for informing the MTC of their escalated status, the MTC will directly inform NHSE/I regional on-call (or via CCGs as per local escalation processes).
- In hours the ODN Managers and NHSE/I Major Trauma Network Leads have a pivotal role in leading network coordination, out of hours this defaults to NHSE/I regional on-call arrangements.
- The ODN Manager will support the network identifying the escalation status and support coordination, including across network boundaries. (NHSE/I the regional Medical Director will agree the escalation status with the network at OPEL 4).
- At OPEL 3 or 4 NHSE/I regional teams are responsible for convening and coordinating a de-escalation meeting with Network stakeholders. A De-escalation Support Tool in **Appendix 3** is provided to guide the call. The MTC Clinical Lead or position of delegated authority is responsible for completing the De-escalation Support Tool to inform the meeting to help guide conversations and actions.
- At OPEL 3 or 4 the NHSE/I on-call Director for the escalating region is responsible for coordinating the response with the NHSE/I on-call Director from other regions as required.
- The NHSE/I Regional Medical Director (in hours) / On-call Director (out of hours) is responsible for agreeing and declaring Major Trauma ODN OPEL 4 escalation.
- CCGs are responsible for coordinating their system to support de-escalation as per existing OPEL processes.
- Any sub-regional variation to the prescribed roles and responsibilities of Network stakeholders must be reflected in local escalation plans underpinning this pan-South Framework.

5. De-escalation Support Tool

5.1. **Appendix 3** is a major trauma OPEL De-escalation Support Tool which has been developed to aid de-escalation, support mutual aid response, identify risks and lessons learnt. It will support the NHSE/I regional Medical Director/ on-call Director in convening stakeholders to review Network status, actions undertaken and identify options to enact to de-escalate from OPEL 3 or 4. The MTC is responsible for completing the Tool on behalf of their Network ahead of a de-escalation meeting.

5.2. Regional NHSE/I, UEC and ODN contacts are provided in **Appendix 5.**

5.3. Post Escalation inform NHSE/I to inform ODN Manager and NHSE/I Regional Trauma lead that service has de-escalated from the agreed mutual aid arrangements. Continue liaison regarding investigation and or debrief as in **Appendix 2,** Communications tool. **Appendix 8** provides details and template for Hot Debrief and Formal Debrief.

Appendix 1 - Major Trauma Network OPEL descriptors

OPEL and CRITCON STATUS	Pre-hospital (commissioned services only) Resource Escalation Action Plan (REAP)	Trauma Units - TU	Major Trauma Centre - MTC	Major Trauma Network - MTN	ACTION
OPEL 1 **(CRITCON Level 0 and 1 - Normal to Low Surge)**	**REAP GREEN (1)** Demand for service within normal parameters Pre-hospital able to support primary and secondary transfers	TUs able to receive triage positive patients and able to support time critical secondary transfers	MTC able to receive critically injured patients into appropriate critical care area	Network functioning as currently, triage tool at steps 1 & 2 [limited] only	• No action required; providers can maintain patient flow and meet anticipated demand within available resources
OPEL 2 **(CRITCON Level 2 – Medium Surge)**	**REAP AMBER (2)** Operating with moderate pressures which may be affecting service delivery Ability to run primary transfers and time critical secondary transfers only	50% or less TUs. TUs only able to accept triage positive patients with airway compromise or life-threatening haemorrhage (if all TUs in network escalate to **OPEL-3**) **Or** 50% or less TUs or critical care transfer service not able to support time critical secondary transfers (if all TUs in network escalate to OPEL-3)	MTC can provide immediate resuscitation, emergency surgery and specialist critical care for life threatening conditions **but** limited capacity for other categories of automatic transfers or ward level patients	Any of the below: MTC at **OPEL-2** 50% or less TUs not accepting triage positive trauma (if all TUs in network escalate to OPEL-3) 50% or less TUs or critical care transfer service not able to support time critical secondary transfers (if all TUs in network escalate to OPEL-3) Pre-hospital running primary transfers and time critical secondary transfers only	• System starting to show signs of pressure, enhanced coordination and communication needed to monitor OPEL level and consider focused local actions for de-escalation and return to OPEL 1. Additional support requirements should be agreed locally if needed • Follow internal escalation protocol i.e. through Incident Control / Command and Control structure, consider use of de-escalation support tool as per local action plan (Appendix 3) • Completion and submission of the Major Trauma Sitrep is required to inform the National and Regional team
OPEL 3 **(CRITCON Level 3 – High Surge)**	**REAP RED (3)** Operating with a severe pressure, where clinical quality and / or patient experience may be affected Ability to run primary transfers only	More than 50% of TUs only able to accept triage positive patients with airway compromise or life-threatening haemorrhage **Or** More than 50% of TUs not able to support time critical secondary transfer	MTC can provide immediate resuscitation, emergency surgery and specialist critical care for life threatening conditions but MTC unable to accept other categories of automatic transfers or ward level patients	**1.** MTC at **OPEL-2 AND** any of the below: • Pre-hospital running primary transfers and time critical secondary transfers only • More than 50% TUs only able to accept triage positive patients with airway compromise or life-threatening haemorrhage • More than 50% TUs or critical care transfer service not able to support time critical secondary transfers **Or** **2**. Adult or Paeds MTC in network at OPEL-3 **Or** 3. All TUs only able to accept triage positive patients with airway compromise or life-threatening haemorrhage Or 4. All TUs and / or critical care transfer service not able to support time critical secondary transfers	• Regional teams to be made aware of increasing pressure. It will be necessary to provide local support as deemed necessary • Completion and submission of the Major Trauma Sitrep is required to inform the National and Regional team • Follow internal escalation protocol i.e. through Incident Control / Command and Control structure • Providers should liaise with local ICC Incident Control Centre in case of escalation to OPEL 4. Consider guidance from National Clinical Director for Major Trauma system for regional and national response • Cross network cooperation to match patients to capacity and speciality care • Increased use of air asset transfer across region (where available) • Increased use of critical care transfer service (where available) • Use the de-escalation support tool as per local action plan (Appendix 3)

OPEL 4 **(CRITCON Level 4 – Triage Emergency)**	**REAP BLACK (4)** Trust operating under extreme pressure, which will be affecting service delivery Unable to run primary or secondary transfers	All TUs unable to accept triage positive trauma and /or all TUs unable to support time critical secondary transfer	No capacity for critical care **Or** MTC cannot provide immediate resuscitation and / or emergency surgery	Pre-hospital service unable to run primary transfers **Or** All TUs unable to accept triage positive trauma and / or support time critical transfers **Or** Any MTC is at OPEL-4 (either adult/Paeds/combined MTC) No rapid access to specialist care	• Pressure continues to escalate across major trauma providers. If sustained impact across regional boundaries; national action maybe required • All major trauma to local hospital • Follow internal escalation protocol i.e., through Incident Control / Command and Control structure. • Completion and submission of the Major Trauma Sitrep is required to inform the National and Regional team • Providers through local ICC Incident Control Centre seek guidance from NCD National Clinical Director for system, regional and national response • Cross network cooperation to match patients to capacity and speciality care • Mutual Aid with neighbouring networks • Use the de-escalation support tool as per local action plan (Appendix 3) If Pre-Hospital at OPEL 4: Refer to pre-hospital escalation plans If All TUs at OPEL 4: Refer to local and Network escalation plans If MTC at OPEL 4: Refer to MTC and Network plans but consider the following: • Patients transferred back to TUs for ward stays • Ward level patients remain in trauma units • Primary bypass to remaining / neighbouring MTCs where possible • Onward transfer to receiving MTCs on case by case basis from TUs • Redeployment of staff to support trauma care at remaining units where possible

Appendix 2 – Midlands Regional Major Trauma Escalation Framework- Communication Tool (pages 5, 6 and 7)

MTN OPEL Status	Trust Communications	ODN Communication	CCG Communication	NHSE/I Communication
OPEL 1	BAU - business as usual	No action required unless step down from OPEL 2 to OPEL 1; inform ODN and regional peers for information.	Normal levels of communication with all services and co-ordination to monitor the status of services across the locality.	No action required.
OPEL 2	Trauma Unit (TU)/ Major Trauma Centre (MTC) informs ODN Manager and internal Trust on-call personnel (or as appropriate) of escalated status by completing and submitting the Major Trauma Sitrep is required to inform the National and Regional team If unavailable: In hours- if ODN Manager not available, the TU/MTC informs senior MTC/ODN clinical lead, who assumes responsibility for determining the status of the network. Out of hours MRC Trust on-call manager Ensure DOS is regularly updated. Inform all if step down from OPEL 3 to OPEL 2.	Inform all network Trusts of escalated status / specific issues in the Network. Receives and reviews data from Network trusts to determine the OPEL status for the Network and informs Trauma Network stakeholders Communication with regional ODN leads that a Network is in OPEL 2 - for information. Inform NHSE/I Regional Major Trauma Lead for information. Inform all if step down from OPEL 3 to OPEL 2.	Normal levels of communication with all services and co-ordination to monitor the status of services across the locality.	No action required.

(*Use of any local 'WhatsApp' groups should only be considered as an informal communications route, however, it is widely recognised that in times of escalation, necessary speed of action, rapid decision making and mutual aid response that '**Clinician to Clinician'** WhatsApp is an essential mode of communication, therefore – written documentation should always be provided to support decisions taken regarding expected outcomes during any period of escalation, as good practice*)

Consider support and guidance from NCD - National Clinical Director (in hours) : england.majortrauma.nationalteam@nhs.net

MTN OPEL Status	Trust Communications	ODN Communication	CCG Communication	NHSE/I Communication
OPEL 3 **IN HOURS**	Escalated TU /MTC informs ODN Manager of escalated status and identifies support requirements. (if ODN Manager not available, the TU/MTC informs senior MTC/ODN clinical lead, who assumes responsibility for determining the status of the network) by completing and submitting the Major Trauma Sitrep is required to inform the National and Regional team TU/Trust informs internal Trust on-call personnel (or as appropriate) of escalated status. Ensure DOS is regularly updated. Trust on-call personnel (or as appropriate) informs the CCG on-call Director (or as locally described) of the escalated OPEL level.	Receives and reviews data from Network trusts to determine the OPEL status for the Network and informs Network stakeholders. Inform NHSE/I Regional Major Trauma Lead, request support in regional coordination as required. Communication with neighbouring regional ODN leads that Network status has reached OPEL 3. Supports coordination and communication across the network, including mutual aid. Communication with local network members and ODN Coordinator that Network status has reached OPEL 3. ODN responsible for completing De-escalation Support Tool to inform Network teleconference. Post escalation: ODN and NHSE/I regional team to liaise regarding investigation and or debrief	Undertake actions to co-ordinate response across whole system as appropriate. Additional resources commissioned where appropriate. CCG director on call briefed. Post escalation: investigation of causes and internal lessons learnt exercise.	Regional NHSE/I Major Trauma Lead convenes call with ODN, MTC, TUs, CCG and neighbouring ODN Managers (as required) to support the MTC in their coordination of the network response. (Use of Appendix 3 'de-escalation support tool' to aid the call). Regional Major Trauma Lead informs NHSE/I Urgent & Emergency Care Team (UEC) and NHSE/I Communications team of escalated Trauma network status. If all actions have failed to support de-escalation, inform NHSE/I Regional Medical Director of Network escalating to OPEL 4. Alert Network status to national team, next steps and outcomes (National Clinical Director) to identify further actions to de-escalate and mitigate further escalation.
OPEL 3 **OUT OF HOURS**	TUs inform MTC via Trust on-call manager of escalated status. TUs /MTC each inform internal trust on-call personnel of escalation status (this may include the appropriate speciality on-call consultant) MTC responsible for informing regional NHSE/I on-call (or as per local escalation process to NHSE/I) of escalated status and the need to coordinate support MTC trust-on call manager responsible for completing De-escalation Support Tool on behalf of the Network Refer to Appendix 1 of this framework for OPEL actions. Ensure DOS is regularly updated. CCG on-call of the escalated OPEL level.	[***no out of hours actions***]	Undertake actions to co-ordinate response across whole system. Additional resources commissioned where appropriate.	NHSE/I on-call convenes and chairs call with appropriate clinical leads from TUs/ MTC, TU and MTC Trust on-Call Directors, neighbouring NHSE/I on-call and CCGs to support the MTC in their coordination of the network response. (Use of Appendix 3 'de-escalation support tool' to aid the call). NHSE/I on-call informs Regional Comms Teams who in turn inform the National facing on-call Director and Comms Team. NHSE/I Regional Medical Director informed of Network OPEL 4 declaration. NHSE/I on-call informs NHSE/I Regional Urgent & Emergency Care Team (UEC) of escalated Trauma Network status. Post escalation: Serious Incident (SI) investigation signed off in accordance with policy. NHSE/I on-call to inform ODN Manager and NHSE/I Regional Trauma lead in hours, of out of hours escalation issues. Post escalation: ODN and NHSE/I regional team to liaise regarding investigation and or debrief.

MTN OPEL Status	Trust Communications	ODN Communication	CCG Communication	NHSE/I Communication
OPEL 4 **IN HOURS**	Escalated TU /MTC informs ODN Manager of escalated status and identifies support requirements. (if ODN Manager not available, the TU/MTC informs senior MTC/ODN clinical lead, who assumes responsibility for determining the status of the network) by completing and submitting the Major Trauma Sitrep is required to inform the National and Regional team. TU/Trust informs internal Trust on-call personnel (or as appropriate) of escalated status. Ensure DOS is regularly updated. Trust on-call personnel (or as appropriate) informs the CCG on-call Director (or as locally described) of the escalated OPEL level.	Receives and reviews data from Network trusts to determine the OPEL status for the Network and informs Network stakeholders. Inform NHSEI Regional Major Trauma Lead, request support in regional coordination as required. Communication with neighbouring regional ODN leads that Network status has reached OPEL4. Supports coordination and communication across the network, including mutual aid. Communication with local network members and ODN Coordinator that Network status has reached OPEL 4. ODN responsible for completing De-escalation Support Tool to inform Network teleconference. Post escalation: ODN and NHSE/I regional team to liaise regarding investigation and or debrief	Consider any request for support beyond local economy boundaries and liaise with NHSE/I to request this support. On-going co-ordination of actions from OPEL 3 and further urgent actions. Post escalation - communicate the de-escalation to all parties including NHSE/I Regional Incident Control Centre and conduct full root cause analysis, outcomes and risk to be shared with whole system and reviewed by ODN Board via appropriate Governance route.	NHSE/I Regional Major Trauma Lead informs NHSE/I Regional Medical Director of Network state escalating to OPEL 4. Regional NHSE/I On-call Director convenes call with ODN, MTC, TUs, CCG and neighbouring ODN Managers (as required) to support the MTC in their coordination of the network response. (Use Appendix 3 ‘de-escalation support tool’ to aid the call). NHSE/I Medical Director involved in key decisions and requests for out of region assistance. Medical Director ensures Regional Comms Team that the regional 'National facing on-call Director' and NHSE/I regional on-call is informed. NHSE/I Regional Major Trauma Lead inform Urgent & Emergency Care Team (UEC) of escalated Trauma Network status. Alert Network status to National team, discuss next steps and outcomes. Post escalation: ODN and NHSE/I Regional team to liaise regarding investigation.
OPEL 4 **OUT OF HOURS**	TUs inform MTC via Trust on-call manager of escalated status. TUs /MTC each inform internal trust on-call personnel of escalation status (this may include the appropriate speciality on-call consultant) MTC responsible for informing regional NHSE/I on-call (or as per local escalation process to NHSE/I) of escalated status and the need to coordinate support MTC trust-on call manager responsible for completing De-escalation Support Tool on behalf of the Network Refer to Appendix 1 of this framework for OPEL actions. Ensure DOS is regularly updated. CCG on-call of the escalated OPEL level.	**[*no out of hours actions*]**	Consider any request for support beyond local economy boundaries and liaise with NHSE/I to request this support. On-going co-ordination of actions from OPEL 3 and further urgent actions.	NHSE/I on-call Director informed of network status, agree escalation status with MTC. NHSE/I on-call on-call Director convenes and chairs call with appropriate clinical leads from TUs/ MTC, TU and MTC Trust on-Call Directors, neighbouring NHSE/I on-call and CCGs to support the MTC in their coordination of the network response. (Use of Appendix 3 ‘de-escalation support tool’ to aid the call). On-call director informs NHSE/I On-call Director(s) for neighbouring networks and enables requests for out of region assistance. On-call Director ensure Regional Comms Team, UEC Team and the National facing on-call director is informed of the Networks escalated status. Alert Network status to National team, discuss next steps and outcomes. Post escalation: ODN and NHSE/I regional team to liaise regarding investigation. NHSE/I on-call to inform ODN Manager and NHSE/I Regional Trauma Lead in hours of the out of hours escalation issues.

Appendix 3 Major Trauma Network OPEL De-escalation Support Tool

Supra-Regional ODN OPEL De-escalation Support Tool		
Purpose of Support Tool	**To aid planning and resilience during escalation and support actions to de-escalate; questions which Medical Directors and NHS England NHS Improvement Regional and National Leads will ask of the ODN, to gain clarity and ensure the ODN has exhausted options which they could enact.** **To be completed by the MTC/ Network Clinical Lead (or position of delegated authority) on behalf of the Network**	
ODN OPEL LEVEL STATUS		
Name of lead		
Contact Details		
Date and time of OPEL incident		
What geography is covered by the ODN		
What is the issue / pressure leading to escalation		
Are there any major patient safety issues to note as a result of escalation		
Any major workforce issues arising		
Any equipment issue leading to escalation?		
Which Trusts are currently being affected or will potentially be affected? **(state their MTC/ TU status)**		
Have these Trusts escalated the issues through their Command and Control Structure?		
NHS England / Improvement region informed? (i.e. SE/ SW and Name of contact)		
National Clinical Director contacted for guidance?		
What steps have the ODN taken to resolve the issue? ***(what benefit / outcome is needed to achieve de-escalation)***	**Within the ODN**	**With Neighbouring ODNs**
Has the ODN exhausted all resolution avenues? If not, what else could they do?		
What is the recommended course of action or next steps?		
How quickly is a decision required? *(if within 24/48 hours this will go to the Medical Director or the COVID 19 Clinical Advisor Group for discussion and agreement)*		
RISK and ISSUE		
Any key risks identified as a result of OPEL escalation		
How will this be mitigated		
Debrief considered? Y/N (provide details)		
Lead		
Date to be achieved		

Post Incident: please return to ODN Manager for Internal Governance

Appendix 4

COVID-19 Pandemic CRITCON Levels

Please declare CRITCON level and for CRITCON 1, 2 or 3 the staffing level A or B

DEFINITION	STATUS
Normal – *'Business as usual'*	
• Normal, able to meet all critical care needs, without impact on other services • Normal winter levels of non-clinical transfer and other overflow activity.	CRITCON 0
Low Surge – *'Bad winter'*	
• Usual funded critical care capacity full. Some non-clinical transfers	CRITCON 1
Medium Surge – *'Unprecedented'*	
• Usual funded critical care capacity full – overflow into quasi-critical care areas (theatre recovery, other acute care areas). High level of non-clinical transfers • Trusts beginning mutual aid	CRITCON 2
High Surge – *'Full stretch'*	
• Expansion into non-critical care areas (e.g. wards) and/or use of paediatric facilities for adult critical care. Trust operating at or near maximum physical capacity. • Maximum mutual aid between Trusts, with network and regional NHSE co-ordination. • The prime imperative in CRITCON 3 is to prevent any single trust entering CRITCON 4	CRITCON 3
Triage – *'Emergency'*	
• Resources overwhelmed. Possibility of triage by resource (non-clinical refusal or withdrawal of critical care due to resource limitation). • This must **only** be implemented on national directive from NHSE and in accordance with national guidance.	CRITCON 4
Staff Declaration: CRITCON 1,2 & 3 SHOULD BE FURTHER CATEGORISED A OR B	
• Adhering to BACCN / ICS staffing recommendations or unit norm	A
• Staffing below BACCN / ICS staffing recommendations or unit norm	B

Appendix 5

Region Contacts

REGION CONTACTS	NHS England NHS Improvement	Contact
IN HOURS	***Midlands*** Adult Critical Care and Major Trauma Region Point of Contact – NAME Midlands Specialised Commissioning	
	East Midlands Adult Critical Care and Major Trauma Region Point of Contact – NAME Midlands Specialised Commissioning	
	West Midlands Adult Critical Care and Major Trauma Region Point of Contact – NAME Midlands Specialised Commissioning	
	Wales Adult Critical Care and Major Trauma Region Point of Contact – NAME	
OUT OF HOURS	NHSE/I On-call manager covering Midlands	
	NHSE/I On-call manager covering Wales	
	Sat & Sun 9:00-17:00	Sat & Sun 9:00-17:00

Critical Care ODN Contacts

Networks	Name	Job Title	Email
Birmingham & the Black Country	Zahid Khan	Critical Care Network Clinical Director	sidkhan@me.com
	Steven Cook	Trauma Network Manager	steven.cook1@nhs.net
	Emma Graham-Clarke	Critical Care Network AHP/HCS Lead	emma.graham-clarke@nhs.net
	Critical Care Units Sandwell Birmingham City Walsall Russell's Hall Royal Wolverhampton Heartlands/Good Hope/Solihull Royal Orthopaedic Queen Elizabeth	Critical Care Lead	Nick.Sherwood@nhs.net Nick.sherwood@nhs.net aditya.koravi@walsallhealthcare.nhs.uk d.stanley1@nhs.net j.pooni@nhs.net; andrew.macduff@nhs.net; antonella.meraglia@nhs.net nitin.arora@heartofengland.nhs.uk John.bleasdale@nhs.net; rajashekar.gowni@nhs.net; b.peringathara1@nhs.net Catherine.Snelson@uhb.nhs.uk
Coventry, Warwickshire, Hereford & Worcester	Zahid Khan	Critical Care Network Clinical Director	sidkhan@me.com
	Steven Cook	Trauma Network Manager	steven.cook1@nhs.net
	Emma Graham-Clarke	Critical Care Network AHP/HCS Lead	emma.graham-clarke@nhs.net
	Critical Care Units Worcester Royal Alexandra Redditch Wye Valley South Warwick Northampton Kettering George Eliot University Hospital Coventry	Critical Care Medical Lead	edwin.mitchell2@nhs.net; sian.bhardwaj@nhs.net tracey.leach1@nhs.net Richard.hodgson@wvt.nhs.uk paul.jefferson@swft.nhs.uk jonathan.wilkinson@ngh.nhs.uk phil.watt@kgh.nhs.uk Thogulava.Kannan@geh.nhs.uk Christopher.Bassford@uhcw.nhs.uk
North West Midlands	Zahid Khan	Critical Care Network Clinical Director	sidkhan@me.com
	Steven Cook	Trauma Network Manager	steven.cook1@nhs.net
	Emma Graham-Clarke	Critical Care Network AHP/HCS Lead	emma.graham-clarke@nhs.net
	Critical Care Units Royal Shrewsbury Princess Royal RJAH, Oswestry Royal Stoke University Hospital	Critical Care Medical Lead	james.moon4@nhs.net simon.hester@nhs.net james.neil4@nhs.net Stephen.Krueper@uhnm.nhs.uk

Trauma ODN Contacts

Networks	Name	Job Title	Email
Birmingham Black Country, Hereford and Worcester	Richard Hall	Trauma Network Clinical Director	Richard.hall@uhnm.nhs.uk
	Steven Cook	Trauma Network Manager	steven.cook1@nhs.net
	Alastair Marsh	MTC Clinical Lead	Alistair.marsh@uhb.nhs.uk
		MTC Manager	
	Single point of access		
	Trauma Units Sandwell Walsall Russell's Hall Royal Wolverhampton Worcester Royal Heartlands Wye Valley	Trauma Lead	Jonathan.hulme@nhs.net Daniel.ocarroll@walsallhealthcare.nhs.uk r.bansal@nhs.net adrian.simons@nhs.net paul.brennan11@nhs.net nikhil.kharwadkar@uhb.nhs.uk robdawes@me.com
Central England	Richard Hall	Trauma Network Clinical Director	Richard.hall@uhnm.nhs.uk
	Steven Cook	Trauma Network Manager	steven.cook1@nhs.net
	Caroline Leech	MTC Clinical Lead	Caroline.leech@uhcw.nhs.uk
	Lucy Silvester	MTC Manager	Lucy.silvester@uhcw.nhs.uk
	Single point of access		
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		Trauma Network Manager	
		MTC Clinical Lead	
		MTC Manager	
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Pre-Hospital Providers

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	Welsh Ambulance Service Trust	Medical Director	Brendan.lloyd2@wales.nhs.uk
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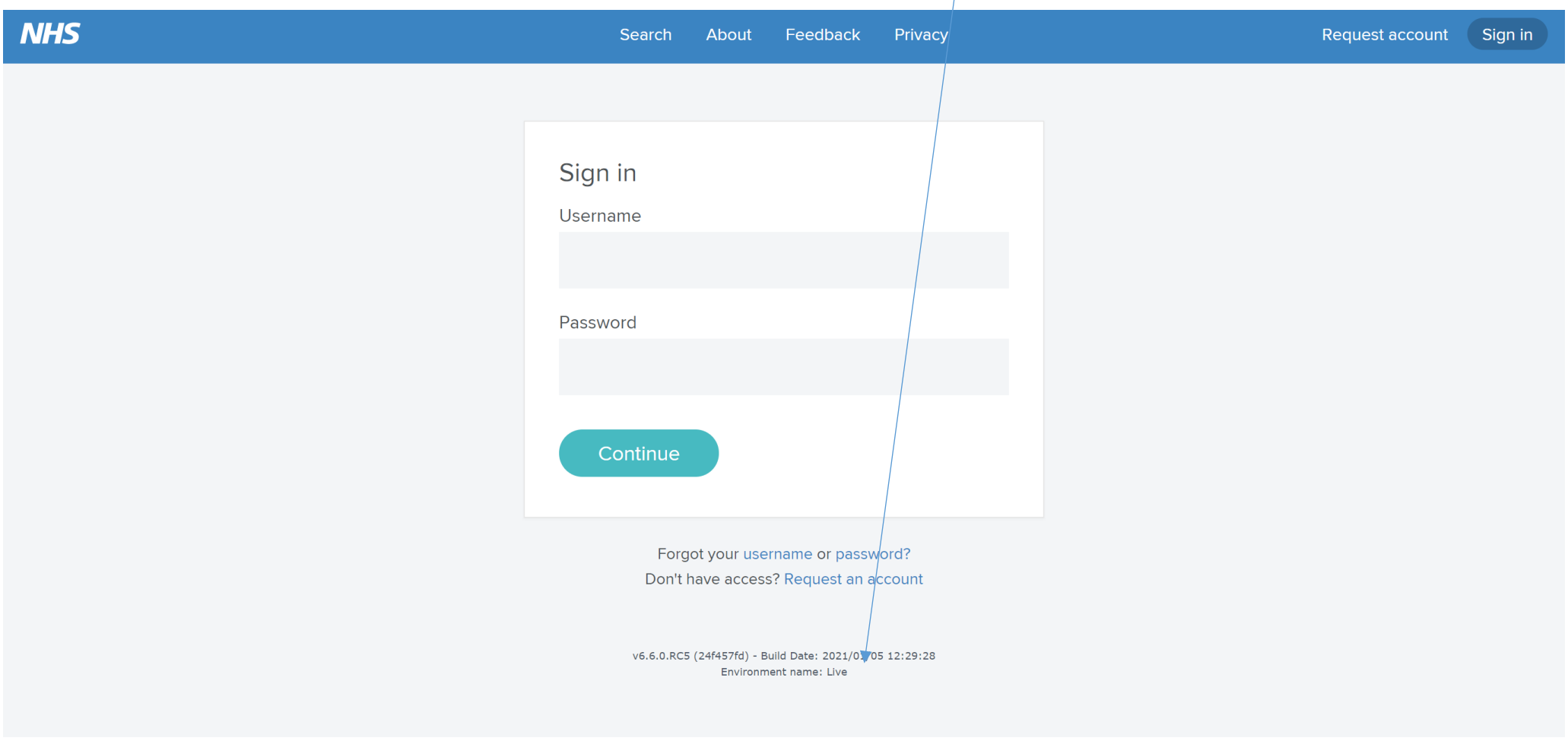
Appendix 6

Critical Care Sitrep and Trauma Sitrep

The NHS Pathways DOS system is the data entry system to inform of the daily situation within Critical Care and Trauma services.

If you are involved in completing the Pathways DOS system you must ensure that updates are made twice a day, and as close to 0800 and 2000 as possible.

If you need access to Pathways DOS go to www.directoryofservices.nhs.uk and Request an account.



Appendix 7

NETWORK EMERGENCY PREPAREDNESS FOR MAJOR TRAUMA NETWORKS (ADULT AND PAEDIATRIC)

The Midlands Major Trauma ODNs should develop formal links with neighbouring Major Trauma ODNs in preparation for the need for mutual aid and aim to ensure adequate capacity to allow ongoing delivery of major trauma services within each ODN. Local planning should consider management strategies that avoid over-triage to MTCs and that reduce bed stay in MTCs (critical care and acute bed). This includes the following:

- The implementation of a Major Trauma 2 Step Triage Tool within the ODNs with an agreed process for clinical advice to pre-hospital and TUs where required
- The implementation of the revised Major Trauma pathway and increased utilisation of TUs to support the ODN's MTC if the MTC capacity is compromised
- A revised timeframe of repatriation of trauma patients to local hospitals from MTCs within 24 hours from time of request from the MTC to the TU, when the MTC's bed capacity cannot be maintained
- Immediate repatriation of an over triaged trauma patient to local hospitals when the MTC is unable to admit patients due to lack of bed capacity
- Pre-hospital providers, including land and air ambulance services to assist with secondary transfers of trauma patients from TUs to MTCs

Careful planning in advance will be required to ensure a smooth transfer of activity when required under pressure. All potentially affected ODNs should be preparing at OPEL-3 to divert patients to neighbouring networks should this become necessary. The decision to do this is expected to be taken regionally rather than nationally. It should be taken when critical supporting services e.g. Critical Care Bed Capacity, Surgical Theatre Capacity is significantly reduced that safe services cannot be maintained at OPEL 4 status, rather than waiting for a crisis point to be reached to minimise the associated risk.

Local plans should:

- Identify lead contacts for these discussions in each Major Trauma Network; this should include mapping MTCs to the supra-regional configuration of Paediatric Critical Care at OPEL-4 (please see NHSE/I Midlands Region Paediatric Critical Care COVID-19 Plan)
- Cross reference with other emergency planning documents, such as regional plans for Paediatric Critical Care configuration at OPEL-4
- Establish in advance what information will be needed to manage any change in patient flows or transfer of patients
- Estimate the increased activity requirement in accepting unit, this should be coordinated by the responding Ambulance Service Emergency Operations Centre identifying the nearest potential MTCs to support the response and contacting the MTCs with potential patient numbers and nature of injuries.
- Include both the potential 'sending network' the potential 'receiving network' and relevant transport services in discussions (maintaining timely retrieval and transfer of infants and children will be particularly important in view of supra-regional configuration of PCC at OPEL-4)
- Identify staff members that may need to transfer between MTCs / Networks (will this be required for short term capacity issues 24-48 hours or only if anticipated longer term MTC shutdown due to significant infrastructure failures)

For detailed planning information please see NHSE/I regional and national documents.

For the purpose of supporting local planning only, the adult patient divert options must be agreed by the Major Trauma Network Clinical Leads and Director/Manager of both the sending and receiving ODNs.
The "trigger point" for transferring care to a neighbouring MTC will be determined at Midlands Regional level. The first step when implementing the divert plan should be to stop new admissions at the 'sending hospital' and divert new admissions to the 'receiving hospital. This may be required prior to the "trigger point" being reached.
Trigger Points for OPEL-3 and OPEL-4 – Appendix 1

The decision to OPEL-3 or OPEL 4 will be made by the Regional Incident Coordination Centre (ICC) (including the NHSE/I Midlands Regional Medical Director or out of normal hours via the on-call Midlands Regional NHSE/I Director) jointly with the affected providers.

The decision to escalate to OPEL 3 or OPEL 4 will be as a result of having undertaken a full assessment of the situation, and after carrying out all actions at OPEL 1 and 2. It should also involve consultation with the NHSE/I Midlands Medical Director (or senior clinical representative) who can be accessed via the ICC (during working hours) or via the on-call NHSE/I Director outside of them.

Potential trigger points are described in NHS England's Operational Pressures Escalation Levels Framework (2016

MAJOR TRAUMA	Generic Trigger Points (NHSE Framework)	Major Trauma Specific Trigger Points
OPEL – 1	**OPEL-1** Demand for services within normal parameters There is capacity available for the expected emergency and elective demand. No staffing issues identified No technological difficulties impacting on patient care Use of specialist units/beds/wards have capacity	**MAJOR TRAUMA CENTRE** MTC able to receive critically injured patients into appropriate critical care area **MAJOR TRAUMA NETWORK** Network functioning as currently; triage tool at steps 1 & 2 (limited) only
OPEL – 2	**OPEL- 2** Anticipated pressure in facilitating ambulance handovers Insufficient discharges to create capacity for the expected elective and emergency activity Opening of escalation beds likely (in addition to those already in use) Lower levels of staff available, but are sufficient to maintain services	**MAJOR TRAUMA CENTRE** Unable to accept time dependent secondary transfers from Tus/LEHs **MAJOR TRAUMA NETWORK** MTC at OPEL 2 and/or 1-3Tus not accepting triage positive trauma and/or pre-hospital running only primary transfers

	Lack of beds across the Trust Capacity pressures building on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO)	
OPEL – 3	Actions at OPEL 2 failed to deliver capacity Significant number of handover delays Patient flow significantly compromised Awaiting equipment causing delays for a number of other patients Significant unexpected reduced staffing numbers in areas where this causes increased pressure on patient flow Serious capacity pressures escalation beds and on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO)	**MAJOR TRAUMA CENTRE** MTC can provide immediate resuscitation, emergency surgery and specialist critical care; no capacity for ward level patients. Early repatriation after resuscitation and surgery when the patient is stable **MAJOR TRAUMA NETWORK** At least one MTC in network at OPEL-3 or OPEL-4 (but OPEL-4 if only one MTC in a network) Pre-hospital services only running primary transfers Inter-network cooperation to match patients to capacity and specialty care Mutual Aid with neighbouring networks explored Primary bypass to remaining/neighbouring MTCs where possible Increased use of helicopter transfer across region where appropriate MTCs in region without capacity aim to stay at OPEL-3 Onward transfer to receiving MTCs on case by case basis Increased use of air ambulance + critical transfer services where available Receiving MTCs maintain a COVID negative critical care area Actively protect viable MTCs in region Able to transfer out some COVID+ patients Redeployment of some staff to support trauma care at remaining MTCs Partial divert of cases where incident scene is on or near normal MTC boundaries- increase “acceptable” travel times to MTC to > 1 hour to achieve this) TUs to divert secondary transfers to next nearest MTC Move to accelerated repatriation pathways and discharge pathways to other providers- spinal neuro rehab etc
OPEL - 4	Actions at OPEL 3 failed to deliver capacity No capacity across the Trust Severe ambulance handover delays Emergency care pathway significantly compromised Unable to offload ambulances / Exceptional increase in ambulance attendances Critical reduced staffing numbers Severe capacity pressures on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO)	**MAJOR TRAUMA CENTRE** No capacity for critical care (initial stabilisation and emergency surgery could continue with post stabilisation or emergent transfer out of critical care patients to create critical care capacity – unless all regional ICUs at capacity maintaining MTC service and managing critical care resources to support that may be lower risk and less disruptive than diverting major trauma cases with much longer transfer times) MTC cannot provide immediate resuscitation and/or emergency surgery **MAJOR TRAUMA NETWORK** All MTCs in network at OPEL-4 (including where one MTC in a network) All major trauma to local hospital No rapid access to specialist care Pre-hospital service unable to run primary transfers

Appendix 8

Hot Debrief & Formal Debrief – Learning lessons from incidents

A hot de-brief is a lesson's learned review carried out there and then after the incident or exercise, when all the key people are still present and any lessons learned can immediately influence future events. Minor details are not lost because of time delay, or a later emphasis on the bigger issues.

The format of a hot debrief is very simple and quick- it is a "pencil and paper" or flipchart exercise. In an open and honest group discussion, usually no longer than twenty minutes, where each participant in the event discusses four simple questions:
• What was supposed to happen?
• What actually happened?
• Why were there differences?
• What can we learn from that?

The major learning comes from comparing what was supposed to happen with what actually did happen. It is usually helpful to appoint a facilitator to guide people through these questions. If you experience a situation where there was no preconception of what should happen you could try discussing these two questions:
• What worked well and should be repeated in future?
• What did not work well and needs work now to improve?

The drawback of a hot debrief is that people can be tired after an intensive period of work.

A Formal De-Brief has the same basic objectives as a hot debrief, but it is convened at some point after the incident and participants are allowed more time to identify the lessons to be learned. This should be a face to face meeting ideally held within a couple of weeks of the event.

The person coordinating the incident needs to attend, as do key members of the incident team, people responsible for preparing any plans used, and any other key stakeholders. It is necessary to appoint a facilitator, ideally someone who was not closely involved in the incident who can ask questions from an independent, but nonthreatening standpoint. The facilitator should be briefed to acknowledge feelings and press for the facts.

It is usually helpful to either:
- Go through the incident response step by step. Revisit the emergency/ BC plan and identify any deviation from it. What changed and why?
- Ask for specific feedback on a series of headings based on the key issues/areas e.g. notification, activation, joint working etc.
- Take notes for lessons to be learned action plan. Quotes may be recorded as required.
- Recommendations should be made with responsible agency to action

The Facilitator can use these standard questions to encourage feedback from the participants:
- What did we set out to do?
- What went well?
- What were the successful aspects of the response?
- What could have gone better?
- What successful processes did we use?
- What were the stumbling blocks and pitfalls, so they can be avoided in future?
- What would your advice be to future teams, based on your experiences here?

Multi-Agency Debrief - The Trust must be prepared to attend and contribute to external NHS and where appropriate, a multi-agency debrief will also be held at a later date allowing sufficient time for participating agencies to hold internal debriefs.

The objective of a multiagency debrief is to:
- Agree on the basic principles of the actions taken during the incident.
- Identify lessons.
- Identify issues that may be subject to further review.
- Identify positive points of good practice.
- Identify areas of concern for future action.
- Complete an Action Plan identifying agencies responsible and timescales.
- Produce a Post Incident Report.

See Debrief Form Template below:

Debrief Template/ Lessons Learned
Action Plan Summary of Incident and Identified Learning from Incident

Notification			
What went well	Issues	Identified Learning	By Whom / Date

Command & Control / Working Together			
What went well	Issues	Identified Learning	By Whom / Date

Incident Response Providers			
What went well	Issues	Identified Learning	By Whom / Date

Communications / Media Management			
What went well	Issues	Identified Learning	By Whom / Date

Business Disruption			
What went well	Issues	Identified Learning	By Whom / Date

Recovery			
What went well	Issues	Identified Learning	By Whom / Date

Any Other Issues			
What went well	Issues	Identified Learning	By Whom / Date