South West Critical Care Network | retrieve Adult Critical Care Transfer Service

ESCALATION PROTOCOL

South West Critical Care Operational Delivery Network Guidance

December 2024, updated 15th January 2025

Version 1.2

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Document control

Version 1.0	
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Consultation	See section 9
Version 1.2 (15th January 2025)	Updates to ROC arrangement

1.0 Background

This document provides guidance to the stakeholders of the South-West Critical Care Operational Delivery Network (SWCCODN) when the demand for critical care resources exceeds the ability of critical care units within the Network to deliver them. Stakeholders, for whom this guidance is relevant include:

- The adult critical care units in the SWCCODN (which includes the Wessex sub-regional units; Salisbury, Dorchester, and University Hospitals Dorset [Poole and Bournemouth]).
- Trusts within the SWCCODN
- The SWCCODN team
- Integrated Care Boards (ICBs)
- NHS England South-West (NHSE SW)

This guidance describes operational principles which will ensure equitable care to all patients who need the support of critical care services within the SWCCODN footprint. These principles and the actions described herein are applicable to coordinated responses to major incidents at local, regional and national levels, although national incidents may introduce changes which mandate adjustment of the principles or actions described here. The operating principles align with the NHS England surge plan guidance for adult critical care units, and with the NHS England South-West adult critical care escalation framework[1,2].

Fundamental to the efficient and transparent application of this guidance, is high quality data uploaded by critical care units in the SWCCODN into the Directory of Services (DoS). Ordinarily this data is submitted at 08:00 and 20:00 every day and is accessible to all clinicians via the National Commissioning Data Repository (NCDR)[3]. Part of the data submitted includes a CRTICON score, a measure of overall unit strain, distilled into a single figure[4]. CRITCON scores are defined in Appendix 1. Individual units can declare CRITCON scores up to and including 3. Scores of 4 or 5 must be declared by the SWCCODN, given the regional requirements which underpin those scores.

Actions to be taken by critical care units, Trusts, the SWCCODN and NHSE SW are listed in section 4.0. Additional information is available specifically for NHSE SW staff in the NHS England South-West adult critical care escalation framework[2].

2.0 Principles

2.1 To deliver timely critical care to all patients who require it.

2.2 To optimise outcomes for all patients within the SWCCODN.

2.3 To preserve normal clinical pathways for all critically ill patients for as long as possible.

2.4 To maximise capacity in the critical care system, through a co-ordinated escalation and de-escalation approach across the SWCCODN, in conjunction with Integrated Care System partners.

2.5 A 'system first' approach to the management of adult critical care must be adopted to ensure that capacity is coordinated across the SWCCODN to meet demand.

2.6 The provision of emergency and specialised services should be maintained and preserved for as long as possible.

2.7 Elective activity priorities must be determined across the Network and applied to the Network as a whole and not be applied to single sites in isolation. For example, it would be inappropriate for one Trust to be conducting elective surgery that required post-operative critical care, if a neighbouring Trust in the SWCCODN was in critical care surge (CRITCON $\geq$2).

2.8 Capacity transfers should support equity of access to critical care across the SWCCODN, but should only occur when all reasonable measures to maximise critical care capacity within an organisation have been exhausted. These measures and the principles behind them are described in the SWCCODN document 'principles of capacity transfer' available here.

2.9 To ensure provision of critical care as close to a patient's home as possible while also maintaining usual standards of care.

2.10 To avoid unnecessary disruption to services and patients within provider Trusts for as long as possible, and ensure any "out of area" patients are repatriated as soon as medically appropriate.

2.11 Accurate and current data describing bed occupancy is essential. Adult critical care capacity and occupancy data will be monitored at network level from data submitted to the National Directory of Services (DoS) via the National Commissioning Data Repository (NCDR).

2.12 It is imperative that all units within the SWCCODN upload their data into DoS at 08:00 and 20:00 whilst at CRITCON $\leq$1 and four hourly whilst at CRITCON $\geq$2. Accurate recording of individual unit CRITCON scores within DoS is essential to help the SWCCODN coordinate and balance pressures across the Network and advocate for units under strain.

2.13 To maintain nationally agreed nurse and medical staffing ratios wherever possible, unless these have been modified for specific surge events by the national professional bodies[5].

2.14 For staffing ratios to remain consistent in units across the SWCCODN.

2.15 The SWCCODN will utilise the CRITCON score to coordinate and manage demand and support individual units to deliver the principles described here, in collaboration with NHSE SW via the Regional Operational Centre (ROC) and ICB colleagues where required.

2.16 Stepped capacity increases as a response to increased demand (i.e. utilising surge capacity), must be fully aligned with regional Emergency Planning Resilience and Response (EPRR) principles[6]. This should occur in collaboration with NHSE SW and relevant system partners.

2.17 Responsibility for escalating capacity concerns where no internal resolution is possible lies with individual critical care units, who must contact the SWCCODN in-hours and SW Regional Operations Pressures Manager out-of-hours. Contact details are illustrated in Appendix 3.

3.0 Structure and Process

3.1 The SWCCODN will monitor all entries into DoS and clarify discrepancies/incomplete data with the individual unit shift leader/coordinator. This data will include CRITCON levels, capacity and demand, delayed step-downs and nursing ratios.

3.2 The SWCCODN will help co-ordinate the development of aid strategies based on the daily sitrep, geography, transport, capacity and stewardship of resources across the region.

3.3 The SWCCODN, in collaboration with units across the Network and with NHSE SW, may choose to implement mutual aid to support units, be that moving patients, equipment or staff.

3.4 Each unit has pre-determined their 'Green Surge' capacity (the capacity which they can expand into when maximising their critical care footprint) and their 'Amber Surge' capacity (the capacity which they can expand into when using all possible critical care space within the Trust). These are outlined in Appendix 2.

3.5 NHSE SW have an Adult Critical Care Escalation Framework for use by NHSE during a surge scenario. Levels of surge defined in that document do not align tightly with the newer (updated) CRITCON definitions used in this document, however broadly speaking 'Green Surge' aligns with CRITCON 2 and 'Amber Surge' with CRITCON 3.

3.6 Where one unit declares CRITCON $\geq$2, all units within the Network must expect to use their surge capacity and where necessary, cancel elective surgery to support the unit undergoing surge. This should be agreed and directed at regional level, with consultation of ICBs and should be done on a case-by-case basis.

3.7 Where one unit declares CRITCON $\geq$2 and has enacted their Green Surge capacity, all units within the Network must be prepared to enact their Green Surge capacity.

3.8 Where one unit declares CRITCON $\geq$3 or has enacted their Amber Surge capacity, all units within the Network must be prepared to enact their Amber Surge capacity.

3.9 NHSE SW will be involved in the region wide response when one unit declares CRITCON $\geq$ 2. The NHSE SW team will activate an escalation response as described in the Adult Critical Care Escalation Framework[2].

3.10 Where required, NHSE South-West, via the Director of Performance and Delivery (in hours) or the on-call Operational Pressures Director (out of hours) may take control of the management of surge in collaboration with the SWCCODN and determine the use of facilities and resources required to meet the needs of the whole system. In such an eventuality, the SWCCODN will provide expert clinical advice, recommendations and guidance. They will also ensure all critical care units in the region are aware of the escalation status and will help to co-ordinate capacity transfers as well as other forms of mutual aid (such as redistribution of drugs, equipment or consumables).

3.11 Where changes to standard service flows are required (for example changes to where cardiac surgical or neurosurgical patients are cared for), discussion with the relevant ICB system Incident Control Centre (ICC) and Trusts will be required via the Regional Operational Centre (ROC) of NHSE South-West. The final decision about patient flows of this nature will lie with the Director of Performance and Delivery (in hours) or the on-call Operational Pressures Director (out of hours).

3.12 Retrieve Adult Critical Care Transfer Service (ACCTS) is operational 24/7 and must be the first port of call for all adult critical care transfer requests. At time of writing the service provides consultant decision support 24/7 with doctors and transfer practitioners 09:00-21:00 and a vehicle and transfer practitioners 21:00-09:00. The service is in the process of expansion into a full 24/7 service at time of writing. Refer to www.Retrieve.nhs.uk for further information.

4.0 Unit, Trust, Network and NHSE SW actions

The following schematic is designed to direct individual critical care units, Trusts, the SWCCODN and the Regional Operations Centre (ROC) in delivering the principles laid out above. **As per 2.17, responsibility for declaring strain and escalation to the Network rests with individual units.**

CRITCON 0 BUSINESS AS USUAL- Consistent delivery of usual care without impact on other services. ALL the following: • Within funded or physical bed base and level 3 equivalent occupancy • Critical Care nurse and medical rota within expected GPICS staffing ratios • All education, training, audit, research and governance arrangements are delivered as normal			
Unit	**Trust**	**Network**	**Regional Operational Centre (ROC)**
Populate DoS at 08:00 and 20:00 every day. Maintain effective patient flow including timely discharges (and repatriations). Communicate issues with site management / operational management.	Maintain effective patient flow including timely discharges out of critical care (discharge <4 hours from being medically fit for discharge).	Monitor DoS Mon-Fri. Contact unit as required if any queries. Support repatriations and / or link with other system Networks as appropriate (e.g. Major Trauma ODN).	No action required by regional team.

CRITCON 1 GROWING PRESSURE - Delivery of best possible care in the context of available resources and staff Within funded or physical bed base Critical Care nurse and medical rotas within expected GPICS staffing ratios **WITH ANY** of the following: • Occupancy 100% against funded or physical bed base, or level 3 equivalent occupancy ≥100%. • Cancelled planned surgery because of a lack of staffed critical care bed. • One capacity transfer to a different Trust planned, in process or completed. • Cancellation of education, training, audit, research or governance to achieve bedside staffing standards for **at least 24 hours.** • Staffing ratios only maintained by redeploying staff from other key critical care services e.g. coordinator, practice educators, follow up clinic, IT or outreach.			
Unit	**Trust**	**Network**	**Regional Operational Centre (ROC)**
Complete actions for CRITCON 0 and: Review all patients identifying potential ward step downs/discharges/ repatriations. Liaise with Trust site team to facilitate appropriate level 0 and level 1 (where appropriate) discharges to ward. Consider if any appropriate patients can be discharged to other high dependency areas (respiratory high care, CCU etc). Plan for further admissions- prepare escalation areas (including staff). Capacity transfers not indicated, but may be required if matters escalate. Refer to "principles	Complete actions for CRITCON 0 and: Prioritise critical care discharges. The aim must be to avoid escalation to CRITCON 2. Consider equalisation of pressure (ensure other clinical areas are appropriately staffed to accept critical care discharges). Work with critical care to ensure escalation areas are ready in terms of equipment, and staff. Consider the appropriateness of continuing with all elective surgery (involve divisional /on call manager).	Complete actions for CRITCON 0 and: Assist in locating a bed for capacity transfer if required (Monday-Friday 0800-1700). Monitor CRITCON scores across the SWCCODN – use of SWCCODN "What's App" Clinical Leads group to confirm data in DoS. Link with units as appropriate. Contact NHS-E SW System Transformation Lead /On Call Manager if required. See Appendix 3 for contact details.	No action required by regional team.

of capacity transfer" available here. Check DoS status for neighbouring units' capacity +/- use SWCCODN "What's App" Clinical Leads group to confirm availability of beds. Your unit clinical lead/matron will have access to this. Inform SWCCODN by phone and email (SBARD). See contact details in Appendix 3.			

CRITCON 2 SURGE - Derogation of some elements of usual care for some critically ill patients within a Trust/Health Board / Network **ANY of the following:** • Critical care patient numbers mandating expansion beyond funded or physical bed base into escalation areas (theatre recovery, other acute areas) **for more than 24 hours.** • Unable to meet nurse OR medical rota expected GPICS staffing ratios for up to **48 hours.** • Cancelled planned surgery because of a lack of staffed critical care beds for **2 or more consecutive days**. • More than one capacity transfer to a different Trust or Trusts within **48 hours.** • Other resources becoming limited because of high demand e.g. renal replacement therapy equipment.			
Unit	**Trust**	**Network**	**Regional Operational Centre (ROC)**
Complete actions for CRITCON 1 and: Update DoS 4 hourly or sooner if changes in patient admission/discharge. Ensure *senior* clinical reviews to support flow/ prioritisation of patient discharges. Cancellation of elective surgery	Complete actions for CRITCON 1 and: Declaration of critical incident. Immediate prioritisation of critical care discharges. Trust wide review of all elective surgery to increase surge capacity and release	Complete actions for CRITCON 1 and: Discuss with other units about the need to prepare for their own surge situation. Consider activating a TEAMs call with all units (support decision making; discuss regional needs/ requirement for mutual support; need for stepping up	Refer to "Adult critical care escalation framework" Discuss with SWCCODN and agree the current regional plan. Support Trusts to prioritise patient step down from critical care.

requiring post-operative critical care support in communication with divisional management team. Escalate to divisional management +/- operations executive. Consider halting some elective surgery to liberate capacity in recovery units and liberate staff to support critical care. Act on offers of capacity transfer, identifying and preparing most appropriate patients for transfer. Liaise with Retrieve ACCTS. Escalate equipment challenges to Trust and SWCCODN.	staff to support critical care. Prioritisation of surgical critical care discharges over in-patient planned surgery to facilitate flow out of critical care. May require redeployment of support staff to support expanded critical care activity. Support coordination and prioritisation of intra- and inter-regional transfer by Retrieve ACCTS, and if Retrieve ACCTS committed, SWASFT. This may require releasing staff to support transfer activities of critically ill patients. Consider appropriateness of ongoing emergency admissions which may require critical care through 'front door'. This may require liaison with SWASFT	reporting frequency; elective surgical plans; capacity transfer). Contact with Retrieve ACCTS. Contact NHS-E SW System Transformation Lead /On Call Manager. Contact details in Appendix 3. Consider alerting other appropriate Networks within SWCCODN (e.g. trauma). Co-ordinate the development of aid strategies based on DoS, geography, transport, capacity and resource status of the region. Provide clinical advice and expertise, recommendations to ROC. Ensure all units within the region are aware of the escalation status and help co-ordinate plans to ensure all systems are preparing to support.	Coordinate regional hub discussion- ROC to coordinate regional conference. Dependent on number and location of units declaring CRITCON 2- consider capacity transfers into neighbouring critical care Networks. ROC to discuss with neighbouring system. Signpost out of hours phone numbers with region.

CRITCON 3

SURGE CAPACITY EXCEEDED - A sustained derogation from usual care, for all critically ill patients within a Trust/Health Board/Network

ANY of the following:

- Sustained (**more than 48h**) use of GPICS non-compliant nurse and medical staffing ratios AND use of redeployed non-critical care staff necessary to support critical care.
- Critical care and escalation areas (theatre recovery, other acute care areas) saturated at full physical OR technological/equipment capacity at any point, with no ability to admit more critically ill patients

Unit	**Trust**	**Network**	**Regional Operational Centre (ROC)**
Complete actions for CRITCON 2 and: Draw in additional support staff from all appropriate disciplines wherever possible. Cohort patients wherever possible to facilitate delivery of derogated care. Make plans for further capacity transfers. Prioritise which patients to transfer and if Retrieve ACCTS capacity limited, who will deliver these. Cancellation of surgical work should release transfer capable staff.	Complete actions for CRITCON 2 and: Cancellation of non-life or limb saving surgery to liberate capacity, staff and equipment. Regular meetings with critical care leadership team. Facilitate internal resilience meetings – feedback to SWCCODN via ROC. Trust to consider ongoing front door critical care emergency admission capability/liaison with SWASFT in collaboration with ROC. This would be in consultation with ICB / NHSE.	Complete actions for CRITCON 2 and: Facilitate immediate and unhindered capacity transfers within or outside of SWCCODN. Coordination with EPRR and ROC to ensure they have sight of neighbouring regions capacity via DOS. Follow ROC or NHSE SW on call Operational Pressures Manager's guidance.	Complete actions for CRITCON 2 Liaison with ICBs System Partners, EPRR teams, RETREIVE and SWASFT. Consider changes to standard service flows- for example delivery of specialised services in other Networks.

CRITCON 4 REGIONAL DECOMPENSATION – Significant and sustained derogation from usual care for all critically ill patients within a region Service operating at risk despite all local and regional efforts to mitigate sustained pressures **AND** 10% or more of units within a network locality (or equivalent) at CRITCON 3 **OR** Any capacity transfers outside of usual (regional or network) transfer boundaries due to insufficient capacity			
Unit	**Trust**	**Network**	**Regional Operational Centre (ROC)**
Complete actions on CRITCON 3 Regional GOLD Command and Incident Control Centre (ICC)in place. Follow guidance from SWCCODN.	Complete actions on CRITCON 3 Regional Command and Control Structures in place.	Complete actions on CRITCON 3 Regional Command and Control Structures in place. Regular meetings with unit leads/matrons to understand status of each unit and share national directives.	Complete actions on CRITCON 3 and: Regional and National coordination. Regional GOLD Command and Control Structures in place. Incident Control Centre (ICC) in place. Regular contact with SWCCODN for status updates.
CRITCON 5 NATIONAL DECOMPENSATION - Significant and sustained derogation from usual care, for all critically ill patients across several regions or a nation. • Service operating at sustained risk (CRITCON 4), in more than one region despite all local, regional, and national efforts to mitigate. • This requires Government level escalation and enacting extraordinary national contingency measures. • Service operating at enacting extraordinary national contingency measures			
National and Regional Command and Control Structures in place. Government Level Escalation.			

5.0 De-escalation and debrief process

5.1 It is essential to de-escalate as soon as is reasonably possible. The process of de-escalation should occur synchronously across the SWCCODN.

5.2 Repatriation of patients transferred for reasons of capacity should only occur when there is a very low risk that doing so will force a unit into re-escalation.

5.3 Ensure all staff can participate in a reflective debrief session (where possible within 72 hours of incident step down) to identify areas good practice and set out opportunities for learning, as well as providing a mechanism for review of well-being and wellness to work.

5.4 Any lessons learned must be fed back to the SWCCODN for adaptation of escalation processes for the future.

5.5 The SWCCODN will collate these lessons and produce a 'lessons learnt' document for cascade to all units with action points as appropriate. This will allow adjustments to processes in individual Trusts and at a regional level.

6.0 Governance

6.1 To ensure the execution of the matters contained within this document, clinical leads and matrons must be aware of this guidance document, and understand the actions required.

6.2 The document should form part of critical care consultant and senior nurse induction and held within critical care/Trust local document libraries.

6.3 This guidance document should form part of the individual critical care unit and provider Trusts escalation policies, Provider Trust EPRR protocols.

6.4 Units should report incidents appropriately through their Trust incident reporting processes.

6.5 Units must work collaboratively with the SWCCODN and their respective provider organisation EPRR leads, as well as all regional stakeholders to deliver the principles outlined in section 2.

7.0 Acknowledgements

This document is published with thanks to and in collaboration with the North East of England Critical Care Network and North East London Critical Care Network.

8.0 Appendix

8.1 Appendix 1: CRITCON Score

CRITCON Levels

Intensive Care Society

CRITCON Criteria	Level
BUSINESS AS USUAL - Consistent delivery of usual care without impact on other services	0
ALL of the following: • Within funded or physical bed base and level 3 equivalent occupancy <100% • Critical Care nurse and medical rota within expected GPICS staffing ratios • All education, training, audit, research and governance arrangements are delivered as normal	
GROWING PRESSURE - Delivery of best possible care in the context of available resources and staff	1
• Within funded or physical bed base • Critical Care nurse and medical rotas within expected GPICS staffing ratios **WITH ANY** of the following: • Occupancy 100% against funded or physical bed base, or level 3 equivalent occupancy ≥100% • Cancelled planned surgery because of a lack of staffed critical care bed • One capacity transfer to a different Trust planned, in process or completed • Cancellation of education, training, audit, research or governance in order to achieve bedside staffing standards for at least 24 hours. • Staffing ratios only maintained by redeploying staff from other key critical care services e.g. coordinator, practice educators, follow up clinic, IT or outreach	
SURGE - Derogation of **some** elements of usual care for **some** critically ill patients within a Trust/Health Board	2
ANY of the following: • Critical care patient numbers mandating expansion beyond funded or physical bed base into escalation areas (theatre recovery, other acute areas) for more than 24 hours • Unable to meet nurse OR medical rota expected GPICS staffing ratios for up to 48 hours • Cancelled planned surgery because of a lack of staffed critical care beds for 2 or more consecutive days • More than one capacity transfer to a different Trust or Trusts within 48 hours • Other resources becoming limited because of high demand e.g. renal replacement therapy equipment	
SURGE CAPACITY EXCEEDED - A sustained derogation from usual care, for **all** critically ill patients within a Trust/Health Board	3
ANY of the following: • Sustained (more than 48h) use of GPICS non-compliant nurse and medical staffing ratios AND use of redeployed non-critical care staff necessary to support critical care • Critical care and escalation areas (theatre recovery, other acute care areas) saturated at full physical OR technological/equipment capacity at any point, with no ability to admit more critically ill patients **CRITCON 3 should trigger immediate and unhindered mutual aid. The prime imperative during CRITCON 3 must be to prevent any region entering CRITCON 4**	
REGIONAL DECOMPENSATION - Significant and sustained derogation from **usual** care for **all** critically ill patients within a region or more than one Health Board	4
• Service operating **at risk** despite all local and regional efforts to mitigate sustained pressures **AND** • 10% or more of units within a network (or equivalent) at CRITCON 3 **OR** • Any capacity transfers outside of usual (regional or network) transfer boundaries due to inadequate capacity	
NATIONAL DECOMPENSATION - Significant and sustained derogation from **usual** care, for **all** critically ill patients across several regions or a nation	5
• Service operating at sustained risk (CRITCON 4), in **more than one region** despite all local, regional, and national efforts to mitigate. This requires Government level escalation and enacting extraordinary national contingency measures	

A full description of the CRITCON score is available on the ICS website[4].

8.2 Appendix 2: Green and Amber Surge Capacity

SEVERN Sub Region / Trusts	Core Beds Baseline	Green Surge Beds	Total Green Surge	Amber Surge Beds	Maximum Capacity	Additional Notes
Gloucester Royal Hospital and Cheltenham General Hospital NHS Trust	**25**	**9**	**34**	**12**	**46**	
Great Western Hospitals NHS Foundation Trust	**12**	**4**	**16**	**14**	**30**	
United Hospital Bristol and Weston NHS Foundation Trust	**59**	**19**	**78**	**4**	**82**	Includes Weston and CICU Bristol Heart Institute (Weston baseline 4, BRI baseline 32, CICU baseline 23 funded beds)
North Bristol NHS Trust	**46**	**9**	**55**	**31**	**86**	
Royal United Hospitals Bath NHS Foundation Trust	**16**	**9**	**25**	**5**	**30**	
Yeovil District Hospital NHS Foundation Trust	**11**	**0**	**11**	**4**	**15**	
Musgrove Park Hospital – Somerset NHS Foundation Trust	**16**	**5**	**21**	**6**	**27**	
Sub Total	**185**	**55**	**240**	**76**	**316**	

PENINSULA Sub Region / Trusts	Core Beds Baseline	Green Surge Beds	Total Green Surge	Amber Surge Beds	Maximum Capacity	Additional Notes
Northern Devon healthcare NHS Trust	8	0	8	12	20	
Royal Devon and Exeter NHS Foundation Trust	13	10	23	38	61	2 ICU unfunded beds within Green Surge
Torbay and South Devon NHS Foundation Trust	10	3	13	33	46	
University Hospitals Plymouth NHS Trust	28	18	46	71	117	Surge beds include Cardiac Core beds / staffed
Royal Cornwall Hospital NHS Trust	19	7	26	32	58	
Sub Total	**78**	**38**	**116**	**186**	**302**	

WESSEX Sub Region / Trusts	Core Beds Baseline	Green Surge Beds	Total Green Surge	Amber Surge Beds	Maximum Capacity	Additional Notes
Dorset County Hospital NHS Foundation Trust	11	3	14	5	19	
University Hospital Dorset NHS Trust Bournemouth	11	3	14	15	29	
University Hospital Dorset NHS Trust Poole	11	0	11	18	29	
Salisbury NHS Foundation Trust	10	2	12	4	16	
Sub Total	**43**	**8**	**51**	**42**	**93**	

	Core Baseline Beds	Available Green Surge Beds	Total Green Surge Capacity	Total Amber Surge Beds	Maximum Capacity	Additional Notes
SOUTH WEST REGION TOTALS *(all Sub Regions)*	**306**	**101**	**407**	**304**	**711**	These numbers may be liable to change with operational issues over time between editions

8.3 Appendix 3: Contact details

In Hours Process:

- Contact SWCCODN in office hours Monday to Friday (mobile preferable as below, or email SWCCODN@uhbw.nhs.uk).

Network Manager Graham Brant	07453 663999
Network Clinical Director Andy Georgiou	07813 081344
Network QI / AHP Lead Denise Axelsen	07841 953496
Sub regional Clinical Lead Peninsula Dave Cain	07790 327635
Sub regional Clinical Lead for Wessex (Salisbury, Dorchester, University Hospitals Dorset- Poole/Bournemouth) Martin Schuster-Bruce	07968 070251

- SWCCODN to notify NHS England South West Regional Operational Centre (ROC) when CRITCON ≥2.
- Once notified the NHS England South West Director of Performance and Delivery (in hours) or the on-call Operational Pressures Director (out of hours).convenes a call with the Medical Director, Specialised Commissioning, South West Region, SWCCODN Clinical Director and Lead Nurse/Manager and Retrieve ACCTS representatives to support the decision making around surge capacity, movement of patients and changes to specialised commissioned services that would impact or are impacted by the surge. Retrieve ACCTS lead, ICB ICC representatives, representatives from the relevant network hubs and SWASFT as required on the call.

The Regional Operational Centre (ROC) will:

- Through a single point of contact ensure all systems are updated regularly.
- Notify the NHS England Comms team to ensure appropriate comms are in place including Regional and National updates.
- Monitor critical care capacity situation reports to ensure the right processes are in place to support the systems surge response.
- Ensure appropriate record keeping including capturing actions and decisions on Critical Care escalation calls.

Out of hours process:

- Out of hours NHS England South West should be alerted to critical care escalation issues through all out of hours calls via the on-call Operational Pressures Manager contacts listed below.

Organisation	Role (24/7 SPOC)	Telephone	Email
NHS England South West	Operational Pressures On-call Manager	0303 033 9950	

The Operational Pressures On-call Manager will:

- Escalate to the Regional Director on-call.
- Notify the NHS England Communications on Call.
- Alert the on-call Critical Care Cell members as per Adult Critical Care Escalation Framework SOP Appendix 3.
- Convenes a teleconference with all the above, relevant ICB on-call Director(s).
- Notify the SWCCODN team at 08:00.

Failure to contact

In the event of failure to contact the individuals described above:

- In hours:
  1. Contact any of the SWCCODN individuals listed above.
  2. Contact the Operational Pressures On-call Manager
  3. Contact Retrieve (0300 030 2222). This does not necessarily imply a request to transfer, merely a notification of escalating pressures. Retrieve will discuss and advise as appropriate and contact the SWCCODN at the earliest opportunity.
- Out of hours:
  1. Contact any of the SWCCODN individuals listed above.
  2. Contact Retrieve (0300 030 2222). This does not necessarily imply a request to transfer, merely a notification of escalating pressures. Retrieve will discuss and advise as appropriate and contact the SWCCODN at 08:00.

9.0 Document control

Original Authors	**Date produced**	
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Individuals Consulted, Role	**Date Consulted**	**Responses Received and Incorporated**
Emma Redfern, Medical Director, NHS England South West	09/11/2024	

Donna Bowen, System Transformation Lead, Critical Care, NHSE SW	09/11/2024	26/11/24
Scott Grier, Clinical Lead, Retrieve ACCTS	09/11/2024	5/11/25
All lead consultants and matrons from all units in the SWCCODN	18/11/2024	Changes to the green and amber surge bed numbers incorporated as received.
Ian Phillips and Graham Brant	15/1/2025	Changes to on call arrangements

10.0 References

[1] NHS England. Adult critical care surge plan guidance. Updated December 2023. Available at https://www.england.nhs.uk/publication/adult-critical-care-surge-plan-guidance/ (Accessed 08/11/24).
[2] NHS England South-West. Adult critical care escalation framework. Available at https://www.southaccnetworks.nhs.uk/sw/guidelines. (Accessed 9/1//24).
[3] NCDR portal. Available at https://ncdr.england.nhs.uk/. (Accessed 09/11/24)
[4] The Intensive Care Society. CRITCON levels. Available at https://ics.ac.uk/resource/critcon-levels.html. (Accessed 09/11/24)
[5] Faculty of Intensive Care Medicine. Guidelines for the provision of intensive care services. Available at https://www.ficm.ac.uk/standards/guidelines-for-the-provision-of-intensive-care-services. (Accessed 09/11/24).
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