South West Critical Care Network | retrieve Adult Critical Care Transfer Service | NHS England — South West

ESCALATION PROTOCOL

South-West Critical Care Operational Delivery Network Guidance

December 2024, updated February 2026

Version 2.2

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Document control

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Version 1.2 (15th January 2025)	Updates to ROC arrangement
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Version 1.6 (December 2025)	Includes guidance for NHS England colleagues and the Regional Operations Centre (previously found in the document 'Adult Critical Care Surge and Escalation Framework')

1.0 Background

This document provides guidance to the stakeholders of the South-West Critical Care Operational Delivery Network (SWCCODN) and system partners for when the demand for critical care exceeds supply, and the ability to deliver critical care within the Network becomes constrained. 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]). Appendix 9.0 describes particular important differences relevant to the Wessex sub-regional hospitals.
- Trusts within the SWCCODN
- The SWCCODN team
- Integrated Care Boards (ICBs)
- NHS England South-West Region (NHSE SW) and the Regional Operations Centre (for whom specific direction is provided in Appendix 8.3)

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 bring 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[1].

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 and staff via the National Commissioning Data Repository (NCDR)[2]. Part of the data submitted includes a CRTICON score, a measure of overall unit strain, distilled into a single figure[3]. 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. Separate to the CRITCON score is the NHS England incident level, described in Appendix 8.5.

Actions to be taken by critical care units, Trusts, the SWCCODN and NHSE SW are listed in section 4.0.

Specific guidance for NHSE SW staff and those in the Regional Operation Centre is provided in Appendix 8.3.

2.0 Principles

2.1 To provide timely access to, and delivery of 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 in the interests of fairness and equity. For example, it would be inappropriate for one Trust to continue a programme of elective surgery that required post-operative critical care, if a neighbouring Trust in the SWCCODN was in critical care surge (CRITCON ≥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). Any individual with access to the NCDR can therefore view critical care capacity across the Network.

2.12 All units within the SWCCODN must upload their data into DoS at 08:00 and 20:00 whilst at CRITCON ≤1 and four hourly whilst at CRITCON ≥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[4].

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, 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[5]. This should occur in collaboration and in partnership with NHSE SW and relevant system partners. Users are referred to the NHS England incident levels as described in Appendix 8.5.

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 8.4.

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 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. The decision to do so will be agreed and directed at regional level in collaboration with the SWCCODN and with consultation of ICBs and should be done on a case-by-case basis.

3.6 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

3.7 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.

3.8 NHSE South-West and system ICBs will help lead the response when one unit declares CRITCON $\geq$2. The NHSE SW team and ICB will support the expected escalation response.

3.9 Where required, NHSE South-West via the Medical Director for Direct Commissioning (in hours) or the on-call Operational Pressures Manager (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).

3.10 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 Medical Director for Direct Commissioning (in hours) or the on-call Operational Pressures Manager (out of hours).

3.11 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 Retrieve provides a 24/7service, acknowledging that some gaps remain in the medical rota. 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 escalation status to the Network (up to 21:00) or to NHS England (after that time) rests with individual units.

Contact details for escalation in and out of hours are found in Appendix 8.4.

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 at this CRITCON level, but consider what transfers may be possible in the event of tipping into next	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 leads 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). This must be in liaison with SWCCODN who are monitoring pressures	Complete actions for CRITCON 0 and: Consider which units could accept capacity transfers if next CRITCON level declared. Monitor CRITCON scores across the SWCCODN – use of SWCCODN "What's App" Clinical Leads group to confirm data in DoS and encourage timely reporting. Link with units as appropriate. Contact NHS-E SW System Transformation Lead /On Call Manager if required. See Appendix 8.4 for contact details.	No action required by regional team.

CRITCON level. Refer to "principles 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/text. 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.	Complete actions for CRITCON 1 and complete SBARD (out of hours) for situational awareness. Declaration of critical incident. If needed discuss with Network and NHSE SW Operational Pressures Manager.	Complete actions for CRITCON 1 and complete SBARD (in hours) for situational awareness for Network cascade and comms brief. Discuss with other units about the need to prepare for their own surge situation and/or accepting capacity transfers.	ROC activated as the number of units reporting CRTICON 2 or more becomes a concern to the SWCCODN. Discuss with SWCCODN and agree the current regional plan and incident level.

Consider cancellation of elective surgery requiring post-operative critical care support in communication with divisional management team and the SWCCODN. Escalate to divisional management +/- operations executive. Consider halting some elective surgery which does not need post-operative critical care 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. Escalate equipment challenges to Trust and SWCCODN.	Immediate prioritisation of critical care discharges. Trust wide review of all elective surgery to deliver capacity needs and release staff to support critical care. Prioritisation of critical care discharges over in-patient planned surgery and patients in ED who require admission 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 (or SWASFT if Retrieve committed). 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 will require liaison with SWASFT and likely to	Consider activating a system wide MS TEAMs call with all units (support decision making; discuss regional needs/ requirement for mutual aid support; need for stepping up reporting frequency; elective surgical plans; capacity transfer). Contact with Retrieve. Contact NHS-E SW System Transformation Lead /On Call Operational Pressures Manager. Contact details in Appendix 4. Consider alerting other appropriate Networks within SWCCODN (e.g. trauma). Co-ordinate aid strategies based on DoS, geography, transport, capacity and resource status of the region. Provide clinical advice and expertise to NHSE SW and ICB system partners via ROC. Ensure all units within the region are aware of the escalation status. Ensure system partners are in a state or readiness to support increased demand and rising pressures.	Refer to Appendix 8.3 for specific guidance. Support Trusts to prioritise patient step down from critical care in line with SWCCODN recommendations. If advised by SWCCODN, coordinate regional hub discussion with all critical system partners including SWCCODN, Retrieve and SWASFT and any other affected Networks such as Major Trauma (unlikely to be warranted if only one or two units in CRITCON 2). Dependent on number and location of units declaring CRITCON 2- gain necessary approvals for capacity transfers into neighbouring critical care Networks. Consider current specialised and non-specialised pathways of care. ROC to discuss with neighbouring system/regions. Cascade SBARD and comms brief to convey system pressures and response, with clearly defined decisions and expected timed updates.

	involve ICB and NHSE South-West		Integrated Care Boards (ICBs) jointly with the ROC or on-call Operational Pressures Manager (out of hours) will lead the coordination and management of surge and will work in collaboration with the SWCCODN to determine use of facilities and resources to meet the needs as a whole system. Surge will result in upward reporting that results in national incident level declaration.

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	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 and in turn to ROC.	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 and CRITCON status via NCDR. ROC to gain authorisation for transfers out of NHSE	Complete actions for CRITCON 2 Refer to Appendix 8.3 for specific guidance. Liaison with ICBs System Partners, EPRR teams, SWCCODN, Retrieve and SWASFT. In extremis consider any exceptional pathway changes to standard service flows- for example delivery of

transfer and if Retrieve capacity limited, decide who will deliver these. Cancellation of surgical work should release transfer capable staff.	Trust to consider ongoing front door critical care emergency admission capability. This will require liaison with SWASFT in collaboration with NHSE SW, ICB and ROC.	SW footprint where needed. Follow ROC or NHSE SW on call Operational Pressures Manager's guidance.	specialised and non-specialised services in other Networks which will be led by NHSE SW Medical Director (Direct Commissioning) in parallel with SWCCODN recommendations. This should include discussions about which Trusts can and cannot take critically ill patients through the 'front door'.
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 in line with incident level declarations. 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 Incident Level Declaration and 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 and NHSE SW, 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 All critical care consultants and all charge nurses must be aware of the existence of this document and how/where to locate it in the event of escalation. This responsibility lies with individual unit lead consultants and matrons.

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

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

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

6.6 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[3].

8.2 Appendix 2: Green and Amber Surge Capacity

'Green surge' is defined as: The highest number of additional physical beds that can accommodate critically ill patients on the existing footprint of that critical care unit. Caring for this number of critically ill patients may not be possible without an increase in the number of staff or derogation of staffing numbers, the latter of which should not occur without a national mandate.

'Amber surge' is defined as: The highest number of additional physical beds that can accommodate critically ill patients outside of the existing footprint of that critical care unit. This will include all acute care areas such as theatre recovery for example. Caring for this number of critically ill patients will not be possible without an increase in the number of staff or derogation of staffing numbers, the latter of which should not occur without a national mandate.

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	**15**	**0**	**15**	**28**	**43**	
Torbay and South Devon NHS Foundation Trust	**10**	**4**	**14**	**11**	**25**	
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	**80**	**29**	**109**	**154**	**263**	

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)*	**308**	**92**	**400**	**272**	**672**	These numbers may be liable to change with operational issues over time between editions

8.3 Appendix 3: Guidance for NHS England South-West and for the Regional Operations Centre

8.3.1 Activation

8.3.1i The SWCCODN will be actively involved in managing surge from the point at which one unit reports CRITCON 2. When the number of units reporting CRTICON 2 becomes a concern to the SWCCODN and higher levels of support are required, the SWCCODN will contact NHS England South-West and make recommendations for supporting operational pressures, either via the System Transformation Lead (in hours) or via the Operational Pressures On-call Manager (out of hours) (see Appendix 8.4).

8.3.1ii The SWCCODN encourage informal contact with them out of hours (up to 21:00 seven days a week) even though they are not commissioned to work in this capacity.

8.3.1iii Where a significant number of units are reporting CRITCON 2 or higher, the Integrated Care Boards (ICBs) jointly with the ROC or on-call Operational Pressures Manager (out of hours) will lead the coordination and management of surge and will work in collaboration with the SWCCODN to determine use of facilities and resources to meet the needs as a whole system, in accordance with the principles set out in 2.0. Surge will result in upward reporting that results in national incident level declaration.

8.3.1iv Under this circumstance, all units within the SWCCODN will be guided to activate their escalation response as per Section 4 to help manage the increased demand and mutual aid response.

8.3.1v **IN HOURS** (Monday-Friday 09:00-17:00): SWCCODN to notify System Transformation Lead, who in turn activates Collaborative Commissioning Hub and the ROC via WhatsApp. Activation Response Team (ART) core members notified by System Transformation Lead, or if needed, by SWCCODN directly.

a. SBARD provided by SWCCODN, acute provider or ICB and sent to Collaborative Commissioning Hub and ROC.
b. NHS England South-West Operational Pressures Director convenes a call with system partners to help provide clinical steering and support decision making to ICBs around surge capacity, movement of patients and changes to specialised commissioned services and/or pathways that may become impacted by the surge. The ROC will support escalation, within resources.
c. The ROC will:
    i. Ensure an SBARD is completed and provided by the respective Acute Trust/ICB/SCC/SWCCODN.
    ii. Ensure all system partners are updated regularly by maintaining version control of SBARD for comms cascade (as situation report) single version of the truth.
    iii. Notify NHS England Regional Communications team to ensure local appropriate routes of comms are in place including inter Regional and National cascades as necessary.
    iv. If resources permit, ensure appropriate record keeping including capturing action notes and decisions on critical care escalation calls.
    v. See section 4 for further specific actions.

8.3.1vi **OUT OF HOURS** (Saturday, Sunday and weekdays 17:00-09:00): Regional on-call Operational Pressures Manager contacted by SWCCODN or acute provider. SBARD is completed by the referrer.

a. Regional on-call Operational Pressures Manager:
    i. Escalates to the NHS England on-call Regional Operational Pressures Director
    ii. Notify the NHS England Communications on-call

iii. Alerts the Critical Care Activation Response Team (ART) group members via WhatsApp.
iv. Convenes a teleconference with system partners
v. Ensures SWCCODN notified at 09:00.
vi. Follows specific guidance in Section 4.

8.3.2 Critical Care Escalation Meeting Agenda- Purpose and Outcome

8.3.2i The role of the meeting is to gather information, and direct activity across the Network that aligns with the principles within this document. This may involve activity outside of critical care such that critical care can best be supported.

8.3.2ii Potential outcomes (these are examples and not exclusive):

a. Regional decision to move resources (mutual aid) across the SWCCODN - be that moving patients, equipment or staff.
b. Identify options to change standard service flows or configurations to commissioned pathways. For example, regional decisions about elective, urgent and emergency surgery and the ability for Trusts to continue to receive critically ill patients through their Emergency Departments needs full and frank discussion and agreement.
c. Implementation of changes would be in discussion with the relevant stakeholders i.e. Integrated Care Boards (ICB) System Control Centres (SCC) and providers, albeit the final decision will be confirmed jointly by the ICB, Collaborative Commissioning Hub and Regional NHS England Medical Director through the ROC.
d. Development of an action plan to ensure support within local systems and a return to core bed base at the earliest opportunity, will be coordinated by the SWCCODN as per best guidance and clinical steering.

8.3.2iii Contact details are as follows:

Role	Lead	Contact
SRO (CCH) Collaborative Commissioning Hub (Spec Comm)	# Steve Sylvester (ART) (IRG) Director of Collaborative Commissioning	steve.sylvester@nhs.net M.079007 15330
South West Region Coordination	Regional Operational Centre (ROC)	0303 033 9920 ENGLAND.SWROC (NHS ENGLAND - X24) england.swroc@nhs.net
Medical Director (CCH)	# **Emma Redfern Medical Director** (ART) (IRG)	Emma Redfern emma.redfern@uhbw.nhs.uk M.07764 589352
Regional Operational Centre (ROC)	Director of Operations and Delivery (ART) Lisa Manson **ROLE (24/7) SPOC** Incident on-call Manager 0303 033 8833 (all EPRR incidents or emergencies) Operational Pressures on-call Manager 0303 033 9950	lisa.manson@nhs.net M. 07824 384451 england.sw-oncall@nhs.net Incident on-call Manager 0303 033 8833 Operational Pressures on-call Manager

	(all strategic escalation calls in hours and all tactical and strategic out of hours including engagement with National UEC Team)	0303 033 9950
EPRR	# EPPR (ART) Ian Phillips Deputy Director of Resilience M.07730 391526 ian.phillips1@nhs.net	england.sw-eprr@nhs.net
South West Critical Care Network (SWCCN) Clinical Director and sub region Clinical Leads	# Lead Nurse and Manager ***VACANCY*** (ART) (IRG) # Andy Georgiou (ART (IRG) Clinical Director # Martin Schuster-Bruce (ART) Clinical Lead # David Cain (ART) Deputy Clinical Director	***TO BE ADDED*** Andrew.georgiou@nhs.net M. 07813 081344 martin.schusterbruce@uhd.nhs.uk M. 07968 070251 david.cain6@nhs.net M. 07790 327635
ACC Thames Valley and Wessex	Kujan Paramanantham (ART) Manager	kujan.paramanantham@nhs.net england.tv-w-criticalcarenetwork@nhs.net M. 07920 271537
System Transformation Lead (CCH)	# Donna Bowen, System Transformation Lead (Adult Critical Care, Retrieve, Major Trauma, Spine and Burns) Region contact (ART)	donna.bowen2@nhs.net M. 07749 046235
NHSE Lead for South West Region	Mark Cooke – Managing Director (ART) South West Region	mark.cooke1@nhs.net 07860 178945
Integrated Care Board (ICB)	# leading ICB to be identified by ROC and coopted into escalation meet	Via ROC england.swroc@nhs.net
Adult Critical Care Transfer 'Retrieve'	Scott Grier – Adult Critical Care Transfer Lead (ACCTS) (ART) Alistair Hellewell - Consultant Anaesthetist Retrieve Peninsula Base Lead Consultant	scott.grier@nhs.net M. 07764 756739 alistair.hellewell@uhbw.nhs.uk M. 07789 655465

8.3.2iv Checklist of actions relevant for CRITCON 3 and above:

- Activation Response Team (ART) stood up
- NHS England on-call Operational Pressures Director, Collaborative Commissioning Hub Medical Director provides decision response, strategic oversight of escalation.
- In hours and within resources, NHSE ROC coordination of activities, teleconference and standing up of system partners, actions supported by SWCCODN, EPRR and ART core members. Out of hours, the on-call Operational Pressures Manager, will undertake these actions.
- On-call Operational Pressures Director to consider inviting other system partners i.e. UEC.

- ROC or chair of the call to ensure other pre-hospital services in call attendance i.e. SWASFT and other air assets as needed as per MOU.
- On-call Operational Pressures Director (or nominated deputy) checks appropriate member attendance. See checklist to ensure no other critical partners are missing from call
- National Incident Director informed (0303 033 8833).

8.4 Appendix 4: Contact process

8.4.1 Contact up to 21:00 seven days per week:

- Contact the SWCCODN ideally before 17:00, but we would encourage contact up until 21:00 seven days per week by phone (numbers below).
- The SWCCODN is not commissioned to work after 17:00 or at weekends, but they will endeavour to support you up until 21:00 seven days per week. If for whatever reason, you have difficulty contacting any of the Network individuals listed below, please follow the steps described in 8.4.2.

Network Manager Margi Jenkins	07776 060119
Network Clinical Director Andy Georgiou	07813 081344
Network QI / AHP Lead Denise Axelsen	07841 053496
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 will notify the NHS England System Transformation Lead, or, if uncontactable, the NHS England South-West Operational Pressures Director when CRITCON $\geq$2 and when additional support is required.
- Once notified the NHS England South-West Operational Pressures Director will convene a call with system partners, the ROC, the Medical Director for Specialised Commissioning, SWCCODN Clinical Director and Lead Nurse/Manager and Retrieve ACCTS representatives. The intention of this call is to support the decision making around surge capacity, movement of patients/equipment and changes to specialised (or non-specialised) commissioned services that would impact or are impacted by the surge. ICB ICC representatives, representatives from the relevant network hubs and SWASFT as required on the call.

The role of the Regional Operational Centre (ROC) in this situation is described in Appendix 8.3.1v.

8.4.2 Contact after 21:00 seven days per week

- Overnight (after 21:00), units should escalate to their Trust on-call manager. That individual should notify the operational pressures manager for NHS England South-West as per 8.4, but they should be cognisant that:
  a) Overnight the demands of clinical care may make it difficult to free up individuals to liaise with NHS England. The responsibility to do so rests with non-clinical staff.

b) Capacity transfers are discouraged in all but the most extreme cases overnight, meaning that one of the most common solutions to clinical pressure may be discouraged until morning.
c) Timed decisions must be recorded, and a concise discussion record must be logged, to form an audit trail of discussion and agreements.

- As such, and only if reasonable to do so, it may be better for clinical individuals to focus on clinical care overnight, and escalate to the SWCCODN in the morning. Only the individuals on site at the time can balance the needs of patients, capacity and manpower to determine whether or not NHS England should be notified overnight.
- Although not commissioned for an out of hours service, we encourage clinicians to notify the SWCCODN up until 21:00 seven days per week as it may be that the SWCCODN can most rapidly support the unit(s) in difficulty. In the event that contact cannot be made with the SWCCODN or if support is required after 21:00, follow the process below.
- Beyond 21:00, or beyond 17:00 if the SWCCODN cannot be reached, NHS England South-West should be alerted to critical care escalation issues through the on-call Operational Pressures Manager, whose contact details are shown below:

Organisation	Role (24/7 SPOC)	Telephone	Email
NHS England South-West	Operational Pressures On-call Manager	0303 033 9950	england.sw-oncall@nhs.net

The role of the Operational Pressures On-call Manager is described in Appendix 8.3.1.vi. Ultimately this individual will escalate as appropriate and notify the SWCCODN at 09:00.

8.4.3 Failure to contact

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

- Prior to 21:00:
  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.
- After 21:00:
  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.

8.5 Appendix 5. NHS England incident levels

Level 1	An incident that can be responded to and **managed by an NHS-funded organisation** within its respective business as usual capabilities and business continuity plans
Level 2	An incident that requires the response of a number of NHS-funded organisations within an ICS and NHS **coordination by the ICB** in liaison with the relevant NHS England region
Level 3	An incident that requires a number of NHS-funded organisations within an NHS England region to respond. **NHS England to coordinate the NHS response in collaboration with the ICB**. Support **may** be provided by the NHS England Incident Management Team (National).
Level 4	An incident that requires **NHS England national command and control** to lead the NHS response. NHS England Incident Management Team (National) to coordinate the NHS response at the strategic level. NHS England (Region) to coordinate the NHS response, in collaboration with the ICB, at the tactical level.

9.0 Wessex hospitals

This section refers specifically to the Wessex Sub-regional hospitals (UHD Bournemouth, UHD Poole, Dorset County and Salisbury Hospital).

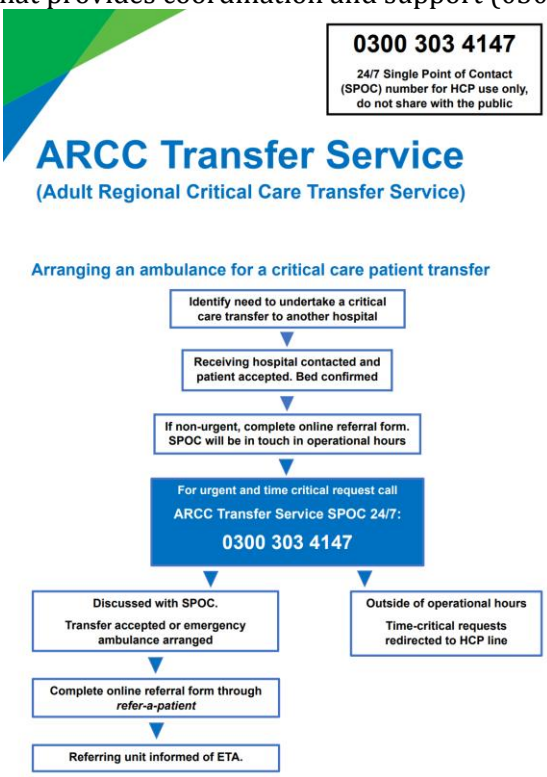
These hospitals sit within NHSE SW but are part of the Thames Valley Wessex Critical Care ODN (TVWCCODN). As part of NHSE SW, the units should follow the principles as described within this escalation protocol.

These four hospitals have pre-existing clinical links within the TVWCCODN and hence the traditional clinical flows are towards Wessex rather than towards the SWCCODN. Adult Critical Care Transfer (ACCT) Services for TVWCCODN have been commissioned and are hosted by Buckinghamshire Healthcare Trust.

For these reasons, a capacity transfer out of these 4 hospitals, should be directed towards firstly the Wessex subregion itself, and then further afield from the other units within the TVWCCODN if required. It is acknowledged that capacity transfers outside of the Wessex subregion and into other units within TVWCCODN will result in transfers outside of NHS SW. However, these transfers are within one critical care delivery network and hence it is not considered necessary to invoke additional escalation to the Regional Operational Centre (ROC) of NHSE South-West to facilitate these transfers.

The Adult Critical Care Transfer (ACCT) Service provides dedicated, fully equipped vehicles and trained staff seven days a week between 10:30 and 23:00 at time of writing.

The service also facilitates a 24/7 single point of contact (SPOC) for all adult critical care transfers, that provides coordination and support (0300 303 4147).



10.0 Document control

Original Authors	**Date produced**	
Andy Georgiou, Clinical Director, SWCCODN David Cain, Deputy Director of the SWCCODN Denise Axelsen, QI lead, SWCCODN Graham Brant, Manager and Lead Nurse, SWCCODN	Version 1.0 09/11/2024	
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
Martin Schuster Bruce	05/03/2025	Addition of Appendix 9.0.
Andy Georgiou and Donna Bowen, System Transformation Lead	11/11/2025 25/11/2025 24/01/2026	Incorporation of Adult Critical Care Surge and Escalation Framework into this single document. DB further changes. DB further changes

11.0 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] NCDR portal. Available at https://ncdr.england.nhs.uk/. (Accessed 09/11/24)
[3] The Intensive Care Society. CRITCON levels. Available at https://ics.ac.uk/resource/critcon-levels.html. (Accessed 09/11/24)
[4] 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).
[5] NHS England. Emergency preparedness and resilience; guidance and framework. Available at https://www.england.nhs.uk/ourwork/eprr/gf/. (Accessed 05/11/24).