STANDARD OPERATING PROCEDURE

TIME CRITICAL TRANSFERS OF CRITICALLY ILL OR INJURED CHILDREN IN THE SOUTH-WEST CRITICAL CARE NETWORK

July 2025

Version 1.2

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Document control

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Approving committee	South West Critical Care Network Programme Board
Consultation schedule	See appendix

1.0 Background

Work between the South-West Critical Care Operational Delivery Network (SWCCODN) and the Wales and West Acute Transport for Children (WATCh) in 2022 identified significant delays in accessing a 999 ambulance for time critical transfers of critically ill children across the acute Trusts in the South-West of England. Collaboration between both organisations, in conjunction with the Paediatric Critical Care Network, the Paediatric Trauma Network and the South-Western Ambulance Service NHS Foundation Trust (SWASFT) since that time has aimed to reduce delays in transferring children with time critical conditions. This document describes the new procedures which should be employed by referring clinicians, acute Trusts, the SWCCODN, the SW Paediatric Major Trauma ODN, the SW Paediatric Critical Care ODN, WATCh and SWASFT from 14th July 2025 which are designed to maximise the efficiency with which these children should be transported.

We strongly encourage advertising the new operating procedure to all relevant staff in acute hospitals, ahead of and after the go-live date of 14th July 2025. An appropriate advert is illustrated in Appendix 1.

2.0 Principles and definitions

2.1 This document refers to critically ill children who require time-critical transfer within the SWCCODN.

2.2 This excludes the four hospitals outside of the clinical footprint of SWCCODN but within the NHS England South-West commissioning footprint: Salisbury, Dorchester, Poole and Bournemouth.

2.3 'Children' refers to patients aged ≤15. Patients aged ≥16 should be referred to Retrieve.

2.4 The term 'time critical' refers to the intention to perform immediate intervention on arrival within the receiving centre. Ultimately, WATCh will be the gatekeeper for defining cases that are and are not time-critical, following discussion with the referring clinical team, as clinical nuance is necessary in defining patients as 'time critical'.

3.0 Process

3.1 Inclusion criteria. Referring centres (usually district general hospitals) who have all of the following: a child (a patient aged ≤15 years of age) who is critically unwell (receiving critical care interventions or requiring a medical escort due to the risk of becoming critically ill) and has been accepted by a specialty in a children's hospital (usually but not exclusively the Bristol Children's Hospital) for time critical care or intervention.

3.2 The referring centre must call WATCh on the usual referral line (0300 030 0789).

3.3 WATCh will speak to the referrer and if necessary, conference in the accepting specialty. They may also conference in other relevant transfer partners. The mode and method of transport will then be decided by WATCh and will be one of the following:

3.3.1 The referring team will conduct the transfer using their staff and a SWASFT ambulance, in line with national transfer guidance[1]. WATCh will

liaise with SWASFT to ensure an appropriate category of response is issued to the ambulance crew, and therefore an appropriate response time to the referring centre. Direct lines of communication are now open between WATCh and SWASFT for this purpose.

3.3.2 WATCh will conduct the transfer using their transfer team, ambulance and equipment.

3.3.3 WATCh may dispatch an air asset transfer partner such as Dorset and Somerset Air Ambulance (DSAA) to conduct the transfer using the transfer partner's transfer team, air ambulance and equipment. Direct lines of communication are now open between WATCh and transfer partners for this purpose.

3.4 Any delays in accessing the agreed transfer option should be referred urgently back to WATCh.

3.5 WATCh will have operational oversight of the transfer, even if they do not conduct it themselves.

4.0 Data and monitoring

4.1 Data on the efficiency of the process described below will be *captured* by WATCh in collaboration with SWASFT and other transfer partners.

4.2 Data on the efficiency of the process described below will be *monitored* by WATCh in collaboration with the SWCCODN and the South West Paediatric Critical Care Network and where appropriate, other key stakeholders such as the Southwest Paediatric Major Trauma Network.

4.3 The SWCCODN, South West Paediatric Critical Care Network and WATCh will review the process described here, along with the supporting data quarterly. This may reduce or increase in frequency, dependent on the success of the process and on any additional changes made to the operating procedure described here.

5.0 Acknowledgements

5.1 This project would not have been possible without the dedication and hard work of WATCh, SWASFT, the Paediatric Critical Care Network, the Paediatric Major Trauma Network, Retrieve and DSAA.

6.0 Appendix 1: SOP Advert

6.1 Please print the following page to increase awareness of this new SOP.

The process for enacting a time critical transfer of a critically ill child is changing from 14th July 2025

The reason for the change is to improve the efficiency and safety of the transfer.

This applies to referring hospitals within the South-West Critical Care Network with:

- A child (aged ≤ 15)
- Who is critically ill (i.e. receiving critical care interventions or requiring a medical escort due to the risk of becoming critically ill)
- Has been accepted for time critical care or intervention in a children's hospital (usually but not exclusively Bristol Children's Hospital)

Patients aged ≥16 should be referred to Retrieve.

Process:

1. **Call WATCh (0300 030 0789)**
2. WATCh will discuss the case with you and make a decision about the best method of transfer. This will be one of:
    a. The referring team will enact the transfer in line with national critical care transfer guidance. In this instance, WATCh will arrange for a 999 ambulance to be made available in an appropriate timeframe by liaising with the ambulance service directly.
    b. WATCh will dispatch from their base and enact the transfer themselves.
    c. WATCh will arrange for another transfer partner to enact the transfer, for example Dorset and Somerset Air Ambulance. Dispatch arrangements will be made by WATCh.

This should allow YOU to focus on clinical care and should speed up the access to transfer.

If there are delays in accessing the agreed transfer modality- CALL WATCh.

This new process is a joint collaboration between the South-West Critical Care Network and WATCh. It will be monitored for safety and efficiency by both parties. If you would like to feedback about this process, please contact swccn@uhbw.nhs.uk. For the full SOP, see https://www.southaccnetworks.nhs.uk/sw/guidelines

7.0 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	18/6/2025	
Donna Bowen, System Transformation Lead, Critical Care, NHSE SW	16/6/2025	
Scott Grier, Clinical Lead, Retrieve ACCTS	16/6/2025	
All lead consultants and matrons from all units in the SWCCODN	16/6/2025	Changes made in respect of the definition of 'time critical' and 'critically ill'
Peter Davis, Clinical Director, Paediatric Critical care Network	18/06/2025	Paediatric critical care network added to front cover and to section 4.
Giles Haythornthwaite, Clinical Director, Paediatric Major Trauma Network	15/07/2025	Paediatric major trauma network included in section 4.2

8.0 References

[1] The Faculty of Intensive Care Medicine and the Intensive Care Society. Guidance on the transfer of the critically ill adult. Available at: https://ics.ac.uk/resource/transfer-critically-adult.html. (Accessed 13/06/2025.