NHS

retrieve

Adult Critical Care Transfer Service

Annual Report 2024/25

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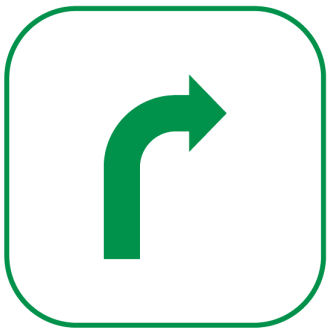


Foreword from the Clinical Director

Welcome to the fifth Annual Report for the Retrieve Adult Critical Care Transfer Service (ACCTS).

The last year has seen the demand for our service continue to grow, with over 1,500 referrals from hospitals across the South West and 1,100 transfers to hospitals both within and far beyond the region. We anticipate that this growth will continue as specialties, Networks and Trusts continue to evolve and be reconfigured.

We have continued to focus on the quality and performance of our service and, for the first time, can report on NHS England Quality Metrics for ACCTS and how we compare against other ACCTS.

You will read later in the report about our safety profile. Prior to the advent of ACCTS, critical incidents and rates of patient harm during transfer were quoted in published literature to occur in 7.5-15% of cases. We have a positive culture of reporting within Retrieve and I am particularly proud to share that zero episodes of patient harm have occurred.

We continue to be supported by the Division of Surgery within University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), our host, and by NHS England South West and the South West Critical Care Network (SWCCN). Without the commissioning, funding and support, we would not be able to continue to deliver Retrieve.

As we bring together each Annual Report, we have the opportunity to reflect on the journey that we have been on to create, evolve and deliver Retrieve. None of this could be possible without the dedication, enthusiasm and hard work of our team – we are enormously proud of each and every one of them, the relationships they build and maintain with our service users and the care they deliver to our patients and their relatives.

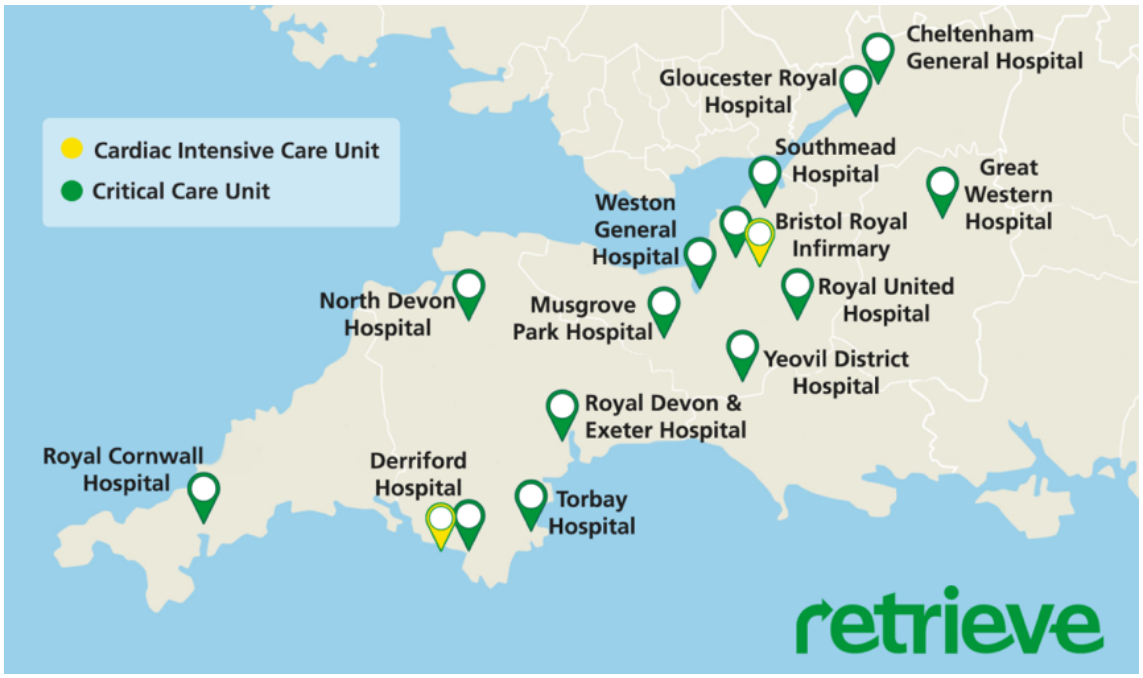
I hope you find this Annual Report informative and invite you to get in touch to learn more about Retrieve.

Dr Scott Grier
Clinical Director

About us

Retrieve is the South West's dedicated Adult Critical Care Transfer Service and is commissioned by NHS England South West against the national service specification (updated April 2024). The service is hosted by UHBW within the Division of Surgery and we work collaboratively with the South West Critical Care Network.

Since launch in November 2020, the service has received over 5,800 referrals and completed over 3,600 transfers of critically ill and injured adults from hospitals in the region.



Retrieve's objective and strategy

In early 2025, we revisited and updated our objective (our *mission statement*) and strategy (how we will deliver this) with the help of our team.

Our objective

- **To deliver high quality critical care to patients within the South West who require transfer and, in partnership with others, seek to improve all aspects of these journeys both regionally and nationally.**

Our strategy

We will meet our objective through:

- **Collaboration and partnership** – working together with our stakeholders to meet the needs of patients, specialties, networks and hospitals and deliver an equitable service regardless of time of day or geography.
- **Striving for excellence** – using our data and experience to set standards in clinical care and safety, continually improve and be the regional exemplar for critical care transfer.
- **Flexibility and adaptability** – being responsive and agile when we encounter challenges. Seek out, listen to and learn from feedback.
- **Compassion and kindness** – patients and their relatives are at the centre of our service, their worst day is our every day, we care deeply about their experience.

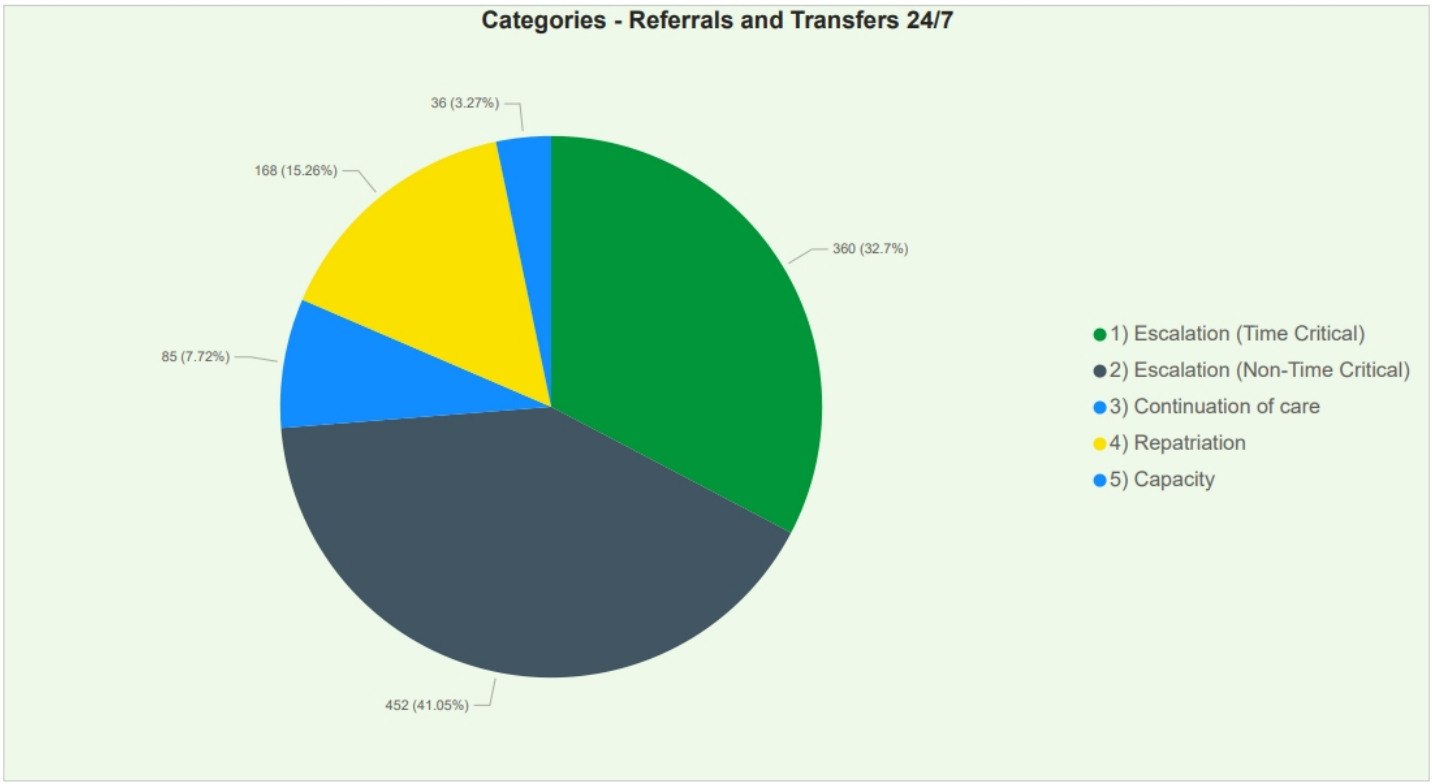
Operational activity

Year on year since inception, Retrieve has seen an increase in referral and transfer activity. During 2024/25 the service provided a clinical service 24/7, received 1,575 referrals and completed 1,101 transfers. This represents a 5% increase in referrals and a further 35% increase in transfers compared with 2023/24 (43% increase 2022/23 to 2023/24).

Critically ill and injured patients are transferred for a variety of reasons. The majority of patients require an escalation of care transfer to access specialist treatment/management not available in the referring hospital. In Q1, a fifth category was added nationally to better define the reasons for transfer:

- Escalation of care (time critical)
- Escalation of care (non-time critical)
- Continuation of care (the new category)
- Repatriation
- Capacity

Proportions of patients in each category have remained consistent with 2023/24 data (see graph below) and the addition of the continuation of care category (7% of transfers undertaken) has reduced the proportion of repatriations, which was anticipated as this aligns with the reasons for its introduction.



Transfers are categorised according to clinical indication and urgency. Seventy five per cent were escalations of care to specialist centres, which is consistent with 2019/20 NHS England ACCTS commissioning planning data and previous Retrieve data. The majority of the remainder are repatriations, again consistent with expected activity, that are crucial to maintaining specialist centre capacity as well as ensuring that patients return to their

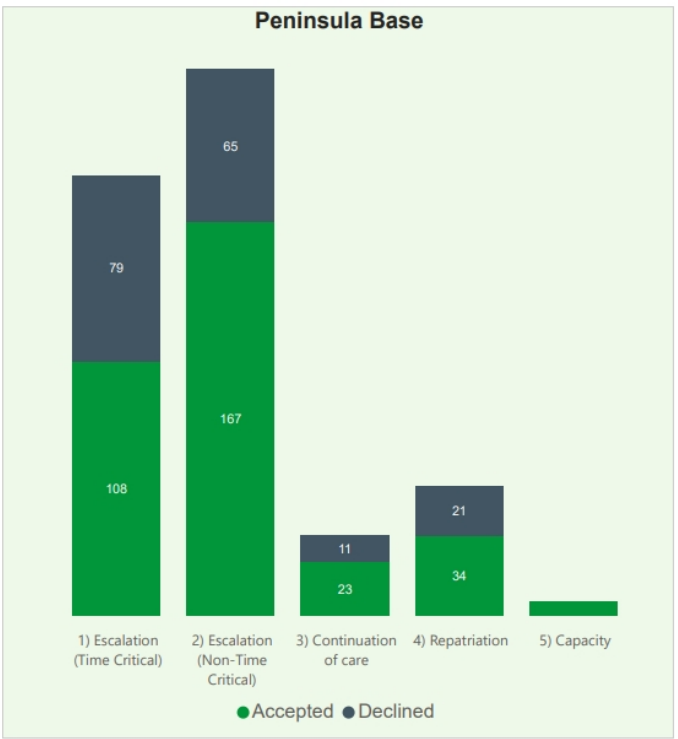
local hospital and closer to their family and support network. The small number of capacity transfers aligns with the SWCCN capacity management principles and demonstrates that these occur infrequently across the region.

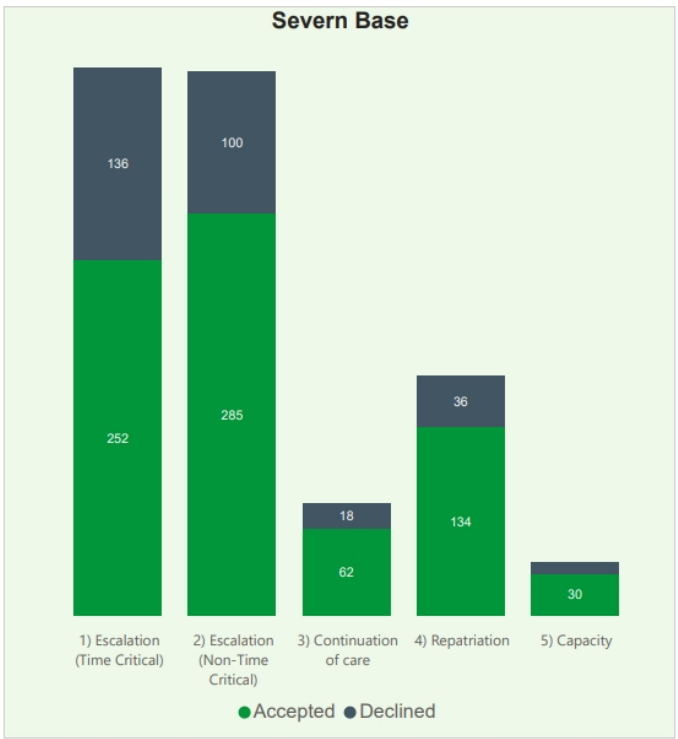
Referral activity

Retrieve operates two operational bases to cover the South West; one in Launceston covering the Peninsula, and one in Bristol covering Severn. Activity has remained consistent during 2024/25 with one transfer being undertaken in Peninsula for every 2 transfers in the Severn region. This reflects the population, patient and hospital distribution in the two regions. The table below presents the breakdown in types of transfer across the two sub-regions.

	Peninsula % (n=338)	Severn % (n=763)
Escalation – Time Critical	32%	33%
Escalation – Non-Time Critical	49%	37%
Continuation of Care	7%	8%
Repatriation	10%	18%
Capacity	2%	4%

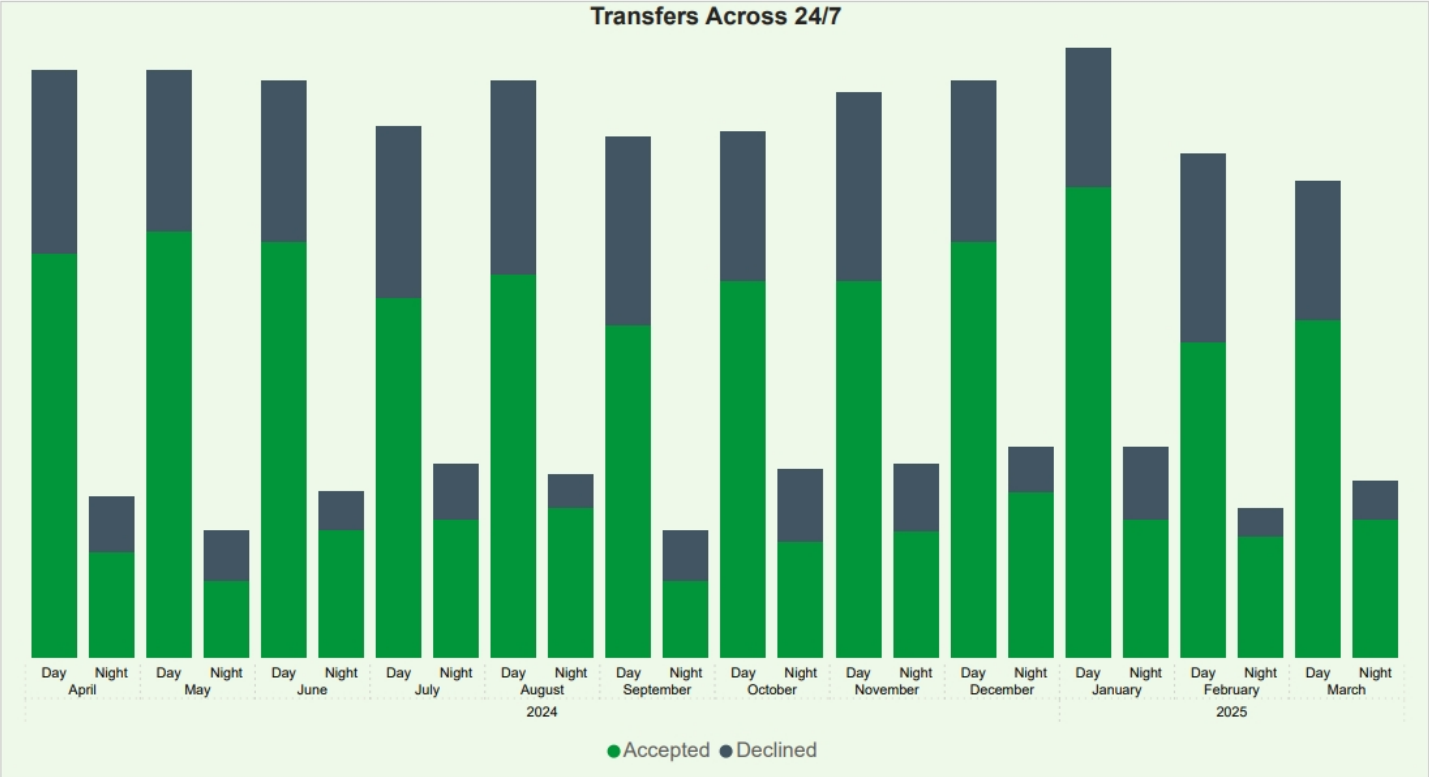
During the year, 70% of all referrals received by the service were transferred by Retrieve, consistent with previous years' activity. It is not uncommon for the service to receive referrals that ultimately are deemed out of scope (see 'Referring to Retrieve SOP' at www.retrieve.nhs.uk/refer for more information).



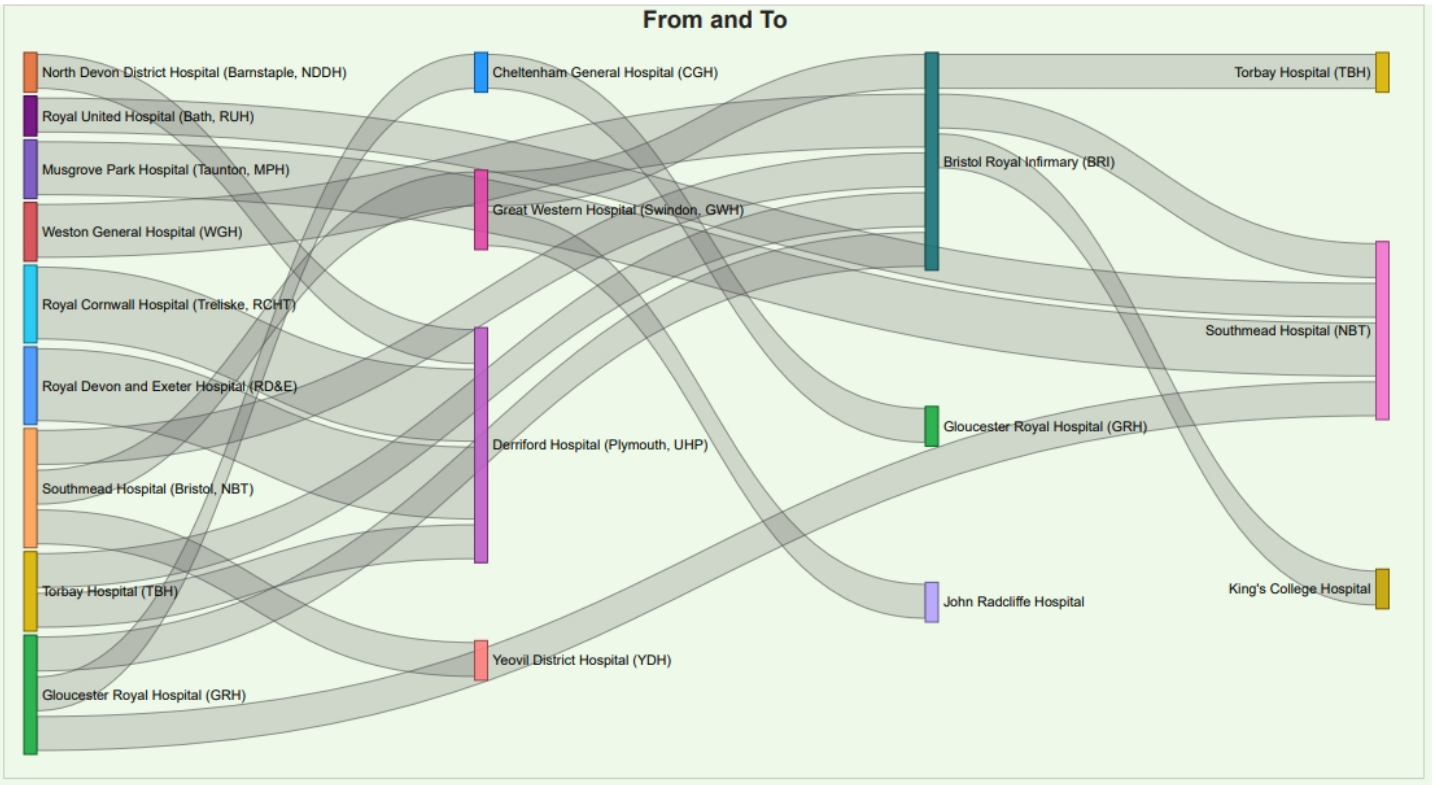


Having completed the first full year of 24/7 service, the graph below indicates the distribution between daytime and nighttime transfers. Transfers at night are most frequently escalations of care (all other types of transfer are

non-urgent and should only occur in ‘daylight’ hours from a patient safety and experience perspective) and, as would be expected, activity at night is less than during the day although consistent in proportion.



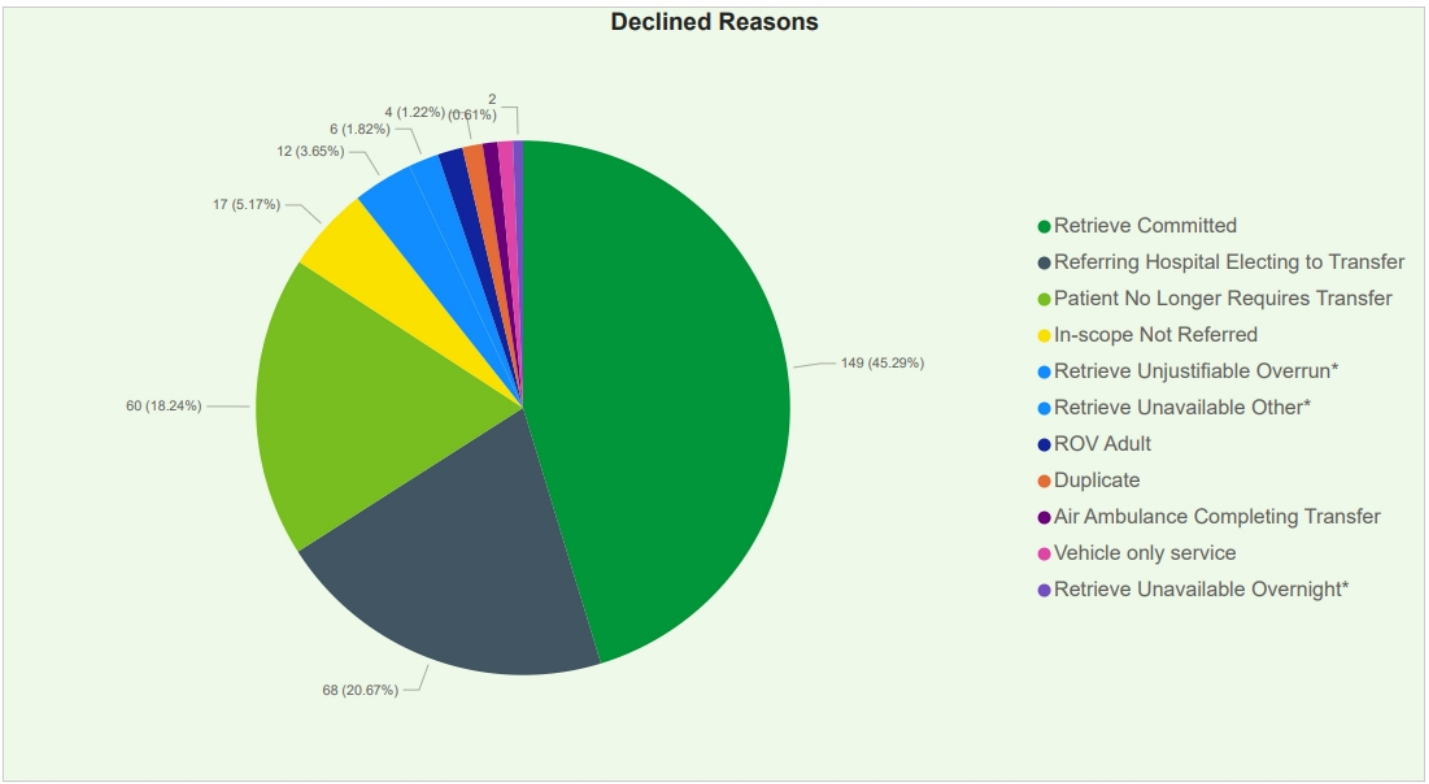
The infographic below provides a visual representation of the most common sources of transfers for our service and their destination. It demonstrates that the majority of transfers are within each sub-region.



Declined referrals

All decisions not to transfer a patient are recorded in the service electronic patient record system with a declined reason. The proportion of each of these reasons in the is demonstrated in the graph on the following page. Our unmet need is represented by the sections indicating that Retrieve was committed or had an unjustifiable overrun, which we class as the team being back at base >3 hours after the scheduled end of their shift. This equates to one third (35%) of the declined referrals, reduced by 15% compared to 2023/24 as a result of our move to 24/7 operating. Occasionally, when there is no available clinical team, we operate a 'vehicle only' service, although these situations only occur due to last minute sickness when we cannot cover internally.

In small numbers of cases, referring hospitals continue to undertake their own critical care transfers without contacting Retrieve. Sometimes, calls to South Western Ambulance Service NHS Foundation Trust (SWASFT) via 999 and to Retrieve are made contemporaneously, leading to the two services both mobilising and essentially competing against each other. We are currently working with SWASFT to engineer this out in Q2 2025/26/. On other occasions, there is simple lack of awareness of the service (despite continued communication and education) or a clinical desire to choose the 'fastest' transfer.



Referral pathway volumes

Retrieve works collaboratively with, and transfers patients for, a comprehensive range of hospital specialties within and beyond the South West. We have continued to focus on the major patient groups that we see, particularly those who are less well recognised as critically unwell (e.g. patients with subarachnoid haemorrhage, acute aortic dissection, posterior circulation stroke, etc). The proportions of specialty patients are similar over the last few years with neurosurgery, cardiac surgery, cardiology, major trauma and neurosciences (stroke/neurology) being the top 5 most common patient types.

Performance and quality

The national network of ACCTS continues to mature and develop. There is a collective focus upon quality and performance with a need to better understand our data and use it intelligently. This section explores our service from the service specification through an updated SWOT analysis to individual quality metric performance figures which, for the first time, can be benchmarked against national data.

ACCTS Service Specification gap analysis

The NHS England service specification for ACCTS was published in 2021 and updated in April 2024. We have updated the gap analysis published last year and recorded our compliance with these as met, partially met and unmet as well as narrative around this. A national benchmarking exercise was performed in summer 2024 and, where relevant, we have included commentary on this.

Service specification element	Compliance	Comments
Electronic referral platform		Awaiting national procurement before implementing
Single point of access telephone number		0300 030 2222 staffed 24/7/365
Real-time consultant-led joint decision-making		Real-time consultant triage of every call 24/7/365
Coordination and triage to regionally agreed criteria		Referring to Retrieve SOP at www.retrieve.nhs.uk/refer
Consultant-delivered decision-support throughout the referral and transfer pathway		Duty Consultants available 24/7 either face-to-face or remotely
Consultant-led dedicated transfer teams, equipment and vehicles		Duty Consultants available 24/7 either face-to-face or remotely
Clear protocols for handover		Handover SOP
ACCTS must be involved in the regional coordination and delivery of transfer for patients at high risk of deterioration during transfer. These include, but are not limited to: - Acute aortic dissection - Stroke requiring mechanical thrombectomy - Sub-arachnoid haemorrhage - Thrombotic thrombocytopenia purpura		SOPs for: - Acute aortic dissection - Stroke requiring mechanical thrombectomy - Sub-arachnoid haemorrhage - Thrombotic thrombocytopenia purpura - Maternal critical care
Must have close strategic links with regional ACC Networks to: - Represent ACCN membership and provide advice to commissioners and host Trust - Provide quality assurance of service		SWCCN full members of Partnership Board and have undertaken Peer Review in 2021/22 with second in Q1 2024/25
ACCTS will work in partnership with ACC Networks and regional hospitals to provide: - Guidelines for stabilisation and transfer - Transfer training - Locally developed outreach education programme		Referring to Retrieve SOP and others available on website www.retrieve.nhs.uk Transfer training supported through SWCCN and Attached Doctor programme Retrieve Roadshow programme launched in 2023/24 year
ACCTS must anticipate, plan for and manage seasonal variation in operational area. This must include a local surge plan.		Mutual aid and major incident plans along with surge capability through ambulance provider
ACCTS must work collaboratively as part of a national network of transfer services		Core member of national ACCTS workstreams
ACCTS must have a leadership team with responsibility for the regional transfer service including: - Lead consultant - Service manager - Lead transfer practitioner		Leadership Team comprising Clinical Director, Deputy Clinical Director, General Manager and Severn/Peninsula Base Lead Nurses
ACCTS must have adequate numbers of staff to provide a safe, effective and resilient service		Unable to fully staff service with Duty Consultants and Transfer Doctors (see staffing section)
For each shift the service must have a dedicated Consultant with appropriate critical care training, competencies and current ACCC experience to provide coordination, triage and decision-support.		Duty Consultants available 24/7 either face-to-face or remotely
This Consultant, or another equivalent Consultant, will be available to join and supervise the transfer team, if required.		Unable to fully staff the service. No easy way of delivering the 'will be available to join' element in the region. RRVs procured as part of new ambulance contract but will not fully meet.

Minimum transfer team for Level 3 patients, available at all times consists of: - Doctor or ACCP with appropriate critical care training, competencies and critical care experience to clinically lead transfers - A second practitioner with appropriate critical care experience and training to carry out transfers		Unable to fully staff service with Duty Consultants and Transfer Doctors (see staffing section)
Must have a contracted transport provider		5 year contract commenced Q1 2024/25
Dedicated critical care transfer ambulances		New contract delivers new vehicles Q1 2025/26
A driving team appropriately skilled, trained and compliant with Section 19 of the Road Traffic Act		Included in contract and already compliant
Agreed policy covering use of response driving and blue light use including decision-making, documentation, recording, audit and review		Referral and deployment, Emergency driving SOPs
Must have dedicated critical care transfer equipment suitable for the range of sizes and dependencies of adult patients.		Full range of equipment available to accommodate paediatric to bariatric patients
Must have formal agreement with NHS Ambulance Service		SWASFT Memorandum of Understanding signed 2022/23
Work collaboratively with regionally commissioned PCCTS		Collaborative working with SoNAR and WATCh since 2020/21
Work collaboratively with ECMO retrieval team		Retrieve provide ambulances, drivers and training for Bristol ECMO Service
Must collect and report operational data daily through NHS DoS		Compliant with once-daily submission
Collect and report operational and clinical Minimum Mandatory Data Set (MMDS)		MMDS not yet established nationally but work progressing with NHSE in 2025/26
Record all clinical incidents, include in transfer records and follow host Trust and regional processes for investigation, reporting and improvement		Positive culture of reporting; effective case flagging process incorporated in second version of Electronic Patient Record launched Q4 2024/25
Submit ACC research and audit data to support national analysis of transfer activity and ongoing research into ACC patient outcome		National audit & research programme just commenced and not accepting submissions yet
Produce regular activity reports and an annual report for all stakeholders and commissioners		This is the fifth annual report Attend NHS England South West Network Programme Board (Adult Critical Care & Trauma) Activity report at each External Stakeholder Group
Report to the ACCTS regional Partnership Board		Partnership Board since September 2020, quarterly since Q4 2024/25

I love working for Retrieve, as being a small experienced multidisciplinary team, we can provide the best care for all our patients during transfer.

Jane McGuinness, Transfer Practitioner

SWOT analysis of Retrieve

Retrieve is the first ACCTS to undergo two peer reviews by its Critical Care Network with the most recent occurring in Q1 2024/25. A component of the data report for this is a SWOT analysis which we have continued to monitor to demonstrate the areas that have been addressed/accepted (green), are in progress (orange) or remain a challenge/are new (red).

Strengths

- Pioneering. Significant role in shaping ACCTS development nationally
- 24/7 operations commenced January 2024
- Mobile electronic patient record and database system with data on >5,700 referrals and >3,600 transfers
- Strong relationships with region, networks and specialties representing many of the service's major patient groups
- Clinical team represents most regional hospitals (12 out of 14)
- Experienced and enthusiastic Duty Consultant team brings together a broad group of experts with diverse sub-specialty interests
- Established, high-performing team of Transfer Practitioners (TPs)
- Highly evolved training and education programme supported by Clinical Education Practitioners and Training and Education Lead Consultants. Includes:
  - Formal induction and onboarding programme for all staff
  - Annual training days
  - One of two pilot sites for HEE Transfer Practitioner Framework
  - Daily training
- Highly successful delivery of training attachments for doctors-in-training in Anaesthesia and Intensive Care Medicine across the region
- Formal MOU with South Western Ambulance Service NHS Foundation Trust (first and only in UK)
- Formal MOU with HM Coastguard (first in UK)

Weaknesses

- Inadequate staffing to provide full service 24/7/365 with ongoing gaps in Duty Consultant and Transfer Doctor rotas
- Inequitable service to region daytime vs night-time as currently lacking in-person medical staff overnight
- Duty Consultants have competing work commitments which makes rota management challenging and limit service provision
- Size of Transfer Practitioner workforce limits resilience
- Small pool of dedicated drivers limits resilience in Peninsula region
- Call-handling and Retrieve referral processes currently separate to receiving specialty referral system; this generates workload for referrers, and potential for missed information

Opportunities

- Leadership Team involved in national leadership and workstreams
- Co-located with SoNAR and WATCh Critical Care Transfer Services in Bristol
- Combined ambulance contract with new custom vehicles Q3 2025/26
- Combined telephony contract for SoNAR, WATCh and Retrieve
- Network and specialty engagement to standardise and improve transfer care across the region including updates to SWCCN transfer guidelines, acute liver failure, burns
- Near-real time data sharing and analysis to increase situational awareness within and outside the team and inform service improvement projects. Dependent on business intelligence support which is currently lacking
- Electronic referral platform not adopted as limited interoperability and currently poses unacceptable burden to referring hospital
- Collaborative working with SWCCN to support development of transfer training courses (STRICT and STRICT2)
- Ongoing Transfer Doctor recruitment with limited uptake
- Lower acuity transfers that require clinical escorts are often referred to the service and there may be a role for coordination/delivery of these through a Practitioner-delivered model in the future

Threats

- Peninsula sub-region has longer transfer times due to geography and road network
- Lack of permanent dedicated operational base in Peninsula with adequate infrastructure to support high-quality day-to-day working (e.g. fibre optic internet, piped water, etc)
- Service has a maximum capacity (maximum number of transfers per team per day depends on type, referring hospital, receiving hospital and complexity of patient). There is an unmet need already demonstrated
- Reputational harm caused by lack of 24/7 provision of full service, inequity between day and night offer and capacity limitations
- Reputational harm caused by inadequate staffing
- Reputational harm caused by conflict arising from approach to risk compared to referring hospital (see below)
- Difficulties in filling Duty Consultant rota
- Not all hospitals contributing to Duty Consultant rota and significant disparity between institutions
- Difficulty recruiting to Transfer Doctor positions as limited ST5+, post-CCT and Specialty Doctors in region to fill these roles
- Remote working to UHBW (accepted risk on Risk Register)
- Long travel times for clinical team members (particularly in Peninsula) as well as long transfer times limit provision of service

Nationally agreed quality indicators

The 2021 service specification for ACCTS included Key Performance Indicators, which Retrieve has been routinely reporting against for the last four years through our monthly Partnership Board. These evolved into new Quality Outcomes and Metrics that are captured and reported nationally through the NHS England Quality Surveillance Programme. This reporting commenced in Q1 2024/25 and the following table shows Retrieve's performance against these as well as the national benchmarks (note: 2-4 other ACCTS reported against these across the year with some choosing not to report on ACCT02-05, which limits the utility of benchmark data).

	Indicator	Rationale	Target	2024/25 Compliance	National mean
ACCT01	Proportion of patients transferred by an ACCTS who are alive when handed over in the receiving hospital	This provides an understanding of the mortality associated with adult critical care transfer	**100%**	**100%**	**100%**
ACCT02	Proportion of cases referred to the ACCTS that were triaged by the service as time critical escalations of care (defined as patients requiring transfer to a specialist centre for immediate (within 1 hour of arrival) life, limb or sight-saving procedure)	This enables evaluation of triage and categorisation by the ACCTS This provides an understanding of the number of patients assessed as time critical that are referred to the Service	**No**	**34%**	**21%**
ACCT03	Proportion of time critical patients referred to the ACCTS who are subsequently transferred by the ACCTS	This demonstrates the proportion of patients not transferred by the ACCTS and thus describes the unmet need in this patient group	**No**	**63%**	**74%**
ACCT04	Proportion of occasions where the transfer team mobilises from the base or other location within 5 minutes of the clinical decision that transfer is required for a time-critical patient	Deploying a team within 5 minutes of the clinical decision for a time critical transfer is important in ensuring the patient accesses a life, limb or sight-saving procedure	**75%**	**70%**	**68%**
ACCT05	Proportion of occasions where the transfer team turnaround at the patient bedside is less than 20 minutes for a time critical patient (defined as time of arrival at bedside to time of departure at bedside)	Minimising the turnaround time in the referring hospital and expediting transfer to the specialist centre is important in ensuring the patient accesses a life, limb or sight-saving procedure	**75%**	**15%** This metric is currently a major topic of conversation nationally as it is proving very hard to meet. As a service we still believe the bedside turnaround is important but that 30 minutes may be more realistic.	**17%**
ACCT06	Proportion of occasions where the transfer team undertaking a time critical transfer delivers a patient to the receiving hospital within 240 minutes (4 hours) of arrival in the referring unit's Emergency Department or (for patients who deteriorate in hospital) within 4 hours of the time of deterioration	This gives an indication that the service has achieved what was intended for a patient pathway and can help identify which elements of the patient journey are modifiable in improving access to specialist centre care	**75%**	**97%** This is our performance for the cases where we possess a full dataset (a small proportion of all cases) so overall performance is likely lower than this.	**55%**

ACCT07	Proportion of occasions where the transfer team mobilises from the base or other location within 15 minutes of the clinical decision that an escalation of care transfer is required for a non-time-critical patient	Deploying a team within 15 minutes of the clinical decision for a non-time critical escalation of care transfer is important in ensuring the patient accesses that care in a timely manner	**60%**	**69%**	**75%**
ACCT08	Proportion of patients in whom a completed MMDS was submitted to the national database	There is an increased chance of improving outcomes if the MMDS is captured for all patients	**100%**	**N/A** The national MMDS is not yet operational.	**N/A**
ACCT09	Proportion of transfers where a full set of deployment and transfer checklists are completed	There is an increased chance of safer transfers if a full set of deployment and transfer checklists are completed	**100%**	**26%** Reporting against this has been impossible until version 2 of our Electronic Patient Record System	**83%**
ACCT10	Proportion of patients transferred by an ACCTS in whom a clinical incident associated with patient harm is recorded	This provides an understanding of the frequency of episodes of patient harm occurring during adult critical care transfer	**0%**	**<1%** See critical and serious incident section below.	**0%**
ACCT11	Proportion of patients transferred by an ACCTS who receive (or their relatives receive) Patient and Relative Information about the service	This gives an indication of the priority given to patient and relative information and is a surrogate for patient-centred care	**100%**	**N/A** Our Electronic Patient Record system has made capturing this difficult. Version 2 which launched in Q4 will improve this.	**No data**
ACCT12	Proportion of patients (or their carer/relative) transferred by an ACCTS who are offered the opportunity to provide feedback about their experience	This gives an indication of the priority given to patients and their relatives and is a surrogate for patient-centred care	**100%**	**N/A** As above.	**No data**

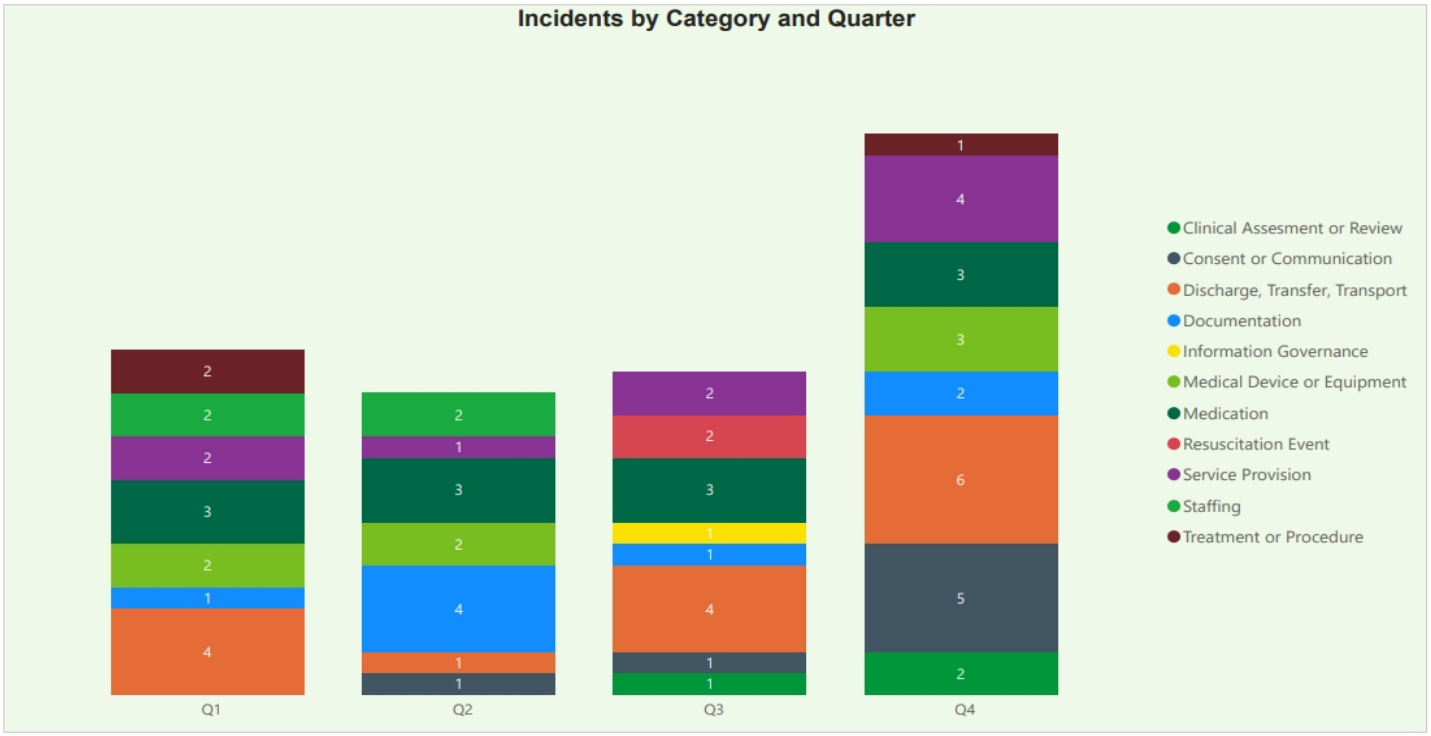
Critical and serious incidents

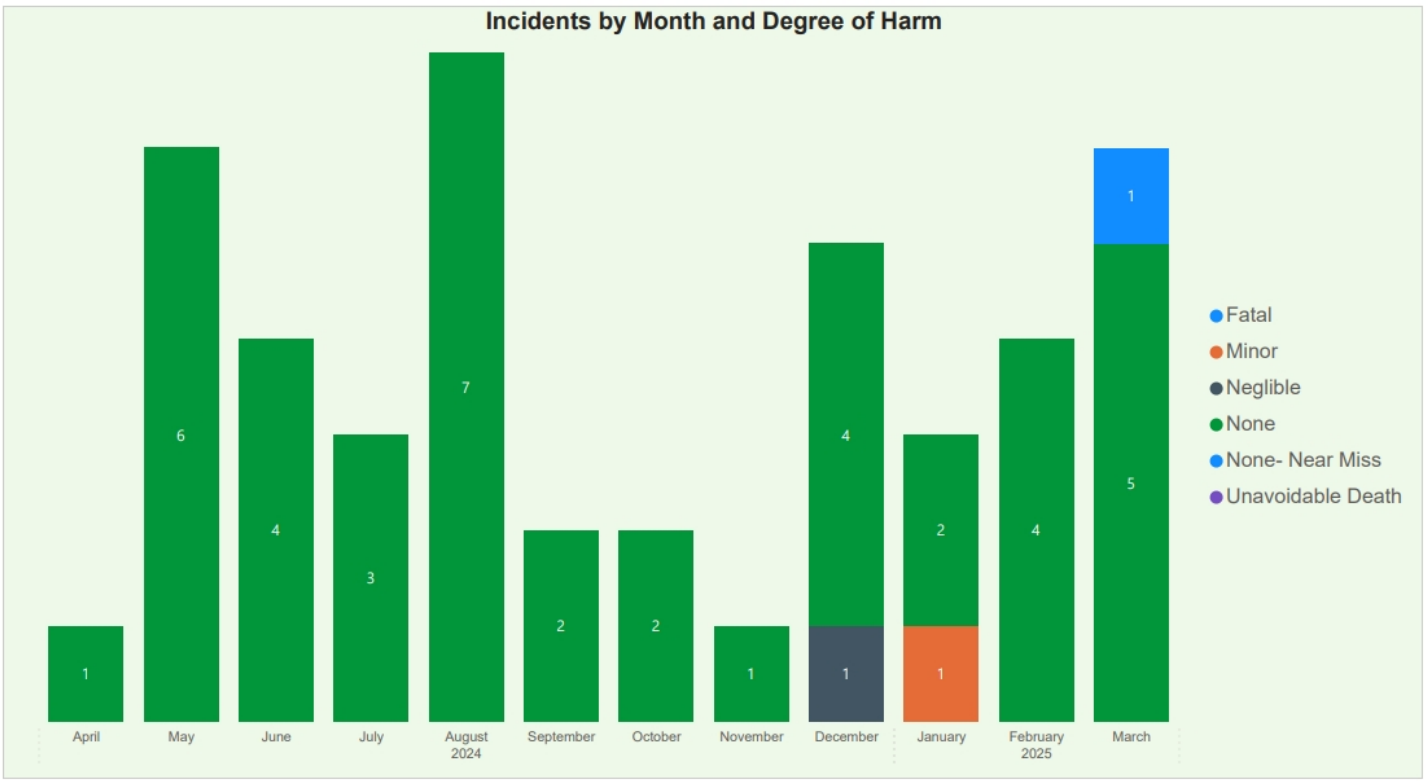
During the 2024/25 financial year, 71 incidents (75 in 23/24) were reported within the Retrieve Datix system hosted by UHBW. The service has a positive approach to incident reporting and actively encourages submission, even where no harm has occurred. These reports are investigated and managed by our Clinical Governance and Leadership Teams as well as being analysed and reviewed by the UHBW Division of Surgery Governance Team. An incident and risk summary is presented to the Retrieve Partnership Board and a Quarterly Governance Report is generated by the Divisional Team with additional analysis.

The graphs below show the incident rates per month and associated harm. Zero incidents of patient harm were recorded during this financial year (0 in 2023/24). Negligible harm was recorded against equipment failure and minor harm was recorded against lack of service provision for two hours due to driver unavailability. A near miss was reported when a laryngoscope was found without a battery, which could have resulted in harm if used. Following careful review, a process change was implemented, and this issue has now been resolved.

Occasionally, due to the nature of our work, patients may be so critically unwell that they die during transfer. This has occurred once in the past year (once in 2023/24) and, in order to maintain confidentiality, the details of this are purposely brief. This type of incident is logged through Datix so that a multidisciplinary review of the case can be undertaken in collaboration with the referring and receiving units. Following this review process, the death was deemed unavoidable due to the pathology of illness and associated high mortality rate.

The outcomes and learning from all of these cases, as well as those categorised as near miss, minor or negligible harm are shared with the Retrieve team via our clinical governance meetings and weekly team newsletter.





Clinical governance and case review

As a service, we have a positive approach to clinical governance, incident reporting and shared learning. Our first Clinical Governance Lead Consultant, Dr Nick Batchelor appointed in 2023/24, unfortunately left the service in Q4 to undertake a more senior Trust role. During his tenure, he transformed our approach to Clinical Governance and, at the time of publication of this report, we are actively recruiting a replacement.

Clinical Governance meetings are held virtually for the whole team and run every 6 weeks. With a renewed focus on learning from each other, we have expanded the proportion of each meeting dedicated to case review – these can be cases that have been particularly challenging clinically or operationally, that have not gone according to plan or that present rare situations that others can learn from. Attendance is good and they provide an excellent forum to engage with the team and discuss recent audit, quality improvement and other work.

South West Critical Care Network Peer Review

In Q4, the SWCCN undertook their second Peer Review of Retrieve. This represents the first time this type of review has been undertaken nationally (some ACCTS have not yet been peer reviewed) and we are proud to have worked collaboratively with the SWCCN to achieve this.

To support the Peer Review, we provided a detailed data pack that included operational, performance and quality data. The SWCCN additionally undertook a detailed 360 degree feedback process seeking information from team members and service users alike.

The full Peer Review report is highly detailed and it is impossible to replicate it all in this Annual Report. However, we have included several key areas below (*SWCCN wording italicised*), including the report's recommendations in full and our response.

Methods

A data request was sent to the Retrieve leadership and management team who responded with a comprehensive report and risk analysis that covered the 2023/24 financial year which were reviewed by the SWCCODN team prior to a formal visit to one of the Retrieve bases. In addition, a 360-degree report was commissioned by SWCCODN through the independent agency CR systems, for which Retrieve nominated recipients.

The formal visit provided the opportunity for additional elements of the service to be discussed in detail and any queries for the data return to be raised. The formal visit was attended by:

- *The Clinical Director for the SWCCODN*
- *The Lead nurse/ Network Manager for the SWCCODN*
- *The SWCCODN regional sub-lead for Peninsula*
- *The Clinical Director for Retrieve*
- *The Lead Nurses for Retrieve's Severn and Peninsula bases*

The Peninsula sub-regional lead for SWCCODN is employed by Retrieve, and the Clinical Director was previously employed by Retrieve. There are no other conflicts of interest to declare.

360 degree report

A pre-visit 360 feedback survey was circulated by an external provider (CR Systems) to colleagues within the Retrieve team (internal colleague), and a selection of colleagues who work outside of the organisation (external colleagues) but alongside Retrieve. The responses were collected and analysed by 360 Medical (CR Systems). The areas of Process of Critical Care, Relationships and Referral, Admission and Discharge were considered. An overall picture of positive results were fed back with all areas scoring 5-5.5/6 rating.

The team were reported to be knowledgeable, responsive, helpful, and approachable. The coordination of transfers is a hugely valuable service from phone call discussions and signposting to conducting professional, responsive and safe transfers. The team have shown to be natural at building strong MDT relationships.

The feedback also highlighted demonstration of a clear and strong leadership structure with robust governance processes. The culture suggests a respectful leadership team which listens responsively to team members and values opinions, encouraging open and safe sharing of concerns or knowledge/learning. All involved in the service feel respected and integrated (whether directly or indirectly working for Retrieve e.g. Bristol Ambulance drivers).

It was acknowledged, through feedback, that due to difficulties with DC staffing, there is inconsistent provision of DC cover. This can be challenging within the team and at the transferring unit (who then need to factor in staffing to support the transfer). A concern was raised that 'level 1' or ward patients being transferred to quaternary hospital fall out of the service and remain a "poorly served group of patients". This could be considered for service expansion in the future.

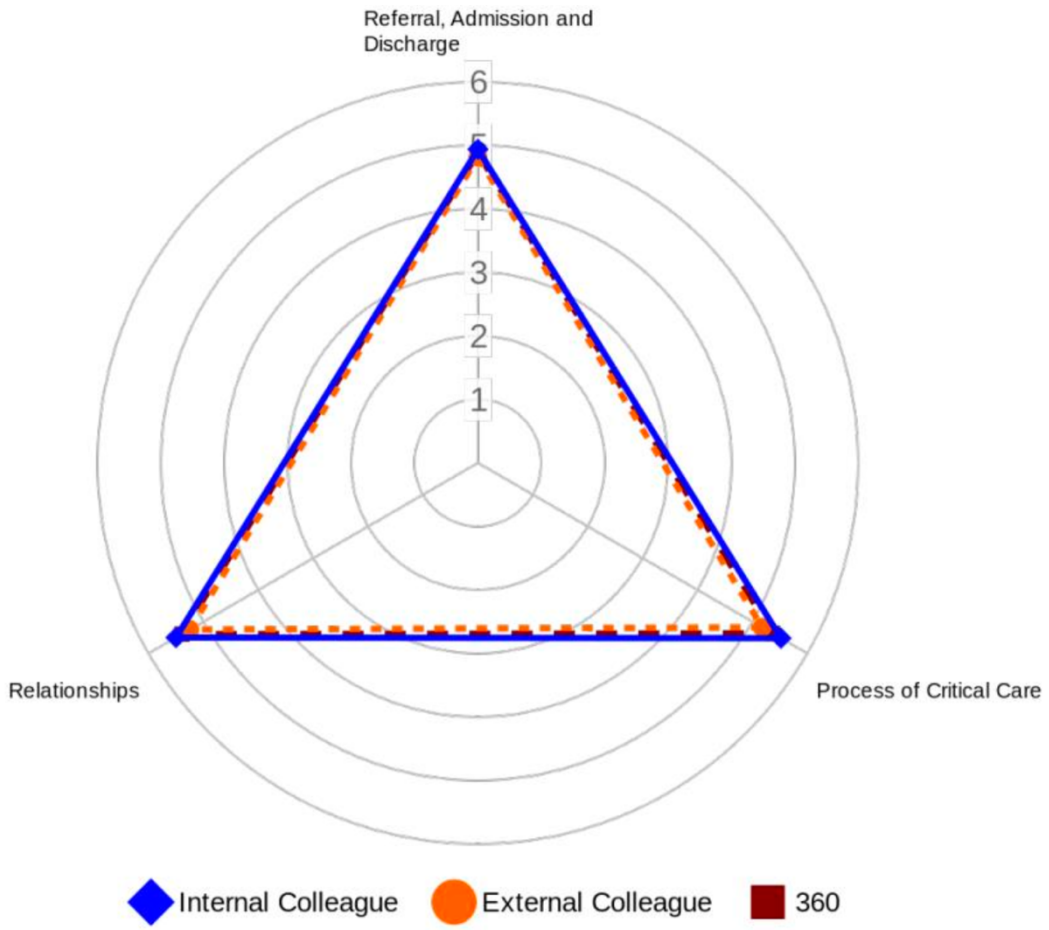


Figure 11 demonstrates feedback scoring out of a possible 6 for the three domains in the 360 feedback

Consideration should be given to ensure all transfers can be conducted in a timely way, there is an acknowledgement that the time critical transfers will understandably impact on other transfers e.g. to a Tertiary Centre.

Further comment noted that the service would do well to align its service provision with that of the other South West transfer services to "Maximise flexibility (clinical and managerial, at all levels) between adult, paediatric and neonatal services to allow maximum use of available resource".

The leadership team were pleased with the feedback and recognised the areas for improvement as reasonable and important to improve the equity of care received by patients the service supports.

Congratulations of an impressive and constructive 360-degree feedback.

Summary of findings

It was a genuine pleasure peer reviewing The Retrieve Adult Critical Care Transfer Service. The South-West Critical Care Operational Delivery Network (SWCCODN) would like to thank Retrieve for the comprehensive and transparent information which they provided for this review. Since their inception, Retrieve have provided a high-quality transfer service to the South-West with clear goals to improve and expand every aspect of their operation. Delivering a pan South-West service through the financial and organisational limitations of a single NHS Trust is challenging, however it is one that Retrieve have turned to their advantage through the establishment of a Partnership Board within UHBW and the utilisation of UHBW governance processes. In addition to clinical gains, such as full 24/7 working, Retrieve have developed their governance, reporting, audit and training services, while maintaining a focus on staff wellbeing and retention. Retrieve/UHBW have delivered on the majority of the recommendations which were proposed during our 2022 visit. Years of hard work, collaboration and creativity have produced a service that continues to provide excellent care to critically ill patients in the South-West and sets the standard nationally. Their ongoing development is a credit to the entire Retrieve Leadership Team, and everyone who works within their service. Thank you and congratulations.

Recommendations [Retrieve responses in green]

1. *Identify a permanent solution for Peninsula base which can accommodate service expansion.* Work continues at pace with involvement of UHBW Estates team and external architects and a suitable site identified. Occupancy expected Q3/4 2026/27.
2. *Blend and ultimately merge the critical care transfer services within same division at UHBW (Retrieve, WATCh, SoNAR) to facilitate shared budgets, leadership, and acquisition of consumables.* See SoNAR, WATCh, Retrieve and Bristol ECMO Service collaboration section below.
3. *Service recruitment of Duty Consultants, especially within the Severn region. Continue to explore alternative options for medical rota, e.g. Clinical Fellows.* See staffing section below.
4. *Move towards Doctor and Transfer Practitioner delivered 24/7 service through further recruitment of Duty Consultants within Severn region, development of resident senior trainee rota and development of secondment positions for NHS consultants, CESAR and SAS doctors.* See staffing section below.
5. *To secure enhanced pay rates for uncovered Transfer Practitioner and Duty Consultant shifts (previously rejected by UHBW) for staff willing to work over and above their contracted hours. Without this incentive, Retrieve remain uncompetitive (even within UHBW) and will lose out as staff choose other sources of work where enhanced rates of pay are offered for extracontractual work.* Incentivisation of late notice shift cover agreed Q4 and will be implemented Q1/2 2025/26.
6. *Retrieve should further develop the resilience and formal escalation processes to maximise the rota resilience around all staffing groups.* See staffing section below.
7. *To review the process of ambulance deep clean with Bristol Ambulance to improve the frequency with which this occurs.* New Infection Prevention and Control SOP and Driver Standards Policy being developed collaboratively by SoNAR, WATCh, Retrieve and Bristol ECMO Service with Bristol Ambulance EMS. Anticipated publication Q2 2025/26.

8. *To explore opportunities for service development in the transfer of less acute patients who are usually recovering from critical illness but require ongoing specialist care or repatriation. An opportunity may exist to provide a more cost-effective TP only service whilst unburdening the ambulance service and liberating a full Retrieve team for more acute work.* On Service Development Plan for future consideration once staffing robust and resilient.
9. *To secure substantive funding for a data analyst role.* Initial SBAR considered by Retrieve Partnership Board in Q4, further work ongoing as we understand our requirements.
10. *To further develop a dashboard to monitor performance against national and locally developed KPIs, including implementation of ARCEMS2 electronic patient record. This includes extended time stamping to reliably document patient admission times to hospital and decision to escalate to specialist care.* In development Q1 2025/26.
11. *To develop of an electronic referral platform that supports communication across the three teams involved in patient care: referring, accepting and transferring (Retrieve). This must not hinder time critical activity.* National procurement paused, no immediate plans to change this.
12. *To collect and report to the national Mandatory Minimum Data Set, once this is agreed.* National MMDS work being supported by Clinical Director and Retrieve will submit when this is agreed.
13. *To submit research and audit data to the national audit and research program, once this is established.* Retrieve's Audit and Research Lead involved in this national work.

These recommendations must not detract from our overall impression: that Retrieve provides an excellent service to both ICUs and critically ill patients across the South-West, and that dedicated staff work hard under an excellent leadership team to deliver and develop outstanding care for critically ill patients. Thank you on behalf of us all and congratulations on the work you have done to continue the quality and process of transfer care in the South-West.

I work in the Retrieve Adult Critical Care Transfer Service because the small team dynamic makes me feel valued, supported, and part of something truly focused and purposeful.

Working closely with MDT members in a well-resourced environment gives me absolute confidence that together we're delivering the highest standard of care

Dr Ben Walton, Duty Consultant

Staffing

We are commissioned to provide a full team (Doctor + Transfer Practitioner) 24/7/365 from each of our bases. In addition, we are required to have a Duty Consultant in each referral call 24/7/365. Staffing has, and remains, the greatest single challenge to the delivery of our service.

During 2024/25, we provided a full team 82% of daytime (597 out of 730 shifts; 83.5% 2023/24) and 10% (73/730) of nighttime shifts. Occasionally, owing to the small team of Transfer Practitioners we employ, we have absence that is not possible to cover and so in 0.3% of day shifts (2 days) and 3.4% of night shifts (24 nights) we have had absences. 100% of these uncovered shifts were supported by our vehicle only service, intended to provide the region with a dedicated transfer ambulance even if we cannot field a full team.

Both Duty Consultant and Transfer Practitioner recruitment and retention have ebbed and flowed throughout the year due to staff leaving for a range of reasons including progression to more senior roles. We have performed exit survey/interviews to understand these reasons in more detail and ensure we are addressing any areas of focus (for example, we are using feedback provided on the Attached Doctor programme to inform its evolution to make sure it is not overly burdensome for the clinical team). We have addressed the medical staffing difficulties in the challenges section below.

In Q4, an additional senior nursing team role was developed. The introduction of a Band 7 Senior Transfer Practitioner (operational manager) is designed to support the Lead Nurse in day-to-day operations. This role not only supports the team but provides a clear pathway for Transfer Practitioner development within the service. Their introduction in Q1 2025 has, at the time of publication, already had a huge impact.

The year I have spent with Retrieve has been both rewarding and enlightening. This job has given me an insight into the workings and structure of the region that I would never have been able to get working at a single site.

Navigating the complex networks whilst keeping the patient at the centre has been a challenge but has felt achievable thanks to the support of an excellent team. Being with motivated individuals who are keen to develop has been a real pleasure.

Dr Hannah Crofton, Transfer Doctor

Financial report

	Details	Costs
Staffing	Clinical Director, Deputy Clinical Director, Clinical Governance, Audit and Research, Training and Education leads	85,497
	General Manager, Lead Nurses, Clinical Education Practitioners	346,735
	Pharmacist Support	7,166
	Administrators	54,546
	Duty Consultants	1,013,325
	Transfer Doctors	111,028
	Transfer Practitioners	690,529
Operations	Operational base – Bristol	196,446
	Operational base – Peninsula	32,245
	Ambulance and driver charges	2,037,367
	Telephony and communications	68,042
	Equipment	1,771
	Servicing of equipment, maintenance including Bristol base	82,424
	Electronic patient record system	21,985
	Consumables	77,506
	Capital charges	7,680
	Drugs	3,503
	Other	195
Miscellaneous	Insurance and drug licence	21,160
	Training, education and engagement	12,299
Trust overheads	8% of pay and non-pay	389,716
Total spend 2024/25		**£5,261,165**

The closing position for the 2024/25 budget is a surplus of £2.1M, an average favourable variance of £177k per month. It is important to note that the overall budget for Retrieve during this financial year includes a contribution from the Division of Women and Children's due to the shared costs of the SoNAR, WATCh, Retrieve Bristol base and combined ambulance and telephony contracts. Spend over the year has been increasing steadily as the service increases the cover provided.

There remain significant staffing underspends, largely on medical posts with £600k on Duty Consultants and £900k on Transfer Doctors (see staffing above and challenges below). Whilst shift cover is slowly improving, we have not yet reached the levels of service defined in the service specification/funded. In addition, some Transfer Doctors are coming to the service 'in training' and so our incurred spend is reduced. It is anticipated that staffing and transfer costs will increase further as progress towards the specification is made.

Service user feedback

We invite feedback from clinicians and patients/relatives using our web-based forms that can be accessed directly, by following a QR code or via email. Overall, feedback remains highly complementary of most elements of our service as seen in the word cloud below.

During the year, we have received increasing volumes of feedback about two main areas of our service – the lack of a fully-staffed medical rota (see staffing above) and our appetite to risk and stipulations around the requirements for medical escorts (see challenges below). This feedback has been provided in a variety of ways and each has been responded to. In Q4, a formal complaint regarding these points, and several others, was sent to NHS England South West by clinicians in one hospital. This was formally responded to and a resolution meeting held in Q1 2025//26 prior to the publication of this report.

External Stakeholder Group

Our ESG was formed in summer 2023 and met twice a year until Q2 2024/25. Unfortunately, despite wide advertising and the presence of an appointed Independent Chair, attendance diminished and engagement was poor. In Q3/4 we carefully considered the risks and benefits of disbanding the ESG compared with other novel ways of engaging our service users. We commenced 2025/26 with a programme of virtual roadshows to see whether this has greater success. Whilst the ESG has ceased, Retrieve is represented by its Duty Consultant and Leadership Team in a variety of fora covering major trauma, stroke, neurosurgery, burns and critical care with feedback sought and information given.

Patient follow-up

Since 2022, we have undertaken follow up of patient referred to Retrieve (thus including those transferred and not transferred by the service. This allows us to understand what has happened following transfer and whether there is anything we can learn as a service. We achieve this by contacting receiving hospitals approximately 24 hours after referral and asking a short series of questions. Using our ARCEMS electronic patient record system we are able to monitor completion and document call outcomes.

During the 2024/25 year we noted the following as a result of this process:

- Whilst a significant proportion of our escalation of care transfers are labelled as 'time critical', not all receive an immediate intervention at the receiving hospital. We believe this is the result of us over-triaging based on initial information provided and the incorrect understanding of transfer urgency by specialty teams. This will be an area of focus in 2025/26.
- A small proportion of patients (<1%) die within 24 hours of transfer. None of these deaths have been attributable to events or care delivered during transfer but all are incident reported and reviewed by our Clinical Governance team. This has enabled us to contribute positively to patient safety incident reviews that have been instigated in referring and receiving hospitals, further strengthening existing governance relationships.

We believe this follow up process is valuable and we intend to review it in 2025/26 to ensure that it remains fit for purpose. During this review we will consider the optimum time that we undertake follow up and whether there are different questions that would yield even more useful information.

Case vignette

Sharon* was a 57 year old school teacher who was normally fit and well. Just after midday she experienced a sudden onset of headache and collapsed whilst gardening. Whilst her husband was on the phone to the ambulance service she suffered a seizure and was unconscious and had a high blood pressure on arrival of the ambulance crew. They suspected an intracerebral (brain) bleed and conveyed her to her local hospital, arriving there just after 13:00.

Half an hour later, Sharon had a CT scan of her brain and blood vessels and at 13:54 the report confirmed extensive subarachnoid haemorrhage (a type of brain bleed) with a probable aneurysm (blood vessel abnormality, the most common cause of this type of haemorrhage). Sharon was referred to her local neurosurgical centre and accepted at 14:12. At 14:21 Retrieve were contacted and our Duty Consultant gave clinical advice about the management of her blood pressure to reduce the risk of rebleeding.

Retrieve arrived at Sharon's bedside at 15:18 and inserted an arterial line and commenced labetalol (an intravenous medication used to reduce blood pressure) prior to packaging her on our critical care transfer trolley. The team departed at 15:46.

During transfer, they carefully monitored Sharon and titrated her mediation to achieve the agreed blood pressure parameters detailed in our subarachnoid haemorrhage SOP which has been developed with neurosurgical, neurocritical care and Retrieve input.

Sharon underwent treatment the following day and was discharged from hospital 6 weeks later.

*name and details changed to maintain confidentiality

Key achievements and developments 2024/25

National developments

ACCTS continue to develop across the United Kingdom and Retrieve plays a key role in the national development in England. During 2024/25 we have:

- One of the National Critical Care Transfer Leads as our Clinical Director.
- Representation in the NHS England ACCTS implementation groups.
- Attended the second national ACCTS day in December 2024 which successfully brought all ACCTS and devolved nation colleagues together.
- Continued to work collaboratively with and support other ACCTS by sharing learning, processes and work.

Objective, strategy, values

In Q4, as Retrieve entered its fifth year of operating, we took the opportunity to revisit, renew and refresh our objective and strategy and agree the team values that underpin these. When these were originally developed our service was in its infancy and, as our operational experience has grown, so too has our desire to benefit the patients, specialties, pathways, networks and stakeholders we exist to serve.

In considering our approach to this update, we adopted the following principles:

- Our objective is our *raison d'etre* – our main aim and mission statement.
- Our strategy encompasses *how* we will deliver our objective.
- Our values are our shared guiding principles that shape how we interact with each other, our behaviours, and our approach to work. These read across and integrate with the UHBW values of Respectful, Collaborative, Supportive and Innovative.
- We developed these statements together with our team and will use them to guide us – every element of our service, every workstream, every project and every one of our team should be underpinned by these in order to help us deliver our objective.

Our objective and strategy can be found on page 4 of this document. Our team values are included below:

- We are kind, compassionate and supportive.
- We are inclusive and treat everyone with respect.
- We communicate openly – everyone has a voice, every voice is heard without judgement.
- We are innovative – we welcome feedback, embrace technology and are receptive to change.
- We act with integrity, honesty and accountability.
- We are always striving for excellence in everything we do.
- We are collaborative, valuing contributions from our team and everyone we work with.
- We look after each other.

Listening events with our team

Alongside our objective, strategy and values work we recognised a collective desire to lead and work with our team differently – inspired by feedback we had received from them. In March, we held a series of listening events with all staffing groups in the service (Duty Consultants, Transfer Doctors, Transfer Practitioners and Administrative Team). These were framed around a series of open questions but were far-reaching in the

feedback and topics covered. Finally, we sought anonymous feedback from the team to ensure that we had heard all voices and provided a range of opportunities to express opinions.

The events were a huge success and have helped us create a series of themes/topics that we are now working on. There has been much positivity about the processes that we have worked through with our team in both of these areas as well as our new approach to leading and managing our service.

What is your experience of being a team member?

A positive and supportive working environment that is proactive and responsive.

More and more the work is harder and busier. The downtime is less and doing multiple transfers a day is gruelling work. I think as Retrieve has become more visible and used by hospitals this is an aspect that has become more of an issue

I love working for Retrieve. So many opportunities and being supported in further learning.

I feel there is a real sense of unity in Retrieve and it is nice to see the team work together and smile.

I am very proud to be a member of the service.

I feel we provide an excellent service and are held in high regard with patients and service users.

Whilst I hope neither myself nor my family would require the services of Retrieve, if we did, I know we would be in good hands.

What is it like to be led by the Leadership Team?

Supportive and always listened to. Responsive, proactive, dedicated.

Very supportive, very responsive.

I think more autonomy should be given to those employed into various roles to allow them to develop and evolve their areas of responsibility.

Available and accessible.

Have always been able to speak to someone when needed. Every has been friendly and approachable.

ARCEMS electronic patient record system

Retrieve has been a paperless service since its launch in 2020, utilising an app-based system called ARCEMS so that our patient electronic record can be competed on the road in real time using iPads.

In 2024/25 we were given the opportunity to work closely with ARC Medtech, the supplier of our EPR, to upgrade and radically improve the system. This upgrade included a wholesale change in the system design, which has

allowed us to fully customise and tailor it for the first time so that it fully meets our needs. ARCEMS version 2 allows us to produce detailed patient documentation which not only supports our care en-route but facilitates ongoing patient management in the receiving hospital.

Owing to the way in which ARCEMS version 2 works, and the customisation, we have been able to build elements into our updated record which facilitate case flagging for operational or governance reasons, allow patient follow up to be documented and provide the opportunity for the teams to share learning.

The move to a platform which utilises a RESTful API allows the seamless integration of data into Microsoft Power BI allowing us, again for the first time, to display our data in near-real-time on a custom-designed dashboard and additionally to interrogate and learn from our data.

SoNAR, WATCh, Retrieve and Bristol ECMO Service collaboration

UHBW host the neonatal, paediatric, adult and ECMO critical care transfer services for the South West. Since 2021, the service leads of SoNAR, WATCh and Retrieve have been collaborating and working together to develop a roadmap for alignment of the services. In the past year, the following major milestones of this have been delivered:

- **Q1:** SoNAR, WATCh and Retrieve co-located for the first time in the 'SWR Base' in Bradley Stoke, North Bristol. This represents one of the first times nationally that all three services have been housed under one roof and provides us collectively with one of the foundation stones required for future close alignment.
- **Q1:** launch of a new combined ambulance contract covering all four services. Brand new bespoke critical care ambulances have been designed collaboratively and will enter service in Q1 2025/26.
- **Q2:** launch of a new combined telephony contract covering all four services. This includes call handling, call recording and custom call scripts that give us significant control over the user experience working alongside our telecoms provider, Bristol Ambulance EMS.
- **Q2:** launch of monthly joint education sessions that are held virtually and allow exploration of challenging cases and themes across all three services.
- **Q4:** formal base opening/first birthday celebration hosted by Ingrid Barker, Joint Chair, Bristol Hospitals NHS Group. Attendance from NHS England, past patients, Trust and Divisional colleagues. Media coverage included a BBC Points West television piece.

This work remains strategically important and has support from NHS England South West and UHBW Executive colleagues. The priority for 2025/26 is to realise some of the core elements of this so that further alignment is possible (e.g. alignment of budgets, consideration of a single Divisional location and development of a streamlined management and leadership structure).

Bristol Extra-Corporeal Membrane Oxygenation (ECMO) Service

We continue to support the 'retrieval' element of the Bristol ECMO Service by providing ambulance and rapid response vehicles to support the critical care transfer of patients requiring ECMO. The combined ambulance contract includes this provision and the Bristol ECMO Service team have contributed to their design, ensuring the vehicles are suitable for their specialist equipment. We continue to provide critical care transfer education and training for the team.

Audit, quality improvement (QI) and research

Retrieve has continued to develop and consolidate its contributions both regionally and nationally. The service has supported a number of initiatives that underpin safe, standardised adult critical care transfer.

Audit and QI

Locally, audit activity has focused on performance, safety, and service evaluation. Each base (Peninsula and Severn) now has a Transfer Practitioner supporting the implementation of audit projects. The release of the second version of our electronic patient record system enables more automated data extraction, reducing repetitive tasks and allowing teams to focus on higher-value analytical and improvement work.

A total of twenty-two audit recipe guides have been developed, covering topics such as acute aortic dissection, lung protective ventilation, capacity transfer, Controlled Drugs, CPAP High Flow and non-invasive ventilation, glycaemic control, infection prevention and control, major trauma, maternal critical care, oxygen targets, patient feedback, intubation, sedation and paralysis, stroke mechanical thrombectomy, subarachnoid haemorrhage, traumatic brain injury, temperature and tracheostomy. Each of these will be shared through our clinical governance meetings with practice changing data on acute aortic dissection, glycaemic control and temperature management all being presented during 2024/25.

One of our audit projects was presented at a national conference this year by a Transfer Practitioner:

- The Association for Cardiac and Thoracic Anaesthetists and Critical Care Annual Scientific Meeting 2024: Type A & B aortic dissections in transfer *(Barke, Grier)*: A retrospective review of 33 dissection transfers in 2023. Retrieve achieved full compliance with cardiovascular monitoring. Only 17 transfers used the full Retrieve team due to overnight coverage gaps – now being addressed through 24/7 provision of our service.

A key QI project this year focused on improving confidence and performance in emergency intubation. Designed and led by one of our Transfer Doctors, the package involved four medium-fidelity simulation scenarios delivered across both bases. Time to locate equipment improved significantly (from 413s to 243s), and post-simulation surveys showed increased confidence in using both the equipment and the algorithms. This simulation training will now continue on a rolling basis led by our Training and Education Team.

Retrieve has also been actively represented at the national ACCTS Audit and Research Group. This group, comprising regional leads, aims to standardise best practice, share learning, and shape future development.

Research

Retrieve is the administrative lead for the James Lind Alliance (JLA) Priority Setting Partnership on adult critical care transfer, launched in March 2025. This nationally-supported programme aims to identify the top research priorities in the field, drawing on input from clinicians, patients, and carers. Retrieve has coordinated the national stakeholder group and is supporting the wider research agenda emerging from this work.

In parallel, Retrieve undertook a regional research priorities survey across its consultant, transfer practitioner, and doctor workforce. The response was balanced across our two bases (n=22), with a good mix of clinical backgrounds. Key areas identified for future research included: referral categorisation, hospital readiness for transfer, long distance transfers, sedation and analgesia strategies, capacity transfers and blood product use.

Outlook

Retrieve's leadership in audit, QI, and research continues to shape the evolving landscape of adult critical care transfer nationally. In the coming year, the service will embed shared standards, expand audit infrastructure, support delivery of the JLA Priority Setting Partnership, and foster a culture of collaborative improvement nationally.

Training and education

Our Education Team consist of two Clinical Education Practitioners, one for each base, and two Consultant Leads, one for each base. During the 2024/25 year, our Severn Clinical Education Practitioner has changed. The team's role is broad and varied and they work collaboratively on all aspects of education, training and learning across our service. They have summarised the main areas of their work below.

Staff induction

All team members joining our service undertake an induction programme. A detailed and clear process and timetable has been developed and implemented for all Transfer Practitioners and this consists of pre-recorded material and two days face-to-face training covering kit and equipment alongside key policies and procedures, as well as specific scenarios and simulations. The Education Team are rolling this out to all Transfer Doctors and Duty Consultants from Q2 2025/26 so that every new team member receives similar training.

Competency workbook

This detailed book covers all the key operational, clinical and equipment competencies required to function within our service. The Education Team continually review and adapt it, adding elements for new pieces of equipment (e.g. new B.Braun infusion pumps that were added in 2024/25) and updated processes. Every new team member completes this workbook and the Education Team also ensure that each current team member reviews and updates their competencies annually. The Team delivers tailored training to individuals depending on their requirements in order that they maintain their currency and competency.

Team mandatory training

Transfer Practitioners and Transfer Doctors must complete UHBW mandatory training. Whilst much of this is straightforward as it is delivered virtually through the Kallidus system, face-to-face elements are particularly challenging for our Peninsula-based team members. Links have been developed with the Royal Cornwall Hospitals NHS Trust who, under agreement with UHBW, provide Advanced Life Support, manual handling and Oliver McGowan face-to-face training locally, rather than our team needing to travel the 6 hour round trip to Bristol. Duty Consultants' mandatory training is passported from their 'parent' NHS Trust and monitored by the Education Team.

As part of an ongoing programme of development, the Education Team have worked with the UHBW Learning and Development Team to develop a dedicated section of the Kallidus platform to make it easier for Retrieve team members to monitor and undertake their mandatory training. It is anticipated that this will launch in Q2 2025/26.

Daily education

The Education Team have revamped our daily education programme to increase interaction and engagement. An 'education theme of the month' was successfully launched with a rolling programme of education activities such as videos, drills, kit and equipment learning, simulation, familiarisation cards, case studies, scenarios and evidence review. Resources to support these are available through the Eolas mobile app that we use for most aspects of our service. The response to this evolution has been positive and it will continue to develop in the 2025/26 year.

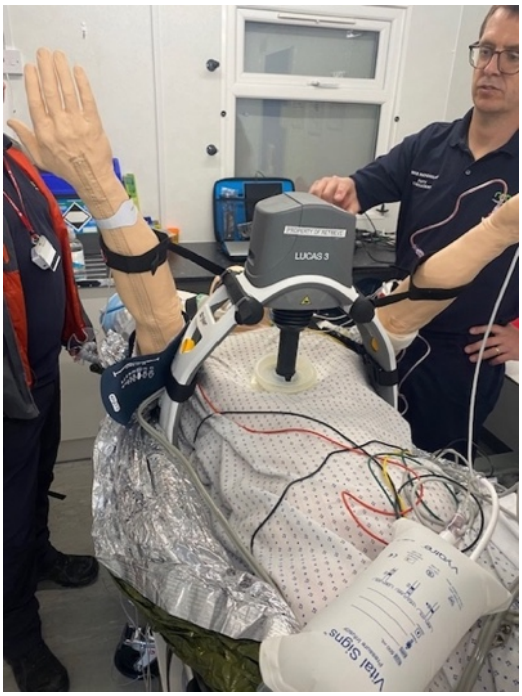
Transfer Practitioner Competency Framework (TPCF)

The TPCF project is ongoing, and the feedback so far has been extremely positive. The first cohort of candidates are approaching the end of the programme so a final report will be available in Q3 2025/26.

The Education Team have worked closely with ACCOTS, the Midlands ACCTS, to develop education days that cover core topics such as major trauma, neurosciences and neurosurgery, cardiology, cardiothoracic and surgery, burns, gastrointestinal, hepatology and hepatobiliary surgery, renal, respiratory, spinal, vascular and maternity. These sessions have been delivered by expert speakers and the recordings are available for the whole team to view. The candidates have also completed practice placement shadow days in the specialties.

Roadshows

As part of our commissioning, we are required to deliver an 'outreach education programme'. During 2023 and 2024 calendar years we visited every referring hospital in the region. Engagement with these has been highly variable and they are challenging to organise as finding a mutually agreeable date and a suitable hospital location has proven difficult. In Q3 we designed a virtual roadshow programme that the Education Team will commence in Q1 2025/26 using the NHS Futures platform to share information with colleagues from around the region.



Regional critical care transfer training

The education team are supporting an initiative through the SWCCN to deliver critical care transfer training. We have already supported the development of the STRICT course which is supported by SWCCN and delivered locally in most hospitals, helping colleagues gain the skills necessary for intra-hospital transfers.

In the last year we have supported the Course Directors for an advanced STRICT2 course, providing guidance and transfer knowledge to enhance their course content and resources. Retrieve will provide faculty for the course which is envisaged to run in both the Peninsula and Severn regions from 2026. This course, designed to meet the needs of Stage 2 trainees in Intensive Care Medicine and Anaesthesia and critical care nurses undertaking inter-hospital transfers, will run twice a year in both parts of the region. At the time of publication, we have an agreed venue for the Severn element (North Bristol NHS Trust Learning and Research Centre) but continue to seek a similar venue in Peninsula.

Attached Doctor (AD) programme

Since commencing the AD programme in 2023, we have trained over 180 Resident and Specialty Doctors from the region who are in Stages 1 and 2 of Intensive Care Medicine and Anaesthesia training. This programme is designed around their respective curricula and supports each doctor gaining supernumerary experience with our service for a few days. It is underpinned by a formal Memorandum of Understanding that we hold with all hospitals and agreements with the Schools of Anaesthesia and Intensive Care Medicine. Feedback continues to be excellent and we anticipate evolving this in line with advice from the Faculty of Intensive Care Medicine and Royal College of Anaesthetists in 2025/26, with more information available in Q2-3.

Challenges

Whilst many aspects of this Annual Report are positive, it is very important to us that we acknowledge some of the major challenges that we face in delivering Retrieve and the impact these have on our service users and stakeholders. Neither of the following changes are new, but both have led to significant feedback, discussion and, in some cases, complaint, through Q3/4 and into 2025/26. Both are major areas of work that is in progress at the time of publication of this report and we undertake to add further context in next year's Annual Report.

Medical staffing

The single greatest challenge facing Retrieve in 2025, and indeed the most difficult element of our service to deliver since inception is medical staffing of our Duty Consultant and Transfer Doctor rotas. We employ Duty Consultants from 12 of the 14 hospitals in the region, each of whom work 1-3 days per month for the service in addition to their parent Trust roles. There is gradual turnover with colleagues often taking on additional Trust roles and needing to reduce clinical time to maintain a reasonable job plan. In the years we have operated Retrieve, we have rarely reached full establishment at either base for longer than a few months despite optimising recruitment, job planning, pay and conditions. The reality is that time and financial incentives elsewhere in their Trusts mean that Retrieve cannot attract all the consultant staff it requires.

Our Transfer Doctor rota is designed for senior (ST5+) Resident Doctors as well as those who have completed training and those who are experienced Specialty Doctors. We are able to accommodate doctors in training and those outside training, although the former are significantly limited in number and flexibility by the training requirements stipulated by the Faculty of Intensive Care Medicine, Royal College of Anaesthetists and the regional Schools of Anaesthesia and Intensive Care Medicine. Whilst there is funding for 6 whole-time equivalents per base, we have rarely seen more than 2 so far.

The impact of this staffing means that the majority of our night shifts, and some of our day shifts, are staffed by a partial team (Transfer Practitioner and driver). The majority of patients require a medical escort in addition to our Transfer Practitioner (see risk assessment below) and this necessitates taking a local doctor/Advanced Critical Care Practitioner from the referring hospital. Whilst all hospitals must be able to undertake their own transfers when Retrieve is unavailable, we recognise the impact of our insufficient staffing on day-to-day operations.

Medical staffing is a high risk on our Risk Register and, at the time of publication, we are working with UHBW and the SWCCN to consider any and all options to recruit, retain and robustly fill our rotas. We invite consultant colleagues, Resident and Specialty Doctors who are interested to visit www.retrieve.nhs.uk/jobs and get in touch with us.

Risk assessment

Since launch, we have been aware of the changing landscape of critical care transfer and the role we play in redefining the standards of care patients receive. For many patients, the need for medical and nursing clinical escorts has been well recognised for decades; for others this need has been less well-recognised (e.g. subarachnoid haemorrhage, posterior circulation stroke, acute aortic dissection, thrombotic thrombocytopenia purpura). We have worked closely with regional and national colleagues in specialties and Networks to strengthen transfer pathways for these latter groups of patients and, in doing so, improve their recognition, management and transfer care. Over the last 3 years we have received increasing feedback from referring hospitals about our approach to the transfer of these patients, and our approach to risk more generally, with many stating that our service is risk-averse and that many of these patients do not require a medical escort.

From Q4 through to Q1 2025/26 we have been working on an improved risk assessment for times that we do not have a full team (see medical staffing above) so that we can share this transparently and apply it consistently. Alongside this we will provide guidance on the types of patients that fall into each category and, where relevant, link this to our regional guidance that has been developed with specialties and regional specialist receiving hospitals.

Whilst we acknowledge the frustrations often felt by referring hospital colleagues, we hope that this increased transparency, sharing of data and case details, and continued conversations at local and regional level, will aid understanding in this area. The fundamental changes to the standards of care that patients, their relatives and specialties now expect during critical care transfer mean that we must work collaboratively to deliver these, recognise the areas that challenge us all the most and seek mutually agreeable solutions. We will publish more information on our website in Q2 2025/26.

Our future vision

As Retrieve continues in its fifth year of operating, the service is a core component of the region's delivery of adult critical care. Throughout our journey so far we have sought out those areas that are most difficult, proactively addressed challenges that we identify and sought to collaborate with stakeholders at local, regional and national level.

Looking ahead through 2025/26, we have key areas of focus that have been described in this Annual Report that will allow us to continue to evolve, meet the significant challenges that continue to be present, and address the major risks on our Risk Register. In brief, these include:

- **Maximising our medical staffing** through collaboration, innovative solutions and revisiting all aspects of pay, conditions, recruitment, retention and working practices.
- **Permanent operational base in Peninsula** with an expectation that we occupy this in late 2026/27.
- **Alignment with SoNAR and WATCh** with significant work required within UHBW across our Divisions and then subsequently within our services.

Whilst these steps are key to consolidating our service and improving the experiences of our patients and service users, we also continue to horizon-scan to ensure that we remain at the forefront of ACCTS development nationally and are delivering the best possible service. As we shared in 2023/24, several key areas will require focus and investment in the coming years:

- **ACCTS standard setting.** We will contribute to this project through our membership and leadership of the national ACCTS Steering Group and anticipate publication in late 2026/27.
- **Increased transfer activity to enable patients to access specialist time critical and urgent care.** Whilst the proportion of escalation of care transfers have remained static, our overall volume of transfers continues to rise and novel treatments and reconfiguration of NHS services mean that this will likely continue.
- **Repatriation activity will increase to maintain specialist centre capacity and ensure patients are cared for close to home, when this is appropriate.**
- **Adult critical care will continue to evolve and smaller units are likely to change.** We anticipate that in the South West, smaller units may transfer larger proportions of patients out – centralising longer-stay patients in higher-volume centres.
- **NHS Providers across the region will continue to reconfigure services and require transfer for both critically ill and lower acuity patients.** We expect Bristol to have one Trust, joining the single Trusts in Devon, Gloucestershire and Somerset. Inevitably this will result in service reconfiguration and dynamic movement of patients to ensure they are in the best place to receive their care. This will require careful consideration of transfer requirements for lower acuity time critical and urgent transfers by Trusts and ICBs and is likely to need additional Retrieve investment to drive workforce and service expansion.

Continuing to strive for excellence

This fifth Annual Report demonstrates the significant progress our service continues to make but also highlights areas of challenge, focus and development. We have refreshed our objective and strategy and recognise that, whilst we do not yet meet all aspects of our service specification, the journey to achieving this reliably and robustly lies in collaborative working with each and every one of the region's hospitals. Retrieve is our regional service and we remain ambitious, we will seek to innovate and continue to strive for excellence, but we cannot do this alone.

Working for Retrieve is a privilege. It provides an opportunity to work with other enthusiastic multidisciplinary team members who strive to improve both our patient experience and each other's skills and knowledge.

Steph Sanders & Peter Johnson, Transfer Practitioners

retrieve

Adult Critical Care Transfer Service

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