NHS England

GIRFT
GETTING IT RIGHT FIRST TIME

Inter-facility transfer of critically ill or deteriorating patients

A guide for NHS Elective Surgical Hubs

September 2026

GIRFT is part of an aligned set of programmes within NHS England

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Summary Checklist

This checklist summarises the key features of successful inter-facility transfer of critically ill, or deteriorating, patients from a hub to an appropriate acute setting. It is intended as a practical tool to guide service improvement across all NHS elective surgical hubs in England and should be considered alongside the detailed descriptors that can be found toward the end of this guide.

Consent and pre-assessment

- ☑ Patient selection criteria at NHS elective surgical hubs reflect best practice in respect of clinical complexity, the level of care available at the hub site, as well as staffing arrangements at hub and transfer sites.
- ☑ Patients provide informed consent for surgery at a hub without on-site critical care, acknowledging potential transfer if escalation is required, even for low-risk procedures.

Identification, escalation and prioritisation

- ☑ Clear pathways exist for contacting specialists in the event of intraoperative complications.
- ☑ The hub uses a standardised early warning system (NEWS or PEWS) perioperatively, alongside clinical assessment. Escalation is based on both EWS and clinical concern, with locally set trigger thresholds reviewed regularly to maintain optimal sensitivity and specificity.
- ☑ The overall escalation process is direct and timely, with SBAR used for communication, and staff feel empowered to escalate.
- ☑ A locally agreed graded-response strategy categorises patients as high, medium, or low risk. A senior decision-maker reviews medium and high-risk patients to determine if care remains within the hub's scope. Clinical emergencies bypass this system for immediate Category 1 transfer.
- ☑ The decision to transfer is made by senior clinical decision-makers at both the elective surgical hub and receiving hospital.
- ☑ Patients are informed where possible; if a patient is unable to consent, their representative is informed. The rationale for transfer is clearly documented within the patient's clinical records.
- ☑ Prior to transfer, a senior clinician conducts and documents a risk assessment, determining urgency, required response time, and staff competencies based on the patient's condition.

Transfer and handover

- ☑ Transfer should be to the most appropriate hospital for the clinical needs of the patient, while taking account of bed availability and transfer distance; transfer for immediate lifesaving interventions must not be delayed by lack of availability of a critical care bed.
- ☑ There is an agreed escalation pathway between the hub and local ambulance service and/or specialist transport teams.
- ☑ Staff involved in transfers have appropriate training, access to resources, and demonstrated competencies. Unsupervised transfers are not undertaken by staff without the required skills. The elective hub is staffed sufficiently to continue operating while transfers take place.
- ☑ Structured clinical handovers are in place at the point of transfer, with records maintained throughout. On arrival, a formal handover occurs before the receiving team assumes care. Accompanying staff are returned promptly to the elective surgical hub.
- ☑ There is a defined process for after-action reviews and reporting through a robust and effective framework of clinical governance, to enable a cycle of continuous improvement and shared learning.

Human factors and digital tools

- ☑ Human factors such as workload, situational awareness, teamwork, and communication should be optimised, and the use of simulation-based training, checklists, and role-specific action cards are encouraged.
- ☑ Digital tools should be used throughout the patient pathway, and where possible, tools used at hub sites should be integrated with those used at the local acute trust.

About this guide

Purpose

This guide outlines essential and desirable features of protocols covering inter-facility transfer of critically ill or deteriorating patients, including both adults and children, from NHS elective surgical hubs. It covers transfers to any level of care i.e. the scope is **not** limited to transfers to critical care. It provides high-level guidance and is not intended to be a standard operating procedure (SOP). Instead, it should be used alongside detailed guidelines and local policies. It is intended for clinical leaders at NHS elective surgical hubs in England, whether established or prospective, and their colleagues in acute trusts, ambulance and transfer services, with whom they will need to discuss transfer arrangements locally.

Development

The development of this guide has considered the following points and was informed by a roundtable discussion, including hubs and various stakeholders (see the contributors list for further details).

- Informed consent for undergoing surgery in a hub without access to critical care.
- Early-warning identification and escalation of deteriorating patients.
- Prioritisation of transfers, including defining clear transfer thresholds.
- Ambulance transfer arrangements to ensure timely and appropriate transport.
- Handover to the accepting specialty team, ensuring continuity of care.
- Workforce requirements, ensuring sufficient staff capacity and expertise.
- Human factors, such as communication, decision-making, and situational awareness.
- Staff behaviours, to support adherence to the standards and best practices in patient transfer.

Implementation

It is the responsibility of the NHS elective surgical hub, with the support of their local acute trust, to raise awareness of the hub, its needs, and agree an appropriate escalation pathway to the regional ambulance service, critical care network, and specialty transport service. This is particularly important for standalone hubs, and hubs that treat adolescents aged between 16 and 18 years old who often fall between the boundaries of paediatric and adult services. Hubs should note that the trust will have a specialist paediatric retrieval team in place and this is mapped in the appendix.

Criteria should be evidenced by standard operating procedures, policies, or relevant data regardless of whether the standard requires action at a referring site, transfer site or NHS elective surgical hub.

All NHS elective surgical hubs will need to conduct any post-transfer review of a critically ill or deteriorating patient in line with NHS England's mandated Patient Safety Incident Response Framework (PSIRF). Every incident and the learning that follows will need to be logged on the national Learn from Patient Safety Events (LFPSE) service, ensuring that the

whole system benefits from the insights generated. PSIRF provides the structured process for investigation and improvement, while LFPSE supplies the central platform for reporting and shared learning. All clinicians and other staff involved in the transfer would be expected to participate in this PSIRF-compliant review, embedding robust governance and continuous improvement across the Hub.

Background: Why transfer guidance is needed for NHS elective surgical hubs

Clinical need for transfer

Critically ill or deteriorating patients are in a dynamic and often precarious physiological state; transfer potentially exposes them to additional harm and instability. The goal of critical care transfer should be the maintenance of high-quality care while moving the patient to an appropriate location, in an expedient and safe manner. This requires a robust framework of clinical governance and transfer-related risks that can be mitigated by developing standardised procedures. This document supports the development of these procedures by outlining the transfer pathway, providing an example of how it can work well, and highlighting the key features needed for a successful transfer process.

Relevance to NHS elective surgical hubs

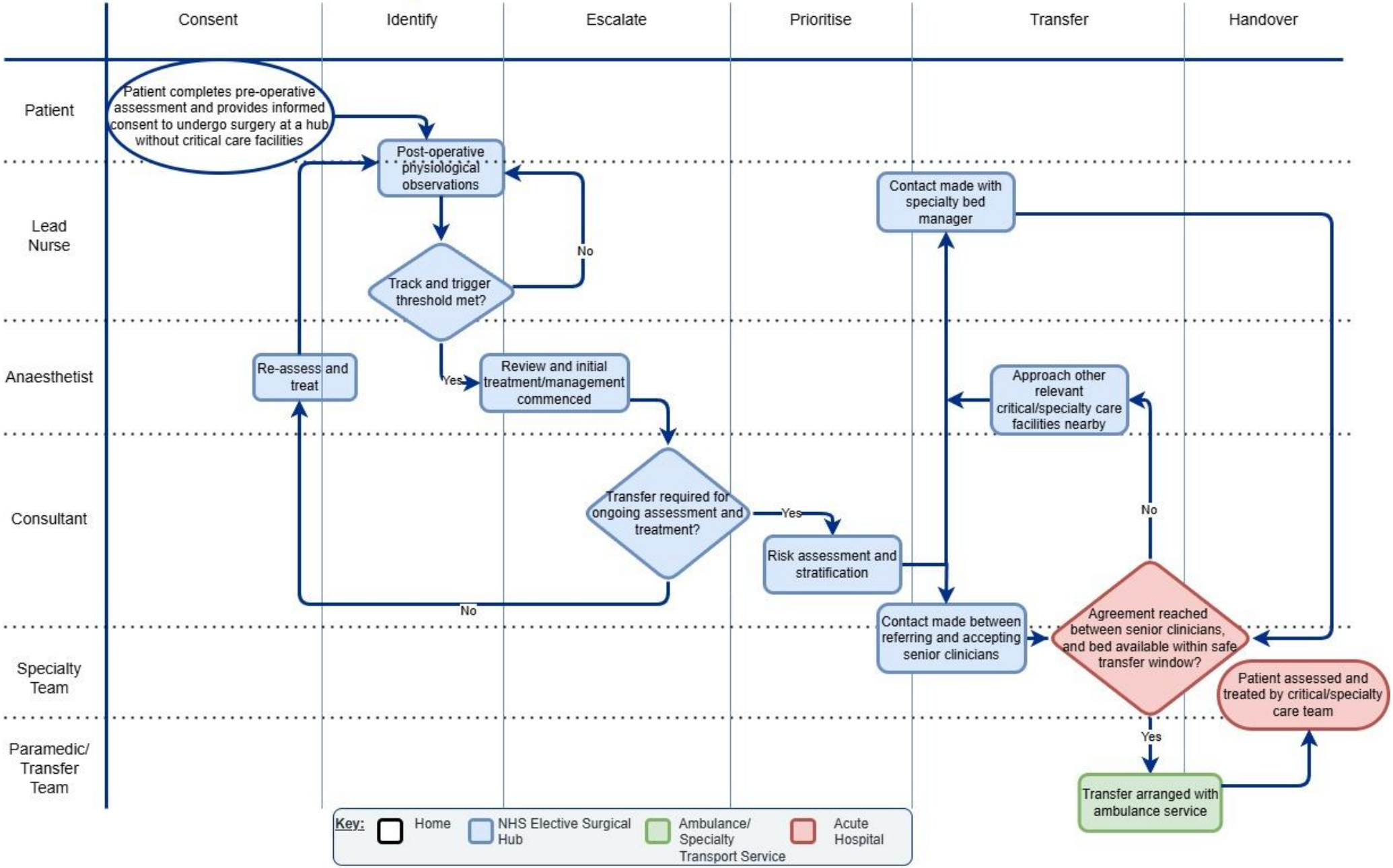
Roughly half of all NHS hubs are reported as ‘standalone’ surgical units in a dedicated building fully separate from any acute provision. While hubs are primarily for low-complexity and low-risk patients, the number of transfers from NHS elective surgical hubs to other sites is expected to increase as the quantity and activity of hubs increase, alongside the provision of more complex surgeries in higher-risk patients.

Potential adverse events associated with transfer

Adverse events associated with the transfer of critically ill or deteriorating patients include major physiological derangement, patient/relative dissatisfaction, prolonged hospital stay, physical/psychological injury, and death. Risk factors can be classified into four distinct categories:

1.Equipment-related technical factors	3. Organisational or governance-related factors
2.Human factors relating to the transfer team	4. Patient-related risk factors.

Overview of Transfer Pathway



Patient transfer in practice: Case study of Northumbria Healthcare NHS Foundation Trust elective surgical hub

Summary

Northumbria Healthcare NHS Foundation Trust implemented a Recognise and Rescue pathway in January 2021, revised in November 2023, to identify unwell patients at elective hub sites and manage their escalation and transfer for unplanned critical care. The pathway demonstrates that safe, high-volume elective surgery can be delivered with minimal unplanned transfers and appropriate patient placement.

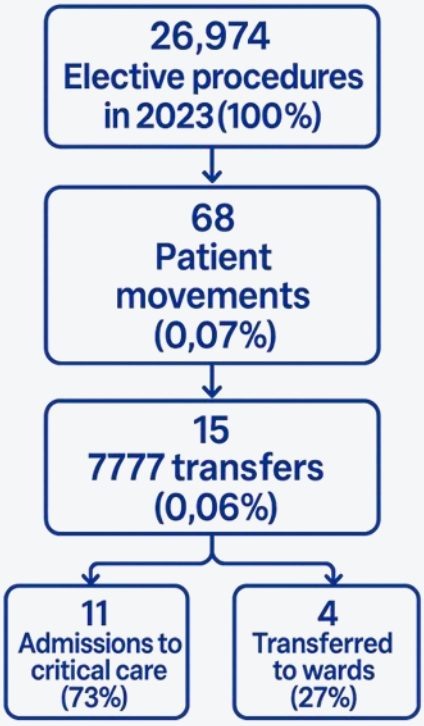
Approach

The pathways provided a structured framework for identification, escalation, and transfer. It standardised decision-making through consultant-led communication, timely escalation calls, and perioperative documentation guidelines. Reviews have identified key learning points and themes in the 7777 serious group. These reviews are a routine part of overseeing the process, and the specific learning points and themes vary throughout each year.

The initiative involved a multidisciplinary team, including surgeons, anaesthetists, critical care consultants, and NEAS paramedics, working across multiple hospital sites, including the base site for elective surgery, NSECH, Alnwick Community Hospital, Hexham Hospital, North Tyneside Hospital, and Wansbeck Hospital.

Results

Between January and December 2023, elective surgical activity increased compared with the previous year. Despite this, unplanned transfers to the Northumbria Specialist Emergency Care Hospital remained rare **(see right)**, mostly occurring on the day of surgery. Of the patients transferred, only a minority required serious escalation. The majority of these serious transfers resulted in admission to critical care, with the remainder managed on other hospital wards.



Routine review in 2023 identified key learning points around how post-operative acute kidney injury in the transferred group is escalated and managed, alongside timing of transfer and ambulance service demand. No critical incidents happened during transfers. The GIRFT team reviewing these results are confident that this reflects a safe, high-volume, and active surgery pathway, with effective escalation and transfer protocols in place.

Figure 1: Northumbria's Recognise Pathway

Source: kindly provided by Northumbria Healthcare NHS Foundation Trust

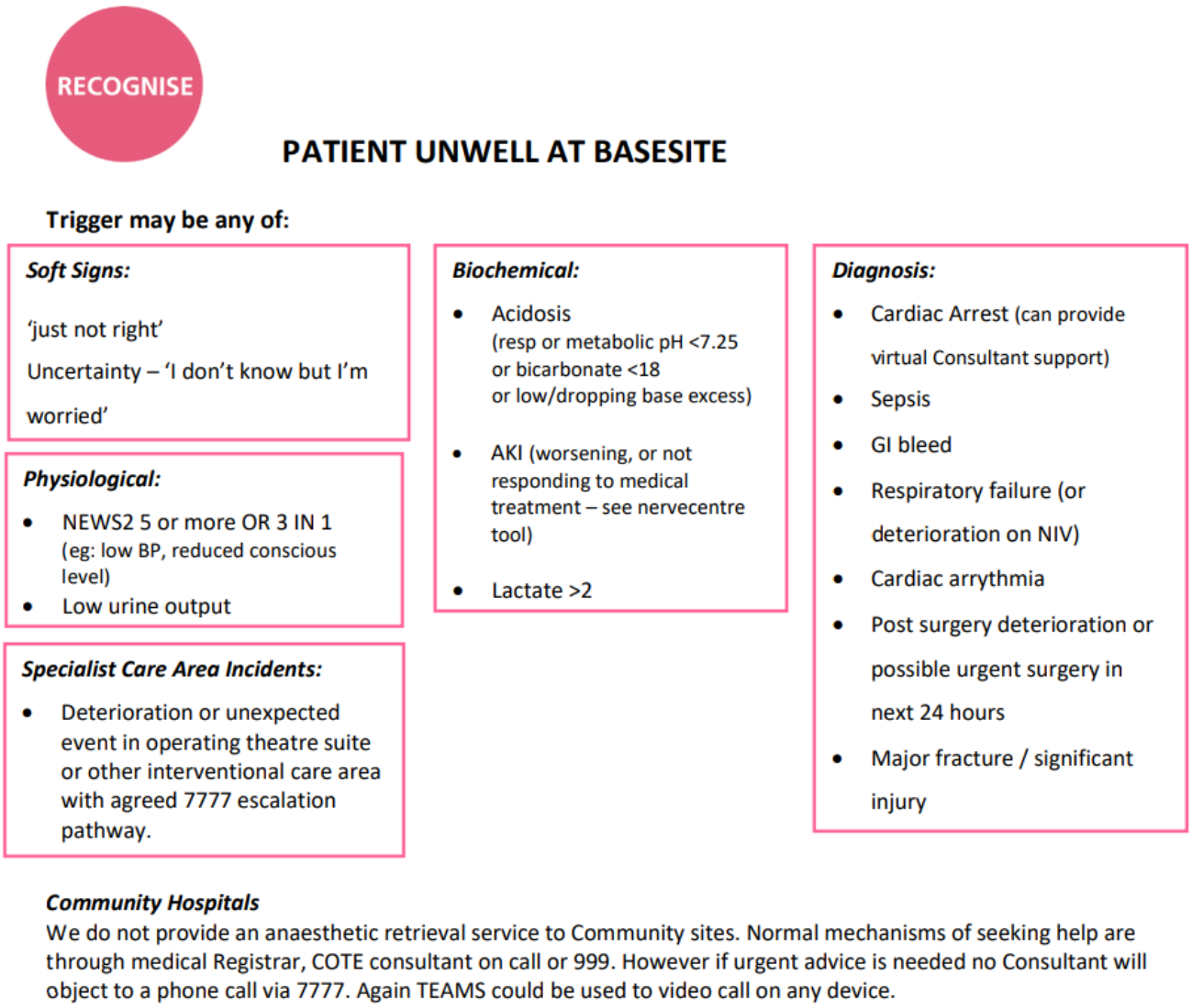
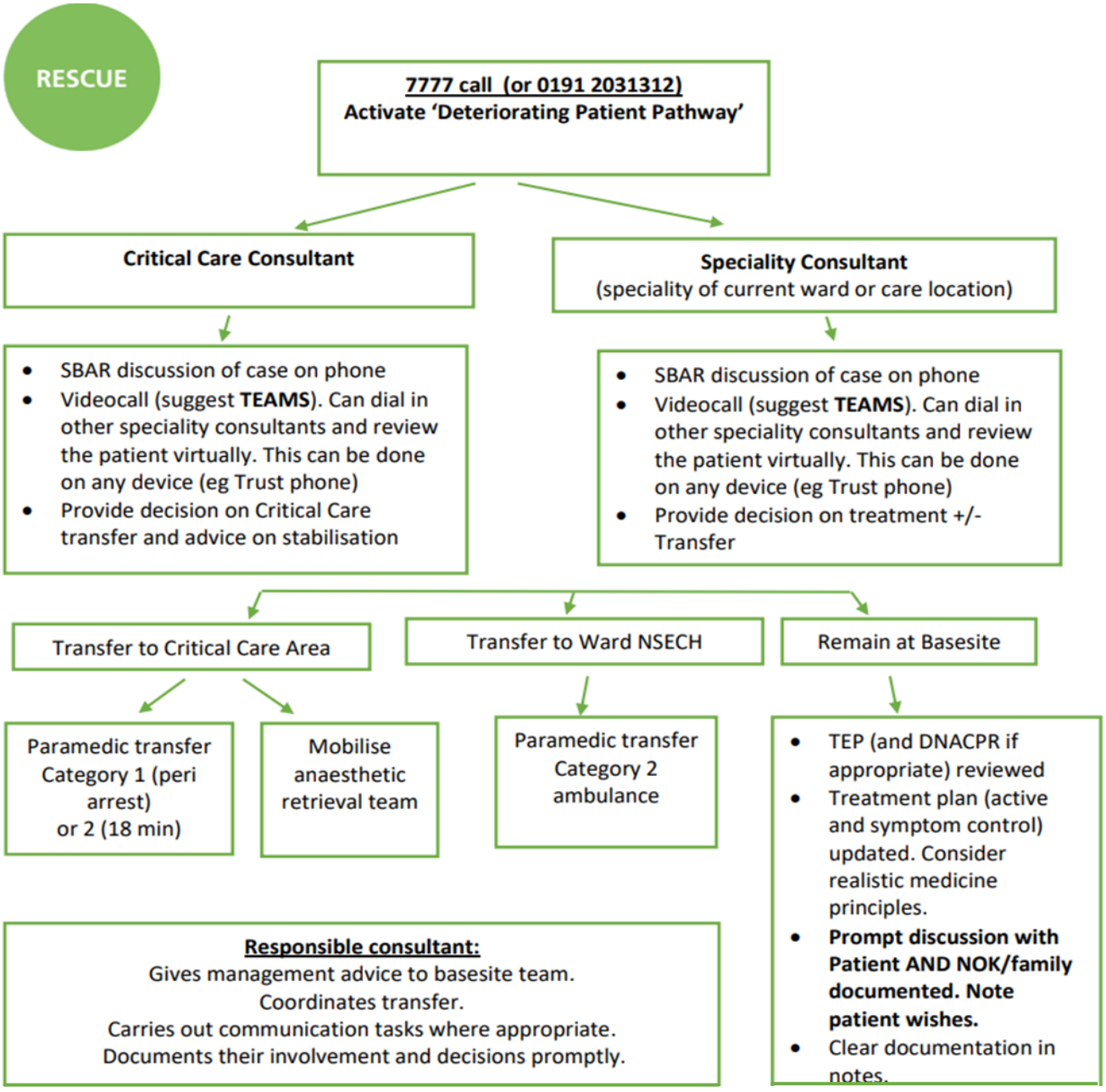


Figure 2: Northumbria's Rescue Pathway

Source: kindly provided by Northumbria Healthcare NHS Foundation Trust



Essential features of a surgical hub to support a successful transfer pathway

Checklist: Consent and assessment essentials

Interaction with referring and transfer sites

- ✓ Criteria for patient selection at NHS elective surgical hubs should be agreed by the consultant anaesthetist with input and consensus from the referring site(s), noting that the acceptance criteria for complex cases may vary at the weekend (vs. weekday). Patient selection criteria should be based on our guide to patient selection at NHS elective surgical hubs.
- ✓ All referrers to NHS elective surgical hubs should be made aware of the hub acceptance criteria.

Consent

- ✓ In all cases, patients must be made aware of the associated-risks and consent to undertaking surgery at a hub without critical care facilities on-site;
    - In the event of a requirement for escalation of care, patients are entitled to know that they may be transferred to a different unit should they require specialist support. This may include critical care, return to theatre, specialist medical input or scans.
    - Where the risk of transfer is small (e.g. cataract surgery) the patient should still be made aware that the facility does not have escalation facilities.

Pre-assessment

- Screening at pre-assessment must be consistent - anaesthetists in the pre-assessment area must apply the same criteria as anaesthetists in theatre.

Useful links (evidence-based further reading)

Enhanced Perioperative Care | CPOC

Perioperative Digital Playbook | NHS England

Routine pre-operative tests for elective surgery | NICE

Earlier screening, risk assessment and health optimisation | NHS England

GIRFT Pre-operative Assessment Guidance (July 2023)

Preoperative Assessment and Optimisation for Adult Surgery | CPOC

Guide to Patient Selection at Elective Surgical Hubs

Identification, escalation and prioritisation

Checklist: Identification, escalation and prioritisation essentials

Intraoperative complications

- ✓ There should be clear pathways for contacting specialists, such as neurologists or vascular surgeons, in case of intraoperative complications.

Early warning and trigger thresholds

- ✓ All NHS elective surgical hubs must use an appropriate standardised early warning system (NEWS or PEWS) perioperatively; before, during, and after surgery.
- ✓ EWS should be used as an adjunct to clinical assessment and are not a substitute for competent clinical judgement; clinical staff should observe for soft signs and escalate patients who are causing concern to them or the patient's relatives/carers, even if the EWS score is low – staff must not be afraid to escalate. This is particularly important for patients who have difficulties with communication.
- ✓ Trigger thresholds for track-and-trigger systems, encompassing both EWS and clinical concern, should be set locally. The threshold should be reviewed regularly to optimise sensitivity and specificity.

Response

- ✓ A graded-response strategy for patients identified as being at-risk of clinical deterioration should be agreed and delivered locally. It should consist of three levels: high, medium, and low score.
- ✓ The appropriate senior decision-maker (usually an anaesthetist or consultant) should be alerted to patients with a medium or high score; it is the responsibility of the reviewing consultant to assess whether the patient's condition remains within the scope of care for the elective surgical hub.
- ✓ The overall escalation process must be prompt and simple, direct to a senior decision maker to ensure timely and appropriate responses to patient deterioration.
- ✓ SBAR is a useful framework to escalate a clinical problem that requires immediate attention, or to facilitate efficient handover of patients between nursing and medical staff; it should be used to effectively communicate the Situation, Background, Assessment, and Recommendation in relation to a patient's deterioration.
- ✓ Patients identified as 'clinical emergency' should bypass the graded response system and progress as a category 1 transfer.

Useful links (evidence-based further reading)

National Paediatric Early Warning System (PEWS) observation & escalation charts

National Early Warning Score (NEWS2) | NHS England

NEWS systems alerting to deteriorating adults | NICE

Using the SBAR handover tool | BJN

Recognising & responding to deterioration | NICE

Human factors in escalating acute ward care | BMJ Open Quality

Transfer and handover

Checklist: Transfer and handover essentials

Decision to transfer

- ✓ Escalations of care and the decision to transfer and to accept a patient must be made by appropriate senior clinical decision makers in both the referring elective surgical hub and the receiving hospital.
- ✓ A decision to transfer should be communicated with the patient, and/or person identified and best placed to act as their representative. The plan to transfer should be clearly documented within the patient's clinical records.
- ✓ In an emergency situation when a patient is unable to consent to transfer, where possible, the person identified and best placed to act as a representative should be contacted to inform them of the decision to transfer. Rationale in terms of best interests decision-making should be clearly documented.

Risk assessment

- ✓ Prior to the transfer of a critically ill patient, a risk assessment should be undertaken and documented by a senior clinician to determine the level of anticipated risk during transfer, and the appropriate response time to ensure transfer is achieved within a timeframe commensurate with the level of deterioration or need of intervention i.e. category 1-4. The outcome of the risk assessment should also be used to determine the competencies of the staff required to accompany the patient during transfer.

Staffing requirements for transfer

- ✓ Transfer must not jeopardise other patients or work within the hub. Staffing in anticipation of a transfer should therefore be factored into planning. Where internal budgets allow, consider implementing an n+1 anaesthetic staffing model, where "n" represents the number of anaesthetists required for routine surgical activity, and "+1" ensures an additional anaesthetist is available for emergencies.
- ✓ All staff involved in the transport of patients requiring a higher level of care than can be provided at a hub should have access to appropriate educational resources and receive training in transfer medicine. All staff involved in transfers must be able to demonstrate the range of competencies appropriate to their role. Staff without the appropriate training and competencies should not undertake unsupervised transfers. Where transfers involve patients needing critical care, as opposed to any other level of care, the essential staff groups required are defined in The Adult Critical Care Transfer Service Specification, under paragraph 7.4 'essential staff groups'.

Handover and arrival

- ✓ A structured clinical handover is essential to patient safety during the transfer of care. The poor quality of documentation and handover between providers is consistently identified as a factor in adverse events. Records should be kept at all stages of transfer, including details of the patient's condition, reason for transfer, names of referring and accepting consultants, clinical status prior to transfer and details of vital signs, clinical events and treatment.
- ✓ On arrival at the receiving hospital there should be a formal handover between the transport team and the receiving medical and nursing staff who will then assume responsibility for the care of the patient.
- ✓ Accompanying staff must be safely and promptly returned to their elective surgical hub after transfer and handover, via local transport.

Useful links (evidence-base further reading)

Guidance on the Transfer of the Critically Ill Adult

Framework to support inter-hospital transfer of critical care patients (B1215)

National Framework for Inter-facility Transfers

Adult Critical Care Transfer Service Toolkits

The Adult Critical Care Transfer Service Specification

Desirable features of a successful transfer pathway

Checklist: human factors, training, and digital features that enhance the transfer pathway

Human factors and training

- ✓ Human factors such as situational awareness, team working, communication, and workload should be optimised to improve the initial detection and management of patient deterioration.
- ✓ Simulation-based checklist development and implementation using role-specific action cards.

Digital

- ✓ Digital tools to enable at-home shared decision-making and consent, early screening, risk assessment, health optimisation, booking and scheduling.
- ✓ Digital tools to record, aggregate, and track physiological observations to automatically escalate patients that are at risk of deterioration or are critically ill.
- ✓ Where possible, digital solutions at hub sites should be integrated with their local acute trust.

References

Recommended document	Author	Overview
Patient Safety Incident Response Framework (PSIRF)	NHS England	Framework describing the NHS's system-wide approach to responding to patient-safety incidents, with an emphasis on compassionate engagement, proportional investigation and learning to prevent future harm.
Learn From Patient Safety Events (LFPSE) Service	NHS England	National platform for recording and analysing patient-safety events across healthcare; introduces modern data tools and analytics to enhance learning from over 2.5 million events each year and drive safety improvements
Preoperative Assessment and Optimisation for Adult Surgery	Centre for Perioperative Care (CPOC)	Guidance outlining best practice for assessing and optimising adult surgical patients before surgery.
Enhanced Perioperative Care	Centre for Perioperative Care & Faculty of Intensive Care Medicine	Framework for establishing enhanced perioperative care services for higher-risk surgical patients.
Perioperative Digital Playbook	NHS England Transformation Directorate	Digital tools and case studies to support perioperative pathways, remote assessments and monitoring.
Routine Pre-operative Tests for Elective Surgery (NG45)	National Institute for Health and Care Excellence (NICE)	Guideline recommending appropriate routine tests before elective surgery to avoid unnecessary investigations.

Earlier Screening, Risk Assessment and Health Optimisation in Perioperative Pathways	NHS England	Guide for providers and ICBs on implementing early screening and holistic optimisation.
GIRFT Pre-operative Assessment Guidance (July 2023)	Getting It Right First Time (GIRFT)	Best-practice recommendations for organising and delivering effective pre-operative assessment services.
National Paediatric Early Warning System (PEWS): Observation & Escalation Charts	NHS England	Standardised charts for recognising and responding to deterioration in hospitalised children.
National Early Warning Score (NEWS2)	NHS England	Resources on the NEWS2 score, endorsed as the national early warning system for adult deterioration.
National Early Warning Score Systems – NICE Medtech Briefing (MIB205)	NICE	Evidence on digital NEWS systems that alert staff to deteriorating adult patients in hospital.
Using the SBAR Handover Tool	British Journal of Nursing	Article describing the SBAR framework to improve safety during clinical handovers.
Acutely Ill Adults in Hospital: Recognising & Responding to Deterioration (CG50)	NICE	Guideline on early recognition, monitoring and response to acute deterioration in adults.
Human Factors in Escalating Acute Ward Care: Qualitative Evidence Synthesis	Ede J. et al.	Systematic review of human factors that influence escalation of care for deteriorating ward patients.

Guidance on the Transfer of the Critically Ill Adult	Intensive Care Society & Faculty of Intensive Care Medicine	Standards for safe intra- and inter-hospital transfer of critically ill adults.
Framework to Support Inter-hospital Transfer of Critical Care Patients (B1215)	NHS England	Principles and service requirements for Adult Critical Care Transfer Services.
National Framework for Inter-facility Transfers	NHS England	Guidance for ambulance transfers of patients whose care needs require movement between facilities.
Adult Critical Care Transfer Service Toolkits	NHS England	Toolkit to support planning, governance and escalation for Adult Critical Care Transfer Services.
Adult Critical Care Transfer Service Specification (2023)	NHS England	Sets out the national service specification for regional Adult Critical Care Transfer Services (ACCTS), defining standards, staffing, equipment and governance needed to provide safe, equitable inter-hospital transfers for critically ill adults.

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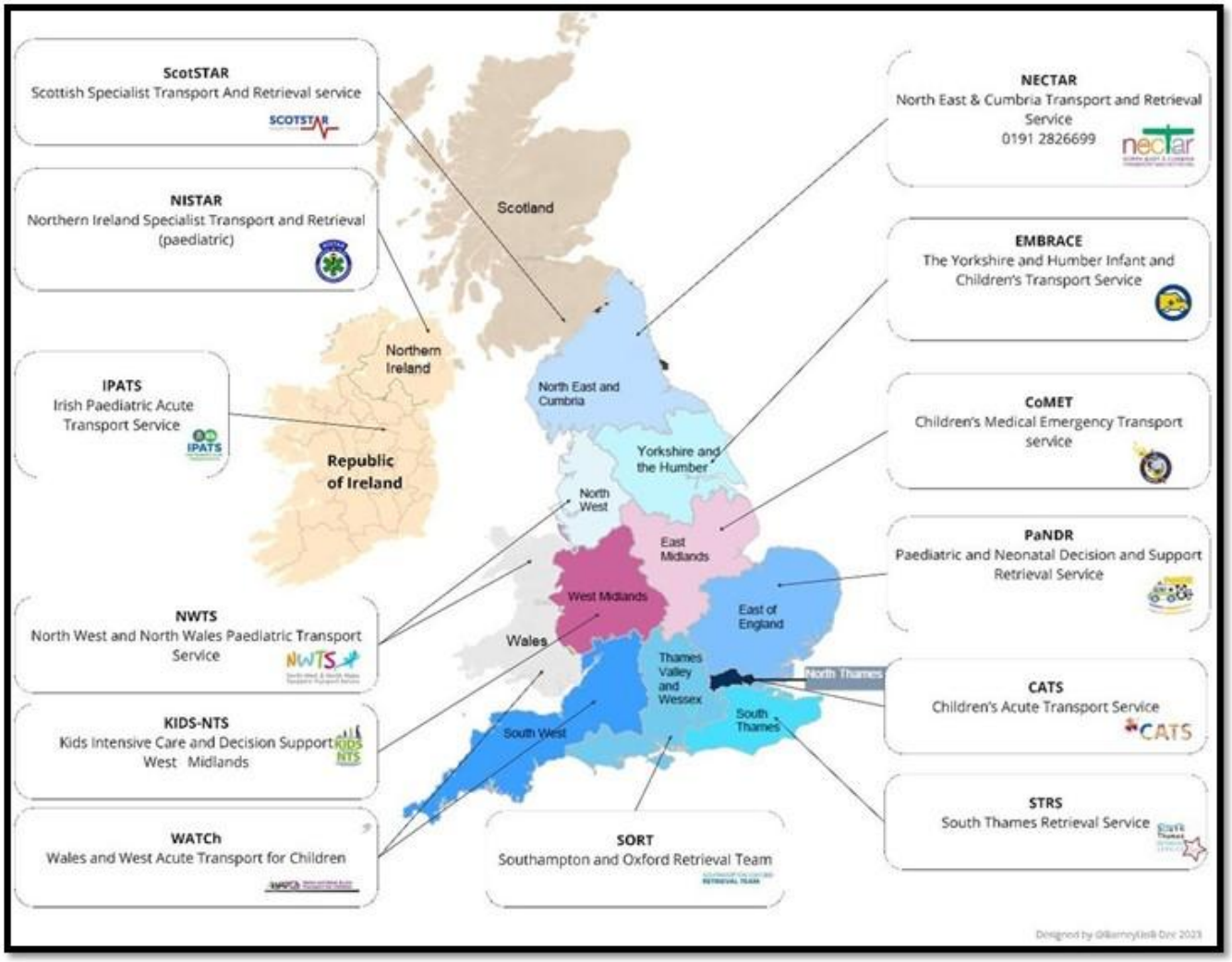
- Evelina London Children's Day Treatment Centre (London)
- Cheshire & Merseyside Surgical Centre, Clatterbridge (North West)
- South-West Ambulatory Orthopaedic Centre at the Nightingale (South West)
- Royal National Orthopaedic Hospital Surgical Hub (London)
- Robert Jones & Agnes Hunt Orthopaedic Hospital (Midlands)
- Heatherwood Surgical Hub (South East)
- Kidderminster Treatment Centre (Midlands)
- Day Treatment Centre at the Freeman Hospital (North East & Yorkshire)
- Wansbeck General Hospital Surgical Hub (North East & Yorkshire)
- Hinchingbrooke Hospital (East of England)

Together these ten hubs represent all seven NHS England regions and deliver elective care across a broad spectrum of specialties, including trauma & orthopaedics, ophthalmology, ENT, urology, gynaecology, general surgery, plastic surgery, breast surgery, oral & maxillofacial surgery, vascular surgery, dermatology, dental, cardiology, pain, rheumatology and metabolic medicine.

Appendix 1: Regional paediatric retrieval services

Figure 3: map illustrating location of regional paediatric retrieval services

Source: kindly provided by Evelina London Children's Hospital