

Management of surge and escalation in critical care services: standard operating procedure for Adult and Paediatric Burn Care Services in England and Wales

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Note on terminology

Throughout this Standard Operating Procedure (SOP) the following terminology is used:

- 'Pathways DoS' is used instead of the full description of 'NHS Directory of Services' (<https://www.directoryofservices.nhs.uk> provided by NHS Digital).
- 'Burn Care Network' is used instead of the full description of 'Burn Care Operational Delivery Network (ODN)'.
- 'B-OPEL' is used instead of the full description of 'Burn-Operational Pressures Escalation Level'.

1. Introduction and context

This Standard Operating Procedure (SOP) sets out the background, principles and processes for the management of surges in demand for adult and paediatric burn care in England and Wales. It describes how specialised Burn Services (Appendix 1), Burn Care Networks (Appendix 2) and others involved in the planning and delivery of adult and paediatric burn care identified in this SOP should act.

There is mutual inter-dependence between specialised Burn Services and the critical care services they use, therefore this SOP must be read in conjunction with:

- Site specific escalation plans and business continuity plans (all individual providers of specialised Burn Services have these).
- Local escalation plans for health and social care services across the local health and social care economies for the escalation of primary, community, secondary and social services (co-ordinated operationally by local Clinical Commissioning Groups (CCGs)).

This SOP also outlines how site-based and local escalation plans will work in conjunction with the co-ordination arrangements which can be deployed by NHS England and NHS Improvement (NHSE/I) to support the escalation of burn care capacity during periods of significant demand.

All capacity reporting and bed management will use, as its basis, the Pathways DoS system to monitor the bed availability for adult and paediatric specialised Burn Services in England and Wales.

2. Purpose

This SOP sets out:

- The process for recording current and potential burn care capacity and capability via the Pathways DoS website (Appendix 3).
- The definition of Specialised Burns-Operational Pressure Escalation Levels (B-OPELs) (Appendix 4).
- A process by which specialised Burn Services can escalate capacity pressures locally, regionally and nationally and escalate to their Trust/Health Board, local and National Burn Care Networks and other key stakeholders (including the use of emergency command and control arrangements to be implemented by NHSE/I if required. (Appendix 5).
- A referral escalation pathway for burns from B-OPEL1 to B-OPEL 4 (Appendix 6).
- A series of action cards (Appendix 7), describing the roles and responsibilities of specialised Burn Services, Burn Care Networks, the National Burns Bed Bureau (NBBB) and other stakeholders in regional and national NHSE/I.

3. Strategic aims

The strategic aims for the services covered by this document are to:

- Ensure all specialised Burn Services and Burn Care Networks adopt and work to the same processes for managing surge and escalation once all efforts have been made to increase capacity and/or capability.
- Prevent avoidable mortality and morbidity – those patients requiring burn care are able to access an appropriate level of care in time.
- Support national co-ordination of triage and prioritisation during periods of escalation.
- Ensure the specialised Burn Service system can access support from commissioners (both in and out of hours) when capacity pressures beyond 'normal business' and mutual aid is required (Appendix 5).

4. Target audience

The primary audiences for this document are:

- Providers of paediatric and adult specialised Burn Services.
- Those involved in planning specialised Burn Services.
- Others involved in the oversight of specialised Burns Services in England and Wales.
- NBBB.
- Those involved in strategic command arrangements out-of-hours in NHSE/I.

5. Surge and escalation management arrangements

This section sets out the roles and responsibilities for times of surge pressure. This information is incorporated into a series of action cards in Appendix 7.

Surge management arrangements for specialised Burn Services are based in principle on a consistent but tailored approach for individual services to manage burn Level 3 [L3] Intensive Care Unit (ITU) and Level 2 [L2] High Dependency Unit (HDU) capability and capacity at an individual specialised Burn Service level.

The levels of surge and escalation are described using the B-OPEL definitions as shown in Appendix 4. Specialised Burn Services must ensure they have systems and processes in place to update their current bed capacity, on the Pathways DoS website, as part of their admission and discharge process. Where there is no change in the capacity available, specialised Burn Services should acknowledge this within the system every six hours.

This SOP would apply for any surge situation, including COVID-19, pandemic, or influenza. However, it does not apply to a burns mass casualty incident. In the event of a burns mass casualty incident you should refer to the Burns Annex of the [Concept of operations for the management of mass casualties](#).

5.1 Pre-surge phase (B-OPEL 1)

During pre-surge periods (B-OPEL 1) when there are likely to be bed capacity issues, each specialised Burn Service must follow a local escalation plan that reflects this SOP.

It is imperative that the triggers to activate additional capacity are sensitive enough to give sufficient time to free up capacity before the service is declared B-OPEL 2. Therefore, the specialised Burn Service and their organisation's bed managers will meet routinely (frequency as per organisation's policy) to discuss burn bed capacity and burn capability (skill mix of burns staff).

5.2 Surge phase (B-OPEL 2)

When a specialised Burn Service is operating at maximum capacity and/or capability and is not able to accept new referrals, the specialised Burn Service and organisation's bed managers should ensure that all surge capacity and capability within their organisation has been utilised before declaring B-OPEL 2.

On declaring B-OPEL 2:

- The specialised Burn Service should immediately update Section A – 'Burn Bed Capacity' on the Pathways DoS and telephone the NBBB and the Burn Care Network Manager.
- The on-duty Burns Consultant will follow local provider Trust Standard Operating Procedure for internal notification of closure of the specialised Burn Service to new critical care referrals.
- Any new referrals will be discussed with the on-duty Burns Consultant who will determine the severity and need for a specialised burn care bed.
- If the specialised Burn Service is unable to accept the patient, mutual aid will be requested from another specialised Burn Service within the local Burn Care Network.

Should the surge point be reached out-of-hours, the specialised Burn Services should follow the pathway in line with the agreed flow chart (Appendix 6). The on-call Burns Consultant is responsible for liaising with other NHSE/I staff to ensure agreed actions are implemented (Appendix 5).

5.3 Escalation phase (B-OPEL 3)

When all specialised Burn Services within a Burn Care Network are declaring at B-OPEL 2, or the only Burn Centre within the Network is declaring B-OPEL 2, and there is no capacity available within the Network area, the Burn Care Network will declare B-OPEL 3 and mutual aid will be required from other Burn Care Networks.

Once this escalation point is reached, and the actions during B-OPEL 2 have been undertaken, the Burn Care Network Manager will:

- Request a Capacity Escalation Situation Report (SitRep) (Appendix 8) from the specialised Burn Services concerned.
- Agree what other actions can be taken to increase capacity/capability.
- Ensure Pathways DoS reflects the status of the Network and instruct the NBBB to send out a capacity and capability report to all stakeholders.
- Provide NHSE/I Regional on-call with a capacity update via the SitRep.
- Arrange a teleconference/MS Teams call with the other Burn Care Network Managers to assess access to mutual aid if required.
- Monitor the situation on a daily basis until the Network returns to B-OPEL 1.

5.4 Heightened Escalation phase (B-OPEL 4)

When all four Burn Care Networks are operating at B-OPEL 3 and there is no capacity or capability within England and Wales, the NBBB will notify the National NHS/I on-call team.

Once this heightened escalation point is reached, the NSHE/I on-call team will:

- Chair and participate in any teleconferences/MSTeams calls with stakeholders to discuss the situation, review options for increasing capacity within England and Wales with regional on-call teams and monitor ongoing issues.
- Collect Escalation Capacity Sit Reps (via the NBBB).
- If necessary facilitate any agreement stemming from the calls to request mutual aid from Devolved Administrations and European countries with support from the Department of Health & Social Care (DHSC) on-call.

5.5 Recovery phase

The recovery phase is defined as the point at which surge and escalation phases have passed and pre-surge (B-OPEL 1) arrangements are reinstated. This position is confirmed by the specialised Burn Service's on-duty/on-call Burn Consultant.

Once recovery point is reached, the Burn Care Network Manager(s) will:

- Prepare a debrief following escalation phases B-OPEL 3 and B-OPEL 4, including recommendations for any improvements that could be made to this SOP.
- Discuss post-escalation debrief at Network Clinical Governance Group meeting.
- Implement any changes agreed as a result of post-escalation debrief.

Appendix 1: Specialised Burn Care Services

Burn Care Centres

Trust	Hospital	Tel No.	Level of Care	Adult or Paeds	Co-located with MTC	ODN Region
Mid Essex Hospital Services NHS Trust	Broomfield (St Andrews) Hospital, Chelmsford, Essex	01245 516038	Centre	Both	No	LSEBN
Chelsea & Westminster Hospital NHS Foundation Trust	Chelsea & Westminster Hospital, London	020 3315 2500	Centre	Adult	No	LSEBN
Swansea Bay University Health Board	Morrison Hospital, Swansea, Wales	01792 703802	Centre	Adult	No	SWBCN
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Hospital for Children, Bristol	0117 3427900 / 0117 9230000	Centre	Paeds	Yes	SWBCN
Birmingham Women's and Children's NHS Foundation Trust	Birmingham Children's Hospital	0121 3339652	Centre	Paeds	Yes	MBODN
University Hospitals Birmingham NHS Foundation Trust	Queen Elizabeth Hospital, Birmingham	0121 3712735	Centre	Adult	Yes	MBODN
The Newcastle upon Tyne Hospitals NHS Foundation Trust	Royal Victoria Infirmary, Newcastle-Upon-Tyne	0191 282 5637/0271	Centre	Both	Yes	NBCN
Alder Hey Children's NHS Foundation Trust	Alder Hey Hospital, Liverpool	0151 2525400	Centre	Paeds	Yes	NBCN
Manchester University NHS Foundation Trust	Royal Manchester Children's Hospital	0161 7018100	Centre	Paeds	Yes	NBCN
Manchester University NHS Foundation Trust	Wythenshawe Hospital, South Manchester	0161 2916314	Centre	Adult	No	NBCN
St Helens & Knowsley Teaching Hospitals NHS Foundation Trust	Whiston Hospital, Liverpool	0151 430 1540/2349	Centre	Adult	No	NBCN
The Mid Yorkshire Hospitals NHS Trust	Pinderfields Hospital, Wakefield, West Yorkshire	01924 541700	Centre	Adult	No	NBCN

Burn Care Units

Trust	Hospital	Tel No.	Level of Care	Adult or Paeds	Co-located with MTC	ODN Region
Chelsea & Westminster Hospital NHS Foundation Trust	Chelsea & Westminster Hospital, London	020 3315 2500	Unit	Paeds	No	LSEBN
Queen Victoria Hospital NHS Foundation Trust	Queen Victoria Hospital, East Grinstead, Sussex	01342 414440 (Ward) 01342 414176 (ICU)	Unit	Adult	No	LSEBN
Buckinghamshire Healthcare NHS Trust	Stoke Mandeville Hospital, Aylesbury, Bucks	01296 315040	Unit	Both	No	LSEBN
Swansea Bay University Health Board	Morrison Hospital, Swansea, Wales	01792 702222	Unit	Paeds	No	SWBCN
North Bristol NHS Trust	Southmead Hospital, Bristol	0117 41 43100/02 / 0117 9505050	Unit	Adult	Yes	SWBCN
Salisbury NHS Foundation Trust	Salisbury District Hospital	01722 345507 (A) / 01722 336262 (P)	Unit	Both	No	SWBCN
Nottingham University Hospitals NHS Trust	Nottingham City Hospital	0115 9691169 x62388	Unit	Both	Yes	MBODN
The Mid Yorkshire Hospitals NHS Trust	Pinderfields Hospital, Wakefield, West Yorkshire	01924 541931	Unit	Paeds	No	NBCN
Sheffield Children's Hospital NHS Foundation Trust	Sheffield Children's Hospital	0114 226 0694/0858 0114 271 7000	Unit	Paeds	Yes	NBCN
Sheffield Teaching Hospitals NHS Foundation Trust	Northern General Hospital, Sheffield, South Yorkshire	01142 714 129/126	Unit	Adult	Yes	NBCN

Burn Care Facilities

Trust	Hospital	Tel No.	Level of Care	Adult or Paeds	Co-located with MTC	ODN Region
Oxford University Hospitals NHS Foundation Trust	Oxford John Radcliffe	0300 304 7777	Facility	Both	Yes	LSEBN
University Hospitals Plymouth NHS Trust	Derriford Hospital, Plymouth	01752 792274 (A) / 01752 245122 (P)	Facility	Both	Yes	SWBCN
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	0300 303 1573	Facility	Both	No	MBODN
University Hospitals of North Midlands NHS Trust	Royal Stoke University Hospital, North Midlands	01782 715444	Facility	Both	Yes	NBCN
South Tees Hospital NHS Foundation Trust	James Cook University Hospital, South Tees	01642 854535	Facility	Both	Yes	NBCN
Lancashire Teaching Hospitals NHS Foundation Trust	Royal Preston Hospital, Lancashire	01772 52 2550/2244	Facility	Adult	Yes	NBCN

Map of Burn Centres and Units in England and Wales



Map source: <https://www.google.com/maps/d/viewer?mid=1eVeVET36jz2Q41p-aFju5XpDZanTgF2L&ll=52.86602115480107%2C2.5100072539809224&z=7>

Appendix 2: Structure of National Burn Care Network

There are four regional Burn Care Networks across England and Wales which make up a National Burn Care Network:

- Northern Burn Care Network (including North Wales)
- Midlands Burn Care Network
- South West Burn Care Network (including South & Mid Wales)
- London and South East of England Burn Care Network.

Within each Burn Care Network in England and Wales, specialised Burn Services are organised on a tiered model of care (Centre, Unit and Facility) (Table 1a).

Table 1a – Designation and Referral Thresholds for Specialised Burn Services

Designation	Level of Care	TBSA Thresholds
Burn Centre:	This level of in-patient burn care is for the highest level of injury complexity and offers a separately staffed, geographically discrete ward. The on-site facilities are up to the highest level of critical care and have immediate operating theatre access.	Paediatric: All burns \geq 2% TBSA
		Adult: All burns \geq 3% TBSA
Burn Unit	This level of in-patient burn care is for the moderate level of injury complexity and offers a separately staffed, discrete ward.	Paediatric: Burns \geq 2% & < 30% TBSA
		Adult: Burns \geq 3% & < 40% TBSA
Burn Facility	This level of in-patient burn care equates to a standard plastic surgical ward for the care of non-complex burn injuries.	Paediatric: Burns \geq 2% & < 5% TBSA
		Adult: Burns \geq 3% & < 10% TBSA

See Appendix 6 for specialised Burn Service contact details and a map of all services.

Specialised burns are defined on the severity of the injury, which looks at the size, site of injury, depth of the injury, age of the patient and co-existing conditions. Specialised Burn Services are low in volume and high in cost and are mainly driven by emergency admissions. Demand for burn care varies significantly across the country, especially for more severe injuries.

Specialised burn care is provided through Burn Centres, Units and Facilities as part of a wider Operational Delivery Network that aims to provide a whole pathway of care based on severity of injury providing:

- Admission to the most appropriate level of care (Centre, Unit or Facility)
- Specialist assessment, management and treatment provided by a burns multi-disciplinary (MDT) team
- Ongoing rehabilitation and surgical reconstruction at a specialised Burn Service as close to the patient's home as possible
- Co-ordination of patient transfers into and between specialised Burn Services and eventually back into the community.

Nationally, all specialised Burn Services provide mutual aid to each other in times of surge and escalation. This is facilitated by the National Burns Bed Bureau (NBBB) which enables services to identify the most appropriate service outside of the local area should this be required. The patient will then be repatriated to their nearest service once clinically appropriate.

NHSE/I and NHS Wales (Welsh Health Specialised Services Committee) commission all specialised Burn Services which are delivered as part of a provider network of NHS Trusts, Foundation Trusts and Health Boards.

Clinical Commissioning Groups (CCGs) commission specialised Burn Services for patients in England that do not meet the referral threshold for Specialised Burn Care (Table 1a) from any healthcare providers that are not formally identified as Burn Centres, Units or Facilities.

Appendix 3: NHS Directory of Service (Pathways DoS) capacity and data

Pathways DoS (<https://www.directoryofservices.nhs.uk>) is a web based data submission tool showing the number of paediatric and adult specialised burn care beds available within England and Wales throughout the day. This information is submitted a minimum of twice a day, seven days a week, by specialised Burn Services. However, it can be submitted more frequently if agreed locally or during periods of capacity pressure.

Most paediatric and adult specialised Burn Services require access to paediatric and adult critical care beds in their local general critical care service. The demand on critical care beds is managed by the general critical care services themselves with a significant number of services across the country inputting critical care capacity (L3 ITU and L2 HDU) onto the NHS DoS website. It is, therefore, crucial that organisations' burns and critical care services jointly review their L3 and L2 bed capacity **before** updating the NHS Pathways DoS website so as not to duplicate bed capacity.

NHS-funded providers and NHSE/I and NHS Wales (all levels) already have information as to how to access these systems. Please check with your information/analytics department for information on how to access these systems if unsure.

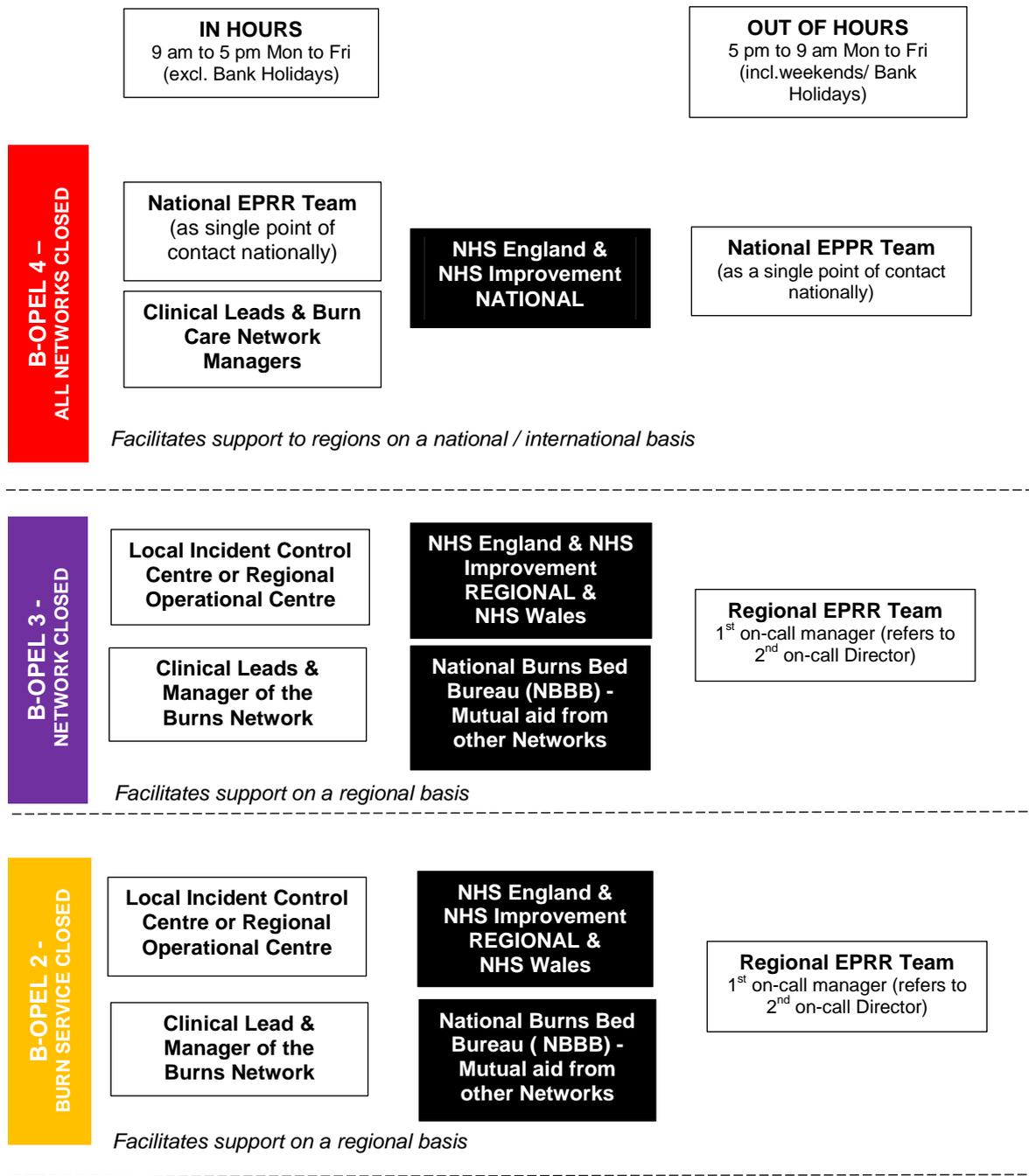
The system provides an overview of available capacity across the whole burns system in England and Wales through a management report which is sent out twice a day to key stakeholders (Figure 1a).

Appendix 4: Definition of Specialised Burns-Operational Pressure Escalation Levels (B-OPELs)

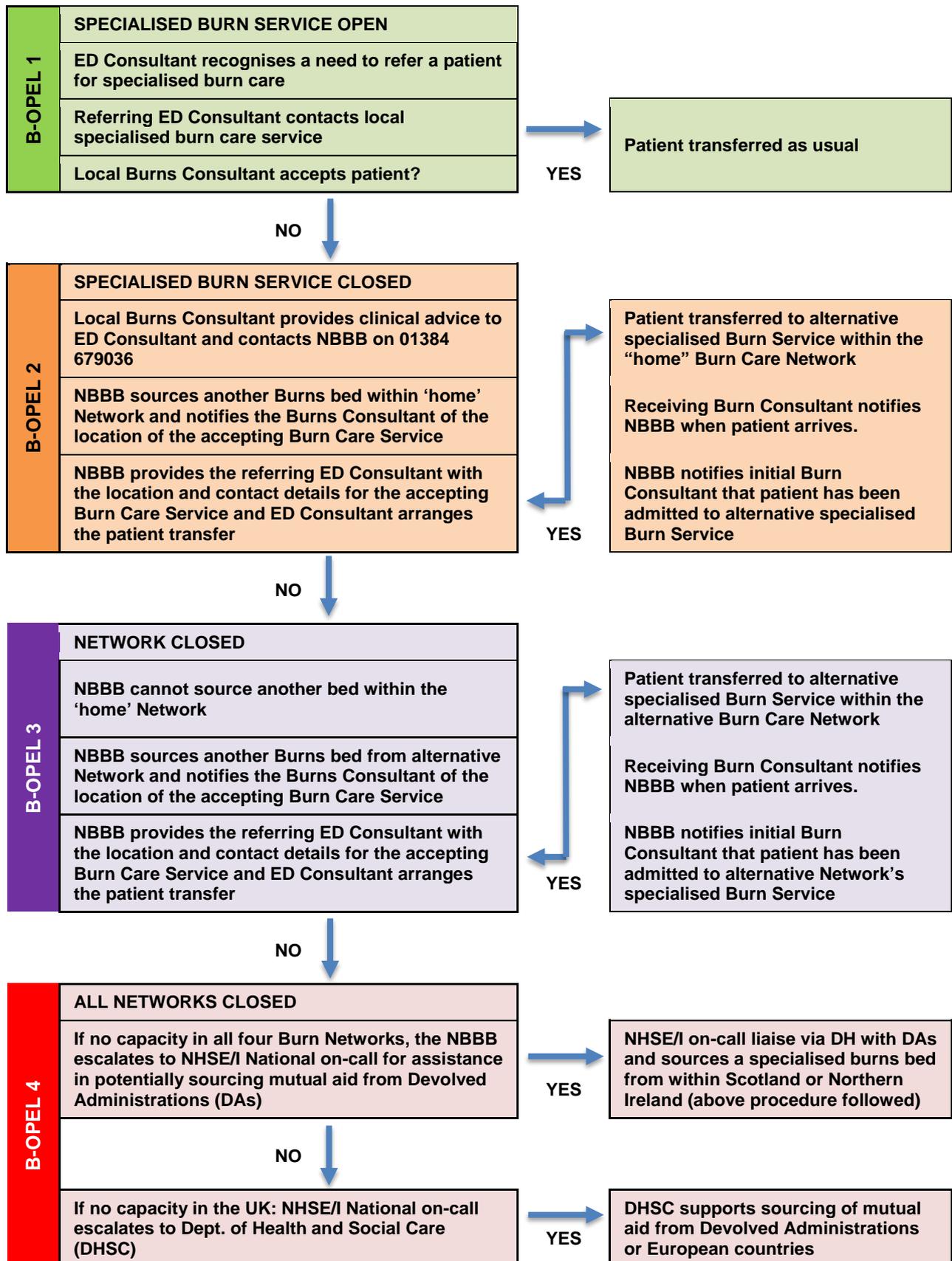
Level	Burn Service	Burn Care Network	Burns National
 <p>B-OPEL 1</p>	<p>The specialised Burn Service is operating at normal levels and can respond through individual organisational surge plans.</p> <p>The Burn Service declares B-OPEL 1</p>	<p>All specialised Burn Services are operating at B-OPEL 1</p> <p>The local Burn Care Network is at B-OPEL 1</p>	<p>All Burn Care Networks are operating at B-OPEL 1</p> <p>Burns Nationally is at B-OPEL 1</p>
 <p>B-OPEL 2</p>	<p>The specialised Burn Service is operating at above normal levels.</p> <p>It is unable to respond through individual organisational surge plans and MUTUAL AID is required from other Burn Services within the local Burn Care Network.</p> <p>The Burn Service declares B-OPEL 2</p>	<p>One or more specialised Burn Services in the local Burn Care Network is operating at B-OPEL 2.</p> <p>The Burn Care Network remains at B-OPEL 1 <i>(capacity and capability is available within the local Burn Care Network)</i></p> <p>NB: If the specialised Burn Service declaring B-OPEL 2 is the ONLY CENTRE within the Burn Care Network and MUTUAL AID is required from other Burn Care Networks for Centre level patients.</p> <p>The local Burn Care Network is at B-OPEL 3</p>	<p>One or two Burn Care Networks are operating at B-OPEL 2</p> <p><i>(capacity and capability is available within the local Burn Care Network)</i></p> <p>Burns Nationally is at B-OPEL 1</p>
 <p>B-OPEL 3</p>		<p>All specialised Burn Services in the local Burn Care Network are declaring B-OPEL 2.</p> <p>OR</p> <p>The ONLY CENTRE within the local Burn Care Network is declaring B-OPEL 2.</p> <p>There is no capacity or capability available within the local Burn Care Network. MUTUAL AID is required from other Burn Care Networks.</p> <p>The local Burn Care Network is at B-OPEL 3</p>	<p>One or two Burn Care Networks are operating at B-OPEL 3</p> <p>Burns Nationally is at B-OPEL 1</p> <p><i>(capacity and capability is available within the local Burn Care Network)</i></p>

 <p>B-OPEL 4</p>			<p>All Burn Care Networks are declaring at B-OPEL 3.</p> <p>There is no burns capacity or capability available within England and Wales.</p> <p>MUTUAL AID is required from other UK / EU nations.</p> <p>NHS England and NHS Improvement declares burns nationally is at B-OPEL 4</p>
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Appendix 5: Local, Regional and National NHSE/ EPRR support for Specialised Burn Services (in hours and out of hours)



Appendix 6: Referral Escalation Pathway for Burns from B-OPEL 1 to B-OPEL 4 for England and Wales



Appendix 7: Action Cards for Burns Surge and Escalation

B-OPEL 1: Specialised Burn Service Open

ADULT & PAEDIATRIC SPECIALISED BURN SERVICES ENGLAND & WALES SURGE & ESCALATION STANDARD OPERATING PROCEDURE

ACTION CARD: B-OPEL 1 – SPECIALISED BURN SERVICE OPEN

Specialised Burn Service is working at normal levels of occupancy and/or capability. It is able to meet all burn care capacity on the burns ward and in general ITU without impacting on other services or Burn Care Networks.

Role:	SPECIALISED BURN SERVICES (ADULT & PAEDIATRIC)
Action No	Action
BS-1	Update Section A – ‘Burn Bed Capacity’ on Pathways DoS website (https://www.directoryofservices.nhs.uk) as and when patients are admitted/discharged, and/or a minimum of twice a day during normal service delivery. Ensure the B-OPEL status field is set at B-OPEL 1 – specialised Burn Service open.
BS-2	The specialised Burn Service and organisation’s bed managers will meet routinely (frequency as per organisation’s policy) to discuss burn bed capacity and burn capability (skill mix of burns staff) using information available on Pathways DoS for burns and adult/paediatric critical care beds to help inform decisions. It is imperative that the triggers to activate additional capacity are sensitive enough to give sufficient time to free up capacity before the service is declared B-OPEL 2.
Role:	BURN CARE NETWORK MANAGERS (during office hours)
Action No	Action
ODN-1	The Burn Care Network Manager will monitor Pathways DoS on a daily basis.
Role	NATIONAL BURN BED BUREAU (NBBB)
NBBB-1	The NBBB will routinely and regularly monitor Pathways DoS and ensure all specialised Burn Services are updating the system at least twice a day during normal service delivery. In the event that a service has not updated the system in the previous 12 hour period, the NBBB will contact, by telephone, the specialised Burn Service and request the system be updated.
NBBB-2	The NBBB will maintain a log of the capacity figures and B-OPEL status of all specialised Burn Services, with a daily record of figures and status for each service. The daily log should be indicative of the highest B-OPEL status declared by the service on the day.
NBBB-3	The NBBB will maintain a national log of Pathways DoS capacity figures and provide advice to referring services, on request, of their nearest specialised Burn Services declaring B-OPEL 1 status.
NBBB-4	The NBBB will provide an analysis twice a day to the Burn Care Network Managers and other stakeholders detailing current daily bed figures and current capacity and capability.
Role:	NHS ENGLAND AND NHS IMPROVEMENT (NHSE/I) ON-CALL
Action No	Action
NHSE-1	No actions required at B-OPEL 1 status.

B-OPEL 2: Specialised Burn Service Closed

ADULT & PAEDIATRIC SPECIALISED BURN SERVICES ENGLAND & WALES SURGE & ESCALATION STANDARD OPERATING PROCEDURE

ACTION CARD: B-OPEL 2 – SPECIALISED BURN SERVICE CLOSED

Specialised Burn Service is operating at maximum capacity and/or capability and is not able to accept new referrals. Other specialised Burn Services within the 'home' Burn Care Network have capacity and capability to provide mutual aid

Role:	SPECIALISED BURN SERVICES (ADULT & PAEDIATRIC)
Action No	Action
BS-3	The specialised Burn Service and organisation's bed managers should ensure that all surge capacity and capability within their organisation has been utilised before declaring B-OPEL 2.
BS-4	Immediately update Section A – 'Burn Bed Capacity' on the Pathways DoS website to signify B-OPEL 2 – specialised Burn Service closed.
BS-5	The on-call Burns Consultant will follow local provider Trust Standard Operating Procedure for internal notification of closure of the specialised Burn Service to new critical care referrals.
BS-6	Inform the National Burn Bed Bureau (NBBB) by telephone (01384 679036) that the specialised Burn Service has declared B-OPEL 2. Include in the conversation the rationale for declaring B-OPEL 2.
BS-7	Inform the Burn Care Network Manager by telephone (if in normal working hours) that the service has declared B-OPEL 2.
BS-8	Continue to inform the NBBB by telephone (01384 679036) and Burn Care Network Manager of any change in the situation and maintain Pathways DoS at least twice a day. If requested, complete a Capacity Escalation SitRep and e-mail to NBBB (primarycare.hub@nhs.net) and Burn Care Network Manager.
BS-9	In the event that a new referral is made, the on-duty/on-call Burns Consultant at the specialised Burn Service will determine the severity and need for a specialised burn care bed. They will advise the referring ED clinician that the specialised Burn Service is declaring B-OPEL 2 and that mutual aid is being sought within the National Burn Care System.
BS-10	The on-call Burns Consultant will advise the referring ED clinician on specific burn care for the patient until the point at which the patient is accepted by an alternative specialised Burn Service.
BS-11	The on-call Burns Consultant will contact the NBBB, by telephone (01384 679036), and seek assistance in identifying a suitable bed from an alternative specialised Burn Service provider. Once a burns bed has been found: <ul style="list-style-type: none"> • If the on-call Burns Consultant AGREES it is a satisfactory alternative service, they will request that the NBBB contacts the referring ED clinician and gives them all the information necessary to get the patient referred and transferred to the alternative specialised Burn Service; • If the on-call Burns Consultant DISAGREES that it a satisfactory alternative (possibly because of transfer time or distance) and decides that the patient should be admitted to the local specialised Burn Service rather than be transferred to an alternative specialised Burn Service, the Burns Consultant MUST advise the NBBB of his/her decision and telephone the referring ED clinician and provide them with all the information necessary to complete the patient referral (i.e. via tele-referral) and transferred to the local specialised Burn Service.
BS-12	Post-Escalation: The specialised Burn Service will inform the Burn Care Network Manager and the NBBB, by telephone (01384 679036), as soon as the service returns to normal levels of occupancy and/or capability.
BS-13	The specialised Burn Service will update Section A – 'Burn Bed Capacity' on Pathways DoS once normal service delivery is declared. Returning the specialised Burn Service to B-OPEL 1.

Role:	BURN CARE NETWORK MANAGER (during office hours)
Action No	Action
ODN-2	<p>The Burn Care Network Manager will make contact by telephone with the specialised Burn Service declaring B-OPEL 2, to ascertain the following information:</p> <ul style="list-style-type: none"> • The circumstances causing B-OPEL 2 (surge in referrals or staffing/ capability issues); • The current number of burns ITU cases and the availability of step-down capacity; • The likely duration of the current situation; • The ability of the service to flexibly manage current activity to allow new referrals to be accepted.
ODN-3	The Burn Care Network Manager will provide the local NHSE/I Regional on-call team with any information or situation reports, as required, via the Capacity Escalation SitRep Form.
Role:	NATIONAL BURN BED BUREAU (NBBB)
Action No	Action
NBBB-5	On being notified of B-OPEL 2 status by a specialised Burn Service, the NBBB will confirm status with the relevant specialised Burn Service to ensure that any surge capacity within the specialised Burn Service has been utilised. If it is agreed that the B-OPEL 2 status is confirmed, the NBBB will take over the responsibility for the cascade and co-ordination of information as set out below.
NBBB-6	<p>The NBBB will take responsibility for the cascade of information via email to:</p> <ul style="list-style-type: none"> • All Burn Care Services nationally and request that the all services update the Section A – ‘Burn Bed Capacity’ on Pathways DoS immediately; • The Lead Burn Consultant, or nominated person, within each Burn Care Service nationally; • Burn Care Network Managers; • Local Critical Care Networks (adult and paediatric); • NHSE/I Regional on-call team. • NHSE/I National on-call team.
NBBB-7	<p>In the event that a new referral is made to the specialised Burn Service declaring B-OPEL 2, the NBBB will assist the on-call Burns Consultant in finding a suitable alternative burns bed. On identifying and confirming with another specialised Burn Service that an alternative bed is available, the NBBB will provide the ‘home’ on-call Burns Consultant with the necessary information about the alternative specialised Burn Service including the accepting Lead Burns Consultant’s contact details.</p> <ul style="list-style-type: none"> • If the on-call Burns Consultant AGREES it is a satisfactory alternative service, they will request that the NBBB contacts the referring ED clinician and gives them all the information necessary to get the patient transferred to the alternative specialised Burn Service; • If the on-call Burns Consultant DISAGREES that it a satisfactory alternative (possibly because of transfer time or distance) and decides that the patient should be admitted to the ‘home’ specialised Burn Service rather than be transferred to an alternative specialised Burn Service, the Burns Consultant MUST advise the NBBB of his/her decision and telephone the referring ED clinician and provide them with all the information necessary to complete the referral (i.e., via tele-referral) and get the patient transferred to the ‘home’ specialised Burn Service.
NBBB-8	<p>The NBBB will request that the receiving Burns Consultant contacts the NBBB, by telephone (01384 679036), once the patient has been received into their organisation. Once this has been confirmed the NBBB will:</p> <ul style="list-style-type: none"> • Contact, by telephone, the Lead Burn Consultant from the ‘home’ specialised Burn Service to confirm the patient’s final destination; • Notify the local Burn Care Network Manager, by email, details of the patient transfer. <p>(NB. If the alternative specialised burn service admits a patient from within their network that takes the last available critical care burns bed, they must contact the referring clinician immediately and halt the transfer if possible and notify the NBBB that they need to source an alternative burns bed and repeat action NBBB-7 and 8).</p>
Role:	NHS ENGLAND AND NHS IMPROVEMENT (NHSE/I) ON-CALL
Action No	Action
NHSE-2	No action required. Regional on-call will be notified via NBBB e-mail cascade that a specialised Burn Service is closed but capacity remains available within their local Burn Care Network.

B-OPEL 3 – Burn Care Network Closed

ADULT & PAEDIATRIC SPECIALISED BURN SERVICES ENGLAND & WALES SURGE & ESCALATION STANDARD OPERATING PROCEDURE

ACTION CARD: B-OPEL 3 – BURN CARE NETWORK CLOSED

All specialised Burn Services in the Network area are operating at B-OPEL 2 and there is no capacity or capability available within the Network area. MUTUAL AID is required from other Networks.

OR

The Network has only one Burn Centre (paediatric or adult) which is operating at B-OPEL 2.

Role:	SPECIALISED BURN SERVICES (ADULT AND PAEDIATRIC)
Action No	Action
BS-14	The specialised Burn Service and organisation's bed managers will meet routinely (frequency as per organisation's policy) to discuss burn bed capacity and burn capability (skill mix of burns staff) using information available on Pathways DoS for burns and adult/paediatric critical care beds to help inform decisions.
BS-15	Inform the NBBB by telephone (01384 679036) and Burn Care Network Manager of any change in the situation and maintain Pathways DoS at least twice a day or when capacity/capability changes. If requested, complete a Capacity Escalation SitRep and e-mail to NBBB (primarycare.hub@nhs.net) and Burn Care Network Manager.
Role:	BURN CARE NETWORK MANAGER (during office hours)
Action No	Action
ODN-4	The Burn Care Network Manager will make contact by telephone with all the specialised Burn Services within the Burn Care Network to ascertain the following information via the Capacity Escalation SitRep Form: <ul style="list-style-type: none"> • The circumstances causing B-OPEL 2 (surge in referrals or staffing/ capability issues); • The current number of burns ITU cases and the availability of step-down capacity; • The likely duration of the current situation; • The ability of the service to flexibly manage current activity to allow new referrals to be accepted.
ODN-5	The Burn Care Network Manager will contact the NBBB by telephone (01384 679036) to ensure Pathways DoS reflects the status of the Burn Network as being at B-OPEL 3.
ODN-6	The Burn Care Network Manager will provide the local NHSE/I Regional on-call with any information or situation reports as required.
ODN-7	The Burn Care Network Manager will arrange a teleconference or MSTeams call with the other Burn Care Network Managers, as necessary and at an appropriate time, to discuss the situation and any on-going issues. The teleconference details are as follows: <ul style="list-style-type: none"> • UK Freephone from landline: 0800 917 1950 • From mobiles: 020 3463 9697 • Chairperson passcode: 96014943 then # • Participant passcode: 71489424 then # • MSTeams invites will be sent out as appropriate
Role:	NATIONAL BURN BED BUREAU (NBBB)
Action No	Action
NBBB-9	When all specialised Burn Services within a Burn Network has declared B-OPEL 2, or when the only Burn Centre (paediatric or adult) within the Network declares B-OPEL 2, the NBBB will declare the Burn Network at B-OPEL 3.
NBBB-10	Once a Burn Network is declared at B-OPEL 3, the NBBB will immediately contact, by telephone, all specialised Burn Services providing centre-level care within the four Burn Care Networks to:

	<ul style="list-style-type: none"> Request that Section A – ‘Burn Bed Capacity’ on Pathways DoS is immediately updated; Confirm the situation of B-OPEL 3 with the relevant Network Manager.
NBBB-11	<p>The NBBB will take responsibility for the cascade of information via email to:</p> <ul style="list-style-type: none"> All specialised Burn Services nationally and request that the all services update Section A – ‘Burn Bed Capacity’ on Pathways DoS immediately The Lead Burn Consultant, or nominated person, within each specialised Burn Service nationally Burn Care Network Managers Local Critical Care Networks (adult and paediatric) Local Major Trauma Networks (adult and paediatric) NHSE/I regional on-call team
NBBB-12	<p>The NBBB will, as and when the situation changes, immediately notify via email:</p> <ul style="list-style-type: none"> All specialised Burn Services nationally; The Lead Burn Consultant, or nominated person, within each specialised Burn Service nationally; Burn Care Network Managers; Local Critical Care Networks (adult and paediatric); Local Major Trauma Networks (adult and paediatric); NHSE/I regional on-call team.
NBBB-13	<p>In the event that a new referral is made to a specialised Burn Service declaring B-OPEL 2 (within a Burn Care Network declaring B-OPEL 3), the NBBB will assist the on-call Burns Consultant in finding a suitable alternative burns bed from another Burn Care Network. On identifying and confirming with another specialised Burn Service that an alternative bed is available, the NBBB will provide the ‘home’ on-call Burns Consultant with the necessary information about the alternative service including the accepting Lead Burns Consultant’s contact details.</p> <ul style="list-style-type: none"> If the on-call Burns Consultant AGREES it is a satisfactory alternative service, they will request that the NBBB contacts the referring ED clinician and gives them all the information necessary to get the patient transferred to the alternative specialised Burn Service; If the on-call Burns Consultant DISAGREES that it a satisfactory alternative (possibly because of transfer time or distance) and decides that the patient should be admitted to the ‘home’ specialised Burn Service rather than be transferred to an alternative specialised Burn Service, the Burns Consultant MUST advise the NBBB of his/her decision and telephone the referring ED clinician and provide them with all the information necessary to complete the referral (i.e., via tele-referral) and get the patient transferred to the ‘home’ specialised Burn Service.
NBBB-14	<p>The NBBB will request that the receiving Burns Consultant contacts the NBBB, by telephone (01384 679036), once the patient has been received into their organisation. Once this has been confirmed the NBBB will:</p> <ul style="list-style-type: none"> Contact, by telephone, the Lead Burn Consultant from the ‘home’ specialised Burn Service to confirm the patient’s final destination; Notify the local Burn Care Network Manager, by email, details of the patient transfer. <p>(NB. If the alternative specialised burn service admits a patient from within their network that takes the last available critical care burns bed, they must contact the referring clinician immediately and halt the transfer if possible and notify the NBBB that they need to source an alternative burns bed and repeat action NBBB-13 and 14).</p>
Role:	NHS ENGLAND AND NHS IMPROVEMENT (NHSE/I) ON-CALL
Action No	Action
NHSE-3	NHSE/I Regional on-call will be aware of a Network declaring B-OPEL 3 via the NBBB alert. They should ensure they are available to join a teleconference/MSTeams call if required.
NHSE-4	NHSE/I National on-call will be aware of a Network declaring B-OPEL 3 via the NBBB alert.
NHSE-5	NHSE/I Regional will provide Capacity Escalation SitReps to NHSE/I National if required.

B-OPEL 4: Potential Burn Care System Failure

ADULT & PAEDIATRIC SPECIALISED BURN SERVICES ENGLAND & WALES SURGE & ESCALATION STANDARD OPERATING PROCEDURE

ACTION CARD:

B-OPEL 4 – POTENTIAL SYSTEM FAILURE

ALL four Burn Care Networks are operating at B-OPEL 3.

No capacity or capability is imminent within England and Wales. MUTUAL AID may be required from other UK / EU nations.

Role:	SPECIALISED BURN SERVICES (ADULT AND PAEDIATRIC)
Action No	Action
BS-16	The specialised Burn Service and organisation's bed managers will meet routinely (frequency as per organisation's policy) to discuss burn bed capacity and burn capability (skill mix of burns staff) using information available on Pathways DoS for burns and adult/paediatric critical care beds to help inform decisions.
BS-17	Inform the NBBB by telephone (01384 679036) and Burn Care Network Manager of any change in the situation and maintain Pathways DoS at least twice a day or when capacity/capability changes. If requested, complete a Capacity Escalation SitRep and e-mail to NBBB (primarycare.hub@nhs.net) and Burn Care Network Manager.
Role:	BURN CARE NETWORK MANAGER (during office hours)
ODN-8	The Burn Care Network Manager will provide the local NHSE/I Regional on-call with any information or situation reports, as requested.
ODN-9	The Burn Care Network Manager will participate in any teleconferences or MSTeams calls, arranged by the NBBB at an appropriate time to discuss the situation and any on-going issues.
Role:	NATIONAL BURN BED BUREAU (NBBB)
Action No	Action
NBBB-15	When ALL four Burn Care Networks declare B-OPEL 3, the NBBB will declare the Burn Care National System is at B-OPEL 4 and will, as and when the situation changes, immediately notify, via email and by phone/pager: <ul style="list-style-type: none"> All Burns Services nationally and request that Section A – 'Burn Bed Capacity' on Pathways DoS be immediately updated; The Lead Burn Consultant or nominated person within each specialised Burn Service nationally; Burn Care Network Managers; All Critical Care Networks (adults and paediatric) nationally; All Major Trauma Networks (adult and paediatric) nationally; NHSE/I regional on-call teams.
NBBB-16	In discussion with the NHSE/I National on-call team, will arrange a teleconference or MSTeams call comprising of the following membership: <ul style="list-style-type: none"> NHSE/I National on call (chair) NBBB Burn Care Network Managers, as available Burns Clinicians (Network Clinical Lead or a Senior Burns Consultant from within the Burns Network) NHSE/I regional on-call NHSE/I clinical representation NHS Wales on-call NHSE/I National communications The teleconference details are as follows: <ul style="list-style-type: none"> UK Freephone from landline: 0800 917 1950

	<ul style="list-style-type: none"> • From mobiles: 020 3463 1950 • Participant passcode: 71489424 then # • MSTeams invites will be sent out as appropriate <p>The aim of the teleconference or MSTeams conference is to review and confirm the current situation and agree the next steps. To include:</p> <ul style="list-style-type: none"> • (What?) What is causing the current source of pressure, actions already taken and additional steps that could be taken to reduce pressure (step-down, repatriation etc.); • (So what?) Impact on the burns care system; • (What if?) Projection for the immediate future; • Consideration of requesting mutual aid from Devolved Administrations; • Agreement of next steps and time of next teleconference or MSTeams conference.
NBBB-17	<p>The NBBB will, as and when the situation changes, will immediately notify via email:</p> <ul style="list-style-type: none"> • All specialised Burn Services nationally; • The Lead Burn Consultant, or nominated person, within each specialised Burn Service nationally; • Burn Care Network Managers; • Local Critical Care Networks (adult and paediatric); • Local Major Trauma Networks (adult and paediatric); • NHSE/I National on-call team • NHSE/I regional on-call teams
Role:	NHS ENGLAND NHS IMPROVEMENT (NHSE/I) ON-CALL
Action No	Action
NHSE-6	NHSE/I Regional on-call teams will be alerted via NBBB email, phone and pager that all four Burn Care Networks are declaring B-OPEL 3 status raising the National Burn Care System status to B-OPEL 4. They should ensure they are available to join a teleconference/MSTeams calls if required.
NHSE-7	NHSE/I National on-call teams will be alerted via NBBB email, phone and pager that all four Burn Care Networks are declaring B-OPEL 3 status raising the National Burn Care System status to B-OPEL 4.
NHSE-8	NHSE/I National on-call team will participate and Chair any teleconferences or MSTeams calls arranged by the NBBB at an appropriate time to discuss the situation and any on-going issues, and invite NHSE/I Regional on-call to join as appropriate.
NHSE-9	NHSE/I National on-call will facilitate any agreement stemming from a teleconference or MSTeams call to request mutual aid from Devolved Administrations and wider European countries. This will be done via the Department of Health & Social Care (DHSC) on-call.

Appendix 8: Capacity Escalation Situation Report (SITREP) Template

Specialised Burn Service Location					
Trust/Health Board Name					
Name of person completing SITREP					
Contact email / Tel No					
Date / Time B-OPEL 2 FIRST declared					
Date / Time of SITREP					
Any burns beds closed due to increase in Level 3 admissions?					YES / NO
How many ICU/HDU beds occupied:	ICU	HDU	How many ICU/HDU beds available:	ICU	HDU
Any burns beds closed due to staffing problems?					YES / NO
How many ICU beds occupied?	ICU	HDU	How many ICU/HDU beds available:	ICU	HDU
Any burns patients expected to step down in the next 12 hours?					YES / NO
No. of Level 3 (ICU) to Level 2 (HDU):			No. of Level 2 (HDU) to Level 1 (Surgical/Ward):		
Any burns patients transferred out of the Trust within the previous 12 hours?					YES / NO
If YES, please provide following details:					
Name of Accepting Trust			No. and type of patients transferred		
Any further escalation measures taken since the last SITREP?					YES / NO
If YES, please outline details:					
Any further escalation measures planned?					YES / NO
If YES, please outline details: (including how many burns beds and level of care you are able to create)					
Any further information that may be relevant to inform the capacity management process?					

Appendix 9: Stakeholder contact details

NHS England and NHS Improvement (NHSE/I) National and Regional EPRR (in hours and out of hours)

Region	Contact	Tel. No.	Additional Info.
National (England)	On-call National Duty Officer	0333 200 5022 or 0844 822 2888	Ask for “ NHS 05 ” via pager england.epr@nhs.net
National (Wales)	Contact will be made by NHSE/I National on-call above		
East of England	On-call Senior Manager	07623 515952	Ask for “ Senior Manager on Call ”
	Incident Control Centre (ICC)	0113 824 8805	england.eastofengland-covid19@nhs.net
London	Director on-call	0844 822 2888	Ask for “ NHS 01 ” via pager
	Incident Control Centre (ICC)		england.london-covid19@nhs.net
Midlands	On-call Senior Manager	0114 324 0465	Ask for “ 1st on-call Senior Manager ”
	Midlands Regional Operational Centre (ROC)		england.midsroc@nhs.net
North East & Yorkshire	Regional on-call team	0191 430 2498	Ask for “ NHS England North East & Yorkshire Regional Team on-call ”
	Incident Control Centre (ICC)	07702 404046	england.eprney@nhs.net
North West	Regional on-call team	0191 430 2498	Ask for “ NHS England North West Regional Team on-call ”
	Incident Control Centre (ICC)	07724 426305	england.eprnw@nhs.net
South East	Regional on-call team	0792 350 3889	
	Incident Control Centre (ICC)	0303 033 8844	England.se-incident@nhs.net
South West	Regional on-call team	0303 033 8833	Ask for “ 1st on-call Manager ” England.sw-epr@nhs.net
	Regional Operational Centre (ROC)	0303 033 9980	england.sw-incident1@nhs.net

ICCs & ROCs generally operate 0800-2000 seven days a week
Contact details correct at time of drafting (09.12.20)

National Burn Beds Bureau (NBBB)

Telephone: 01384 679 036 (monitored 24/7)

Email primarycare.hub@nhs.net

Burn Care Network Managers (in office hours)

Burn Operational Delivery Networks	E-mails
London & South East of England Burns Network	EPRR.LSEBN@nhs.net
Midlands Burn Care Network (MBCN)	EPRR.MBODN@nhs.net
Northern Burn Care Network (NBCN)	EPRR.NBCN@nhs.net
South West Burn Care Network (SWBCN)	EPRR.SWUK@nhs.net