

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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Description	This document provides a framework for the development and implementation of the burn care response to a significant incident or emergency which result in an increase in burn care activity across one or more of the Burn Care Operational Delivery Networks (Burns ODNs) covering England and Wales.
Cross Reference	http://www.england.nhs.uk/ourwork/epr/
Superseded Docs (if applicable)	Management of surge and escalation in critical care services: standard operating procedure for burns services
Action Required	Recipients are required to review the responsibilities outlined in the document and ensure that arrangements are in place to implement these in the event of capacity pressures in the burns networks.
Timing / Deadlines (if applicable)	
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Document Status

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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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Classification: OFFICIAL

This material should be read in conjunction with the other NHS England critical care guidance. All material forming the guidance is web based and prepared to be used primarily in that format. The web-based versions of the Guidance including underpinning materials have links to complementary material from other organisations and to examples of the practice of and approach to emergency preparedness, resilience and response in the NHS in England.

The web version of the guidance is available at <http://www.england.nhs.uk/commissioning/ccs/>

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

Equality and diversity

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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Foreword

1. This guidance updates and supersedes the following guidance:
 - 2013 NHS England guidance '*Management of Surge and Escalation in Critical Care Services: Standard Operating Procedure for Burns Service*' and
 - 2011 DH guidance '*NHS Emergency Planning Guidance: Planning for the management of burn-injured patients in the event of a major incident: interim strategic national guidance*'.
2. This guidance was developed by the four Burn Care Operational Delivery Networks (Burns ODNs) in England and Wales, with support from NHS England Emergency Preparedness, Resilience and Response (EPRR).
3. The content has been approved by the Clinical Reference Groups (CRGs) for Specialised Burns and EPRR in consultation with key stakeholders.

Introduction

4. This document provides a framework for the development and implementation of the burn care response resulting from an increase in burn care activity across one or more of the Burn Care Operational Delivery Networks (Burns ODNs) covering England and Wales.
5. This document is intended for use by all NHS acute hospital providers with specialist burn care facilities on site, to assist with the planning for, and responding to, issues that will arise in the management of adults and paediatrics requiring burn care. It is also intended to support commissioners' and NHS England's On-call teams' understanding of the escalation processes in place.

It is intended that this guidance should be incorporated within local Trust escalation plans and should be viewed as part of the overall response.

6. In the context of this Standard Operating Procedure (SOP), the term surge is used to describe pressure on the whole burn care system rather than referring to surge pressure experiences within individual burn care units and centres which will usually be managed locally.
7. Although this document has been prepared to describe the process for "rising-tide" surge and escalation, the processes would also operate in response to a major incident involving multiple casualties with a burn injury.

Burn Services and Burns ODNs would respond to such an event and escalate quickly through the arrangements for mutual aid described in this document. In the event of fast escalation, burn services will work collaboratively with their host Trust's arrangements for a Major Incident.

8. All capacity reporting and bed management will use as its basis the NHS Pathways Directory of Services (DOS) system. The system can be accessed here: <https://www.pathwaysdos.nhs.uk/app/controllers/login/login.php>

Context

9. This National Burn Care Standard Operating Procedure (SOP) forms part of a suite of national SOPs that cover the following services:
 - Adult Intensive Care Services
 - Paediatric Intensive Care Services (PICU)
 - Adult Respiratory Extra Corporeal Membrane Oxygenation (ECMO)
 - Paediatric Respiratory Extra Corporeal Membrane Oxygenation (ECMO)

10. Specialised burn care services include all burn care delivered by Burns centres, Burn units and Burn facilities delivered as part of a provider network, including the whole pathway of:
 - Specialist assessments
 - Admission to a Centre, Unit or Facility and
 - Rehabilitation and surgical reconstruction

11. In England and Wales, specialist burn care services are organised on a tiered model of care (centre, unit and facility);
 - **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 facilities are up to highest level of critical care and have immediate operating theatre access.
 - **Burn Unit:** This level of in-patient burn care is for the moderate level of injury complexity and offers a separately staffed, discrete ward.
 - **Burn Facility:** This level of in-patient burn care equates to a standard plastic surgical ward for the care of non-complex burn injuries.

12. There are 16 services accepting patients at centre level. These services provide burn care at centre, unit and facility level. About 200 individuals require access to a burn centre a year. Table 1 (overleaf) shows the Burns Services providing centre level care.

13. 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 care 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.

14. There are four regional, specialised Burns Operational Delivery Networks (Burns ODNs) across England and Wales.
 - Northern Burn Care Operational Delivery Network (including North Wales)
 - Midlands Burn Operational Delivery Network
 - South West UK Burn Care Network (including South Wales)
 - London and South East of England Burn Network

A map of the four Burns ODNs and the location of the services providing centre-level care is shown at Appendix 1.

15. The contact telephone numbers for the burn services providing centre-level care are shown at Appendix 2a (Adults) and 2b (Children) as well as the contact details for the Burns ODN Managers (Appendix 2c) and NHS England oncall (Appendix 2d).

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16. NHS England and NHS Wales (Welsh Health Specialised Services Committee) commissions all specialist burn care services provided by Burns Centres, units and facilities, delivered as part of a provider network.
17. Clinical Commissioning Groups (CCGs) commission burn care services for patients in England that do not meet the threshold for specialised burn care from any providers that are not formally identified as centres, units or facilities.
18. It is recognised that there are mutual interdependence between these services and the critical care and intensive care resources they each use. Therefore, this document should be read in conjunction with your organisation's Incident Response Plan (IRP) e.g. NHS England Incident Response Plan or local service providers Incident and Escalation Plan.
19. In addition to burn services providing centre-level care for the most complex cases, each Burns ODN also benefits from a number of burn units. These services do not manage the most complex cases but will be a key element of a network's response to prolonged periods of pressure, by providing network-wide resilience and capacity for less severe cases. Table 1 (overleaf) shows the Burn Services within each Burns Operational Delivery Network providing Centre-Level Care and Unit-level Care.

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Table 1: Burns Operational Delivery Networks (Burns ODNs) and Burn Services within each network providing Centre-Level Care and Unit-level Care

London and South East of England (LSEBN)	
Chelsea & Westminster, London	Centre-level Adults
Queen Victoria Hospital, East Grinstead, Sussex	Centre-level Adults
St Andrews, Chelmsford, Essex	Centre-level Adults and Children
Stoke Mandeville Hospital, Aylesbury Buckinghamshire	Unit-level Adults and Children
Midland Burn Care Network (MBODN)	
Birmingham Children's Hospital, Birmingham, West Midlands	Centre-level Children
Nottingham University Hospitals, East Midlands	Centre-level Adults Unit-level Children
Queen Elizabeth Hospital, Birmingham, West Midlands	Centre-level Adults
Northern Burn Care Network (NBCN) including North Wales	
Alder Hey Hospital, Liverpool	Centre-level Children
Royal Victoria Infirmary, Newcastle-upon-Tyne	Centre-level Adults and Children
Northern General Hospital, Sheffield, South Yorkshire	Centre-level Adults
Pinderfields Hospital, Wakefield, West Yorkshire	Centre-level Adults Unit-level Children
Royal Manchester Children's Hospital	Centre-level Children
Whiston Hospital, Liverpool	Centre-level Adults
Wythenshawe Hospital, Manchester	Centre-level Adults
Sheffield Children's Hospital, South Yorkshire	Centre-level Adults Unit-level Children
South West UK Burn Care Network (SWUKBN) including South Wales	
Morrison Hospital, Swansea, South Wales	Centre-level Adults
Bristol Royal Hospital for Children, Bristol	Centre-level Children
Salisbury District Hospital	Unit-level Adults and children
Southmead Hospital, Bristol	Unit-level Adults

Strategic Aims and Objectives

20. The strategic aims of this document are:
- To prevent avoidable mortality and morbidity due to patients requiring care and not being able to access this in a timely manner.
 - To maximise capacity in the health and social care system in a range of scenarios through a coordinated escalation and de-escalation approach across geographical footprints.
 - To avoid triage by resource (as opposed to triage by outcome) until all potential escalation options have been exhausted.
 - To support repatriation of patients able to be discharged to ensure best use of specialised resource.
 - This Standard Operating Procedure sets out a consistent national approach by which providers of the services covered by this document can escalate capacity pressures to their commissioners and NHS England, detailing how organisations, services and the stakeholders covered by this document should act.

Principles

21. In managing surge pressures for burns services, the principles of the approach of the Standard Operating Procedure are:
- An integrated model
 - The stepped increase in capacity in response to demand
 - The preservation of the standard clinical pathway for burn injured patients for as long as possible and trying to maintain patients as close to their home as possible
 - That equity of access and treatment will be maintained as practicable
 - That a stepped decrease in capacity and return to normal activity will be resumed as soon as possible in response to demand
 - That all burn care units, services and specialised burns networks adopt and work to the same processes adapted to local service delivery
 - The levels of demand and pressure will be notified using the standard Resource Escalatory Action Plan (REAP) definitions as adapted for burn care services.

Surge and Escalation Management Arrangements

22. The surge management arrangements for specialised burn services are based in principle on a consistent but tailored approach for individual services to manage burn ITU (Level 3 [L3] Intensive Care Unit (ITU) and Level 2 [L2] (High Dependency Unit (HDU)) capability and capacity at an individual service level. Only when capability within the service is exhausted, will services seek to escalate, through mutual aid, to other burn services within the network and other burn networks.
23. Each of the four Burns ODNs is adopting a consistent approach for service and network surge and escalation. This approach must be reflected in individual NHS hospital and burns services' plans. These hospital and burn service action plans articulate the integrated service and hospital approach to managing surge, detailing the necessary actions and notifications required, as referrals increase above "normal" levels. The action plans are aggregated to a network level, providing an overview of the key actions and notifications required at each level.
24. The levels of surge and escalation will be described using the REAP definitions as shown in Table 3 (below).

Table 3: The levels of burn surge and escalation will be described using the REAP definitions

REAP 1 – NORMAL: The burn service is working at normal levels of occupancy and/or capability and is able to meet all burn care capacity on the burns ward and in general ITU without impacting on other services.

- *Burns services and hospitals will be responsible for declaring their status as REAP 1, utilising the Pathways DOS System.*

REAP 2 – CONCERN: The Burn service's bed capacity and/or skill mix is becoming limited but is able to receive patients and to maintain optimal care.

- *Burns services and hospitals will be responsible for declaring their status as REAP 2, utilising the Pathways DOS System.*

REAP 3 - MODERATE PRESSURE: The burn service is operating at maximum capacity and/or capability and is not able to accept new referrals. Other burn services within the network have capacity and capability to provide mutual aid.

- *Burns services and hospitals will be responsible for declaring their status as REAP 3, utilising the Pathways DOS System.*

NB: It must be noted that REAP 3 applies only to the Northern Burn Care Network and for the adult burn care centres in London and South East Burn Network. Burn ODNs with only one, single centre - level (ITU) burn care provider will move directly from REAP 2 to REAP 4.

REAP 4 - SEVERE PRESSURE: All burn services in a single network are declaring level 3 and therefore mutual aid is required from other networks.

- *REAP 4 will be declared by burn services or hospitals in ODNs where there is only one single adult or paediatric centre.*
- *REAP 4 will be declared by the National Burns Bed Bureau in ODNs where there are 2 or more burn centres for adults and/or children.*

REAP 5 – CRITICAL: 3 of the 4 burn networks are declaring level 4. There is very limited capacity or capability available in England and Wales. Mutual aid must be considered from the Devolved Administrations.

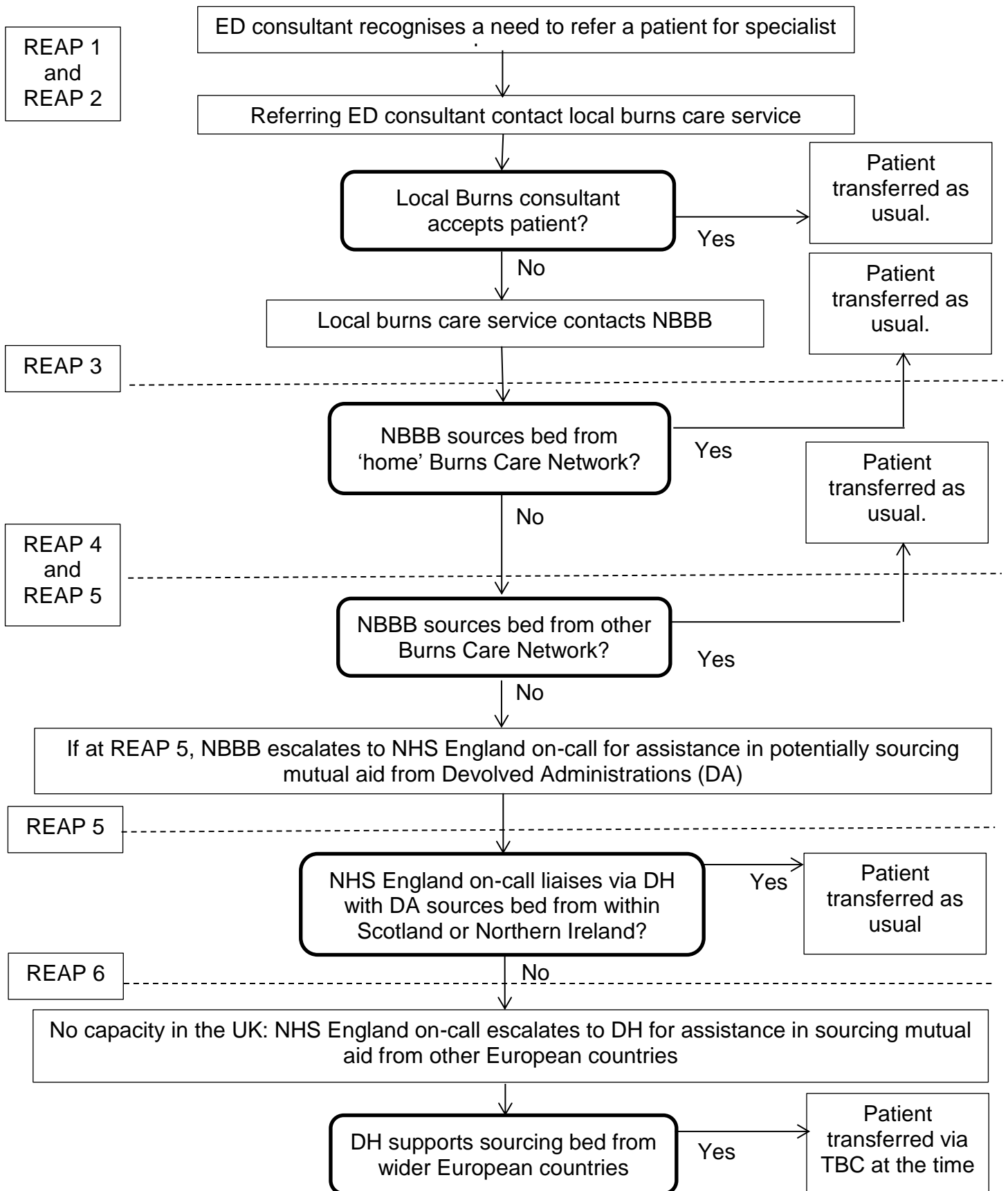
- *REAP 5 will be declared by the National Burns Bed Bureau, when 3 of the 4 burns ODNs are at REAP 4*

REAP 6 - POTENTIAL SYSTEM FAILURE: All 4 of the burn networks are declaring level 4. There is no capacity or capability available in England and Wales or in the Devolved Administrations. International mutual aid is required.

- *REAP 6 will be declared by the NHS England, National EPRR duty on-call officer when all 4 of the burns ODNs are at REAP 4*

25. Table 4 (below) demonstrates the referral escalation pathway for burns from REAP 1 and REAP 6 for England and Wales..

Table 4: The referral escalation pathway for burns from REAP 1 and REAP 6 for England and Wales



Data Sources

26. The National Burns Bed Bureau (NBBB) currently manages the adult and paediatric burn care capacity data held on NHS Pathways Directory of Services (Pathways DOS) bed capacity management system and inputted by individual burn centres and burns units. The system provides an overview of available capacity across the whole burns system.
27. The NBBB monitor the completeness of data and follow up any delayed or unusual submissions. Units are familiar with this system and update their information at least twice each day during normal service delivery, or more frequently where agreed locally within a Burns ODN.
28. This is required more frequently during escalation to the point of being updated every time their capacity changes (maintaining a minimum of six hourly updates).
29. Pathways DOS provides information for service managers and clinicians but does not provide a definitive view of capacity. This is mainly because most burns services rely on general ITU capacity and the demand on those beds is managed by the ITUs and PICUs themselves.
30. A significant number of critical care services across the country also input ITU capacity (L3 ITU and L2 HDU) onto Pathways DOS. It is crucial therefore that burns and critical care jointly review their bed capacity on a regular basis during each day.
31. In escalation, Trusts will be responsible for collecting additional data to inform more regular situation reports (SitReps). The collection of clinical data during some clinical situations may be required to help guide successful treatment strategies and Trusts must prioritise resources to facilitate this.

Roles and Responsibilities

32. This section sets out the key or headline roles and responsibilities to be undertaken at times of pressure surge. The detail of information in this section is incorporated into the REAP Action Card at Appendix 3.

Burn services

33. All specialised burn services providing centre-level care (burns intensive care) will:
- Maintain the Pathways DOS system on a minimum of two occasions each day (for example, 08.00 and 20.00hrs) and more frequently where agreed locally.
 - Include within the Pathways DOS system a clear indication of the REAP status of their service
 - Immediately inform the National Burns Bed Bureau if the burns service is moving to indicate REAP 3.

Burn Care Network Managers

34. The Burns ODN Network Manager will be responsible for:
- Routinely monitoring the Pathways DOS system
 - When a burn service has declared REAP 2 or REAP 3, the network manager will discuss the situation with the burns service, to ensure that the burn service is able to assess existing patients and identify alternative care pathways within the burns service to allow receipt of new referrals, and to maintain optimal care.
 - Providing NHS England Regional EPRR with any information or situation report as required by them

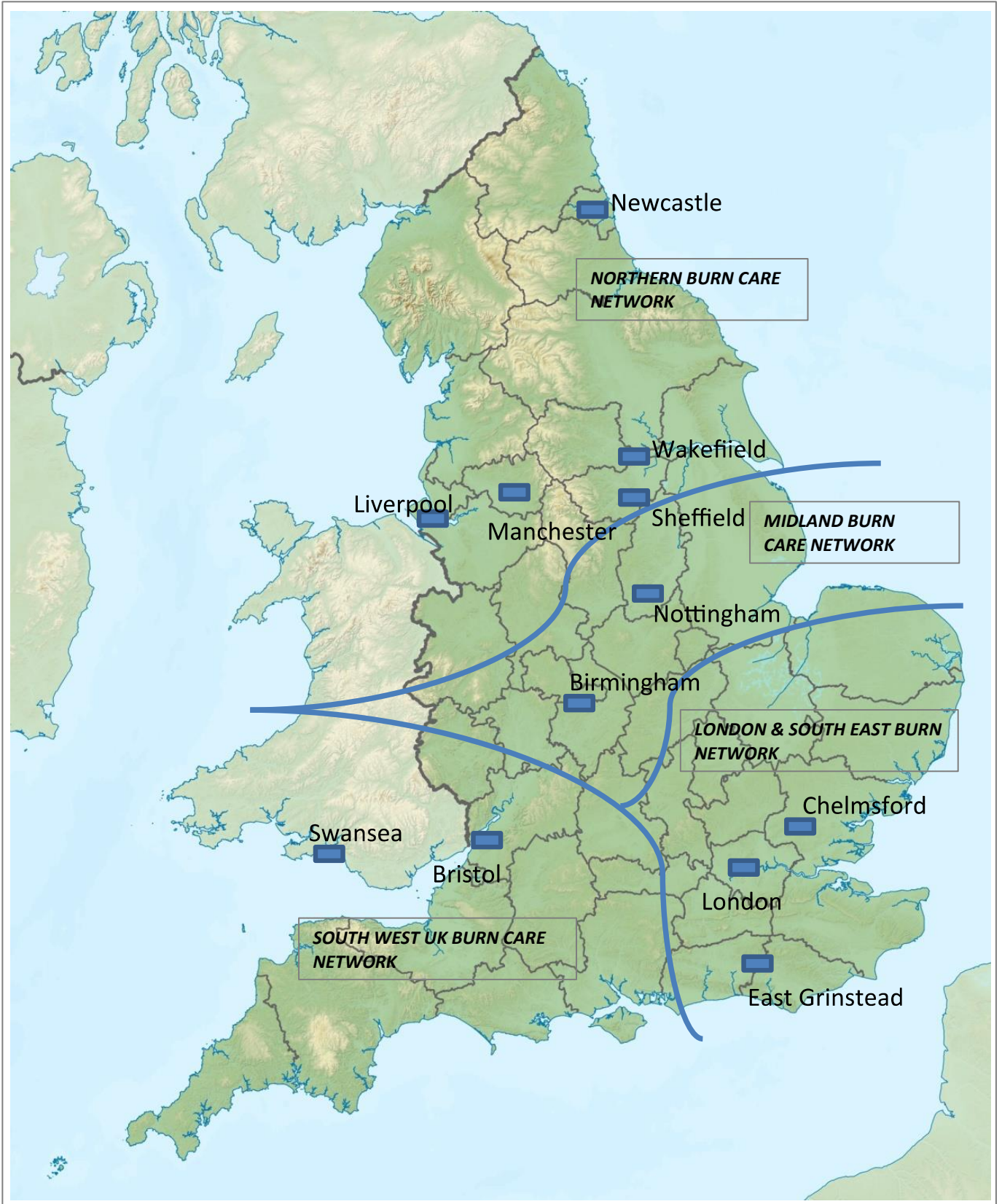
National Burns Bed Bureau

35. The National Burn Bed Bureau (NBBB) is a national service that operates 24/7 and provides the following functions as part of a whole systems burns surge and escalation approach across England and Wales.
- Manages the adult and paediatric burn care capacity data held on Pathways DOS (bed capacity management system).
 - Support to burn services in situations when mutual aid is required.
 - Undertake a notification role, notifying specific key stakeholders within the burns system and within NHS England (commissioners and EPRR) of capacity and pressure within the system.

NHS England Commissioning Operations Directorate On-call

36. NHS England Commissioning Operations Directorate Oncall leads will provide leadership and coordination to burn services, networks and the NBBB during periods of escalation at REAP levels 4, 5 and 6.
- Routine situation reports (SitRep) from burn networks
 - Participation and lead in telephone conference calls as necessary
 - Whole-system management and leadership

Appendix 1: Map of Burn Services providing centre-level care in England and Wales



Appendix 2: Notification Contact Lists

Appendix 2a – Adult Burns: Surge and Escalation Stakeholder Notification

BURN SERVICE	CONTACT LOCATION	CONTACT TELEPHONE NUMBER
ADULT BURN SERVICES PROVIDING CENTRE-LEVEL CARE:		
London & South East:		
Chelsea & Westminster Hospital London	BURNS WARD	020 3315 2500
Queen Victoria Hospital East Grinstead, West Sussex	BURNS WARD	01342 414 440
St Andrews Broomfield Hospital Chelmsford, Essex	BURNS ITU	01245 516038
Midlands:		
Nottingham University Hospital Nottingham	BURNS WARD	0115 9249924 ext 62388
Queen Elizabeth Hospital Birmingham, West Midlands	BURNS WARD	0121 3712735
Northern:		
Royal Victoria Infirmary Newcastle-Upon-Tyne	BURNS WARD	0191 282 5637 / 0271
Northern General Hospital Sheffield, South Yorkshire	BURNS WARD	01142 714129 or 01142 714126
Pinderfields Hospital Wakefield, West Yorkshire	BURNS WARD	0844 8118110 or 01924 541700
University Hospital South Manchester Manchester	BURNS WARD	0161 291 6314
Whiston Hospital Liverpool	BURNS WARD	0151 430 1540 or 2349
South West UK:		
Morrison Hospital Swansea, South Wales	BURNS WARD	01792 703 802

Appendix 2b – Paediatric Burns: Surge and Escalation Stakeholder Notification

BURN SERVICE	CONTACT LOCATION	CONTACT TELEPHONE NUMBER
PAEDIATRIC BURN SERVICES PROVIDING CENTRE-LEVEL CARE:		
Midlands:		
Birmingham Children's Hospital Birmingham, West Midlands	PICU / BURNS	0121 333 9652
London & South East		
St Andrews Broomfield Hospital Chelmsford, Essex	BURNS ITU	01245 516038
Northern:		
Alder Hey Hospital Liverpool	BURNS WARD	0151 252 5400
Royal Victoria Infirmary Newcastle-Upon-Tyne	BURNS WARD	0191 282 5637 or 0271
Royal Manchester Children's Hospital Manchester	BURNS WARD	0161 701 8100
South West UK:		
Bristol Royal Hospital for Children Bristol, South West England	BURNS WARD	0117 923 0000

Appendix 2c – Burns ODN Network Managers Surge and Escalation Stakeholder Notification

NETWORK	NETWORK MANAGER
BURN NETWORK MANAGERS	
London & South East of England Burns Network (LSEBN)	<u>Burns.LSEBN@nhs.net</u>
Midlands Burn Care ODN (MBCN)	<u>Burns.MBODN@nhs.net</u>
Northern Burn Care Network (NBCN)	<u>Burns.NBCN@nhs.net</u>
South West UK Burn Care Network (SWUK)	<u>Burns.SWUK@nhs.net</u>

Appendix 2d – NHS England Commissioning Operations (CO) Oncall Surge and Escalation Stakeholder Notification (24/7)

NHS ENGLAND REGION CO ONCALL	CONTACT TELEPHONE NUMBER and EMAIL (24/7)
London Region	08448 222 888 ask for NHS01, in the first instance england.london-incident@nhs.net (not monitored 24/7)
Midlands and East	0762 350 3830 (pager service), in the first instance england.me-icc@nhs.net (not monitored 24/7)
Northern Region	0191 430 2453 Ask for “ NHS England 1st On-Call ” in the first instance (Provided by North East Ambulance Service)
South Region	0844 544 9633 Ask for “ Director On-Call ”, in the first instance england.southepr1@nhs.net (not monitored 24/7)
NATIONAL (England)	08448 222 888 ask for ‘NHS 05’, in the first instance England.epr@nhs.net (not monitored 24/7)
NATIONAL (Wales)	Via National (England), who will access via DH.

Appendix 3: Action Cards for Burns Surge and Escalation

REAP LEVEL 1 – NORMAL	
THE BURN CARE SERVICE IS WORKING AT NORMAL LEVELS OF OCCUPANCY AND/OR CAPABILITY.	
THE BURN CARE SERVICE IS ABLE TO MEET ALL BURN CARE CAPACITY ON THE BURNS WARD AND IN GENERAL ITU WITHOUT IMPACTING ON OTHER SERVICES OR ORGANISATIONS.	
BURN CARE SERVICE	
1	The burn care service will update Pathways DOS (Burns Beds Capacity Management System) as and when patients are admitted/discharged, and/or every six hours during normal service delivery. Each service will signify the REAP Level in the “Service Notes” section of the Pathways DOS System.
2	The burn care 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.
BURN OPERATIONAL DELIVERY NETWORK (ODN) MANAGERS (when available)	
1	The Burns ODN Manager will monitor Pathways DOS (Burns Beds Capacity Management System).
NATIONAL BURN BED BUREAU (NBBB)	
1	The NBBB will routinely and regularly monitor Pathways DOS and ensure all burn services are updating the system in line with their requirements above. In the event that a service has not updated the system in the previous 12-hour period, the NBBB will contact, by telephone, the service and request the system be updated.
2	The NBBB will maintain a written (MS Excel) log of the capacity figures and REAP status of all burn services, with a daily record of the figures and status for each service. The daily log should be indicative of the highest REAP Status declared by the service on the day.
3	The NBBB will maintain a national log of Pathways DOS capacity figures.
4	The NBBB will on each Monday morning (or Tuesday if the Monday is a bank holiday), the Network Manager will receive a MS Excel Workbook analysis of the previous weeks daily bed figures.
NHS ENGLAND ONCALL	
1	No actions required.

REAP LEVEL 2 – CONCERN

THE BURN CARE SERVICE'S BED CAPACITY AND/OR SKILL MIX IS BECOMING LIMITED BUT IS ABLE TO RECEIVE PATIENTS AND TO MAINTAIN OPTIMAL CARE.

ACTIONS AS ABOVE FOR REAP LEVEL 1 MUST BE COMPLETED PRIOR TO THE FOLLOWING ACTIONS.

BURN CARE SERVICE

1	Immediately amend the Pathways DOS system to signify REAP 2.
2	Inform the National Burn Bed Bureau (NBBB) by telephone (01384 215576) that the service is operating at REAP 2. Include in the conversation the rationale for declaring REAP Level 2 status.
3	The Burn Care Service will continue thereafter, to inform NBBB by telephone (01384 215576) of any change in the situation and maintain Pathways DOS system.

BURN OPERATIONAL DELIVERY NETWORK (ODN) MANAGERS (when available)

1	When a burn service has declared REAP 2, the Burns ODN Manager will discuss the situation with the burns service, to ensure that the burn service is able to assess existing patients and identify alternative care pathways within the burns service to allow receipt of new referrals, and to maintain optimal care.
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NATIONAL BURN BED BUREAU (NBBB)

1	On being notified of REAP Level 2 by a burn service the NBBB will immediately notify, via email, all burn services nationally, and the local Burn Network Manager.
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NHS ENGLAND ONCALL

1	No actions required.
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REAP LEVEL 3 - MODERATE PRESSURE

(NORTHERN BURN CARE NETWORK AND ADULT BURN CARE SERVICES, LONDON & SOUTH EAST BURN CARE NETWORK ONLY*)

THE BURN CARE SERVICE IS OPERATING AT MAXIMUM CAPACITY AND/OR CAPABILITY AND IS NOT ABLE TO ACCEPT NEW REFERRALS. OTHER BURN CARE SERVICES WITHIN

THE 'HOME' BURN CARE NETWORK HAVE CAPACITY AND CAPABILITY TO PROVIDE MUTUAL AID.

BURN CARE SERVICES SHOULD ENSURE THAT ALL SURGE CAPACITY AND CAPABILITY WITHIN THEIR ORGANISATION HAS BEEN UTILISED BEFORE DECLARING REAP 3

***NOTE: BURN CARE NETWORKS WITH ONLY ONE SINGLE CENTRE-LEVEL PROVIDER WILL MOVE DIRECTLY FROM REAP 2 TO REAP 4**

ACTIONS AS ABOVE FOR REAP LEVELS 1 AND 2 MUST BE COMPLETED PRIOR TO THE FOLLOWING ACTIONS.

BURN CARE SERVICE

1	Immediately amend the Pathways DOS system to signify REAP 3.
2	Inform the National Burn Bed Bureau (NBBB) by telephone (01384 215576) that the service is operating at REAP 3. Include in the conversation the rationale for declaring REAP Level 3 status.
3	The Burn Care Service will continue thereafter, to inform NBBB by telephone (01384 215576) of any change in the situation and maintain Pathways DOS system.
4	In the event that a new referral is made, the on-duty or on-call burns consultant at that burns care service will determine the severity and need for a burn care bed, and advise the referring ED clinician that mutual aid is being sought within the burn care network. The burn care service will: <ul style="list-style-type: none"> • Contact, by telephone (01384 215576), the NBBB and seek assistance in identifying a suitable bed from an alternative burn care service provider • Advise referring ED consultant on specific burns care for the patient until point at which the patient is accepted by an alternative burn care service
5	In the event that the local burns consultant decides that the patient should be admitted to the local burn care service rather than be transferred to alternative burn care service, the consultant MUST advise the NBBB (01384 215576) that the alternative bed is no longer required
6	All Burns Care Services will update Pathways DOS as requested by NBBB.

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BURN OPERATIONAL DELIVERY NETWORK (ODN) MANAGERS (when available)	
1	<p>The Burns ODN Manager will make contact by telephone with the burn service at REAP 3, to ascertain the following information:</p> <ul style="list-style-type: none"> • The circumstances causing REAP 3 (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
2	<p>The Burns Care Network Manager will provide the local NHS England regional oncall with any information or situation reports, as required.</p>
NATIONAL BURN BED BUREAU (NBBB)	
<p>When a Burns Care Service informs the NBBB that they have declared a REAP 3, the NBBB will:</p>	
1	<p>On being notified of REAP 3 by a burn care service, confirm status with the relevant lead Burn Consultant to ensure that any surge capacity within the burn care service has been utilised.</p> <p>If it is agreed that the REAP 3 is confirmed, the NBBB will take over the responsibility for the cascade and co-ordination of information as set out below:</p>
2	<p>Take responsibility for the cascade of information via email to:</p> <ul style="list-style-type: none"> • All Burns Care Services nationally and request that the Pathways DOS system be immediately updated • The Lead Burn Consultant or nominated person within each burn care service nationally • Burn Care Network Managers • Local Critical Care Networks (adults and paediatric) • NHS England regional oncall team
3	<p>The NBBB, on identifying and confirming with another burn care service that a suitable alternative bed is available, will provide the referring ED consultant with the accepting lead burn consultant's contact details.</p>
4	<p>The referring ED consultant lead will:</p> <ul style="list-style-type: none"> • Contact home burn care service lead burn consultant to confirm location of bed and to confirm that the patient transfer can proceed. • If it is agreed that the transfer should go ahead: • Contact the accepting burn care consultant from the alternative burn service and discuss patient's details and agree transfer. • Arrange the transfer through the ambulance service
5	<p>The accepting burns consultant will advise the NBBB (01384 215576) once the patient has been received into the organisation.</p>
6	<p>Once a patient is placed, the NBBB will:</p> <ul style="list-style-type: none"> • Contact, by telephone, the lead burn consultant from the local burn care service to confirm the patient's final destination • Notify the local Burn Care Network Manager, by email, details of the patient transfer
NHS ENGLAND ONCALL	
1	<p>NHS England will be aware via the alert received by email and followed up by telephone. No action is required.</p>

REAP LEVEL 4 – SEVERE PRESSURE

ALL BURN CARE SERVICES WITHIN A SINGLE NETWORK ARE OPERATING AT MAXIMUM CAPACITY AND/OR CAPABILITY AND UNABLE TO ACCEPT NEW REFERRALS AND ARE DECLARING REAP LEVEL 3. THE NETWORK IS AT REAP 4.

MUTUAL AID FROM OTHER NETWORKS(S) IS REQUIRED.

NOTE:

BURN CARE NETWORKS WITH ONLY A SINGLE CENTRE ADULT OR PAEDIATRIC PROVIDER WILL MOVE DIRECTLY FROM REAP 2 TO REAP 4.

IN SUCH CASES, THE RELEVANT BURN CARE CENTRE WILL DECLARE REAP 4. BURN CARE SERVICES SHOULD ENSURE THAT ALL SURGE CAPACITY AND CAPABILITY HAS BEEN UTILISED BEFORE DECLARING REAP LEVEL 4

IN THE NORTHERN BURN CARE NETWORK AND FOR ADULT BURN CARE SERVICES IN LONDON AND SOUTH EAST BURN CARE NETWORK, THE STATUS REAP LEVEL 4 WILL BE DECLARED BY THE NBBB

ACTIONS AS ABOVE FOR REAP LEVELS 1, 2 AND 3 MUST BE COMPLETED PRIOR TO THE FOLLOWING ACTIONS.

BURN CARE SERVICE

1	Immediately amend the DOS Pathways system to signify REAP 4.
2	A Burn Care Service within a burns network with a single centre adult or paediatric provider declaring REAP Level 4, will immediately notify the NBBB of this, by telephone (01384 215576).
3	The Burn Care Service will continue thereafter, to inform NBBB by telephone (01384 215576) of any change in the situation and maintain Pathways DOS system.
4	In the event that a new referral is made, the on-duty or on-call burns consultant at that burns care service will determine the severity and need for a burn care bed, and advise the referring ED clinician that mutual aid is being sought within the burn care network. The burn care service will: <ul style="list-style-type: none"> • Contact, by telephone (01384 215576), the NBBB and seek assistance in identifying a suitable bed from an alternative burn care service provider Advise referring ED consultant on specific burns care for the patient until point at which the patient is accepted by an alternative burn care service
5	In the event that the local burns consultant decides that the patient should be admitted to the local burn care service rather than be transferred to alternative burn care service, the consultant MUST advise the NBBB (01384 215576) that the alternative bed is no longer required
6	All Burns Care Services will update Pathways DOS as requested by NBBB.

BURN OPERATIONAL DELIVERY NETWORK (ODN) MANAGERS (when available)

1	The Burn ODN Manager will provide the local NHS England regional oncall with any information or situation reports, as required.
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2	<p>The Burn ODN Manager will make contact by telephone with the burn services in their network, to ascertain the following information:</p> <ul style="list-style-type: none">• The circumstances causing REAP 3 (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
3	<p>The Burn ODN Manager will ensure that Pathways DOS reflects the status of the burn services at REAP 4</p>
4	<p>The Burn ODN Manager will arrange a teleconference with the other Burn ODN Managers, as necessary and at an appropriate time, to discuss the situation and any on-going issues. The teleconference details are as follows:</p> <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 #

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NATIONAL BURN BED BUREAU (NBBB)	
<p>A Burn Care Service within a Burns ODN with one Centre-level provider declaring REAP Level 4, will immediately notify the NBBB of this, by telephone (01384 215576). Thereafter, they will continue to keep the NBBB informed of any further changes in the situation.</p> <p>When all Burn Services within the Northern Burn Care Network or the London and South East Burn Care Network are declaring REAP Level 3 the NBBB will be responsible for declaring REAP Level 4 for that network.</p>	
<p>When a Burn Care Network reaches and declares REAP 4, the NBBB will:</p>	
1	<p>On being notified of REAP 4 by a burn service, the NBBB will declare REAP Level 4 and will immediately contact, by telephone each of the other burn services providing centre-level care within the four burn networks to:</p> <ul style="list-style-type: none"> • Request that the Pathways DOS system be immediately updated • Confirm the situation of REAP 4 to the on-duty Burn Consultant <p>If it is agreed that the REAP 4 is confirmed, the NBBB will take over the responsibility for the cascade and co-ordination of information as set out below:</p>
2	<p>Take responsibility for the cascade of information via email (confirm by receipt) to:</p> <ul style="list-style-type: none"> • All Burns Care Services nationally and request that the Pathways DOS system be immediately updated • The Lead Burn Consultant or nominated person within each burn care service nationally • Burn Care Network Managers • All Critical Care Networks (adults and paediatric) nationally • Relevant NHS England regional oncall team
3	<p>The NBBB will, if no email is received confirming receipt of the alert, contact each of the burns care services nationally notifying them of the situation and to request the Pathways DOS system be immediately be updated.</p>
4	<p>The NBBB will as and when the situation changes, immediately notify, via email:</p> <ul style="list-style-type: none"> • All Burns Care Services nationally and request that the Pathways DOS system be immediately updated • The Lead Burn Consultant or nominated person within each burn care service nationally • Burn Care Network Managers • All Critical Care Networks (adults and paediatric) nationally • Relevant NHS England regional oncall team
NHS ENGLAND ONCALL	
1	<p>NHS England regional on-call will be aware via the alert received by email and followed up by telephone.</p>

REAP LEVEL 5 – CRITICAL PRESSURE

3 OF THE 4 BURN NETWORKS ARE DECLARING LEVEL 4 RESULTING IN VERY LIMITED CAPACITY OR CAPABILITY AVAILABLE IN ENGLAND AND WALES.

MUTUAL AID FROM WITHIN THE DEVOLVED ADMINISTRATIONS (DA) MUST BE CONSIDERED.

ACTIONS AS ABOVE FOR LEVEL 1, 2, 3 AND 4 MUST BE COMPLETED PRIOR TO THE FOLLOWING ACTIONS.

BURN CARE SERVICE

1	Ensure that Pathways DOS system accurately represents the REAP level the service is operating at.
2	Continue thereafter, to inform NBBB by telephone (01384 215576) of any change in the situation and maintain Pathways DOS system.
3	In the event that a new referral is made, the on-duty or on-call burns consultant at that burns care service will determine the severity and need for a burn care bed, and advise the referring ED clinician that mutual aid is being sought within the burn care network. The burn care service will: <ul style="list-style-type: none"> • Contact, by telephone (01384 215576), the NBBB and seek assistance in identifying a suitable bed from an alternative burn care service provider • Advise referring ED consultant on specific burns care for the patient until point at which the patient is accepted by an alternative burn care service
4	In the event that the local burns consultant decides that the patient should be admitted to the local burn care service rather than be transferred to alternative burn care service, the consultant MUST advise the NBBB (01384 215576) that the alternative bed is no longer required
5	All Burns Care Services will update Pathways DOS as requested by NBBB.

BURN OPERATIONAL DELIVERY NETWORK (ODN) MANAGERS (when available)

1	The Burn ODN Manager will provide the local NHS England regional oncall with any information or situation reports, as required.
2	The Burn Care Network Manager will participate in any teleconference, arranged by the NBBB at an appropriate time to discuss the situation and any on-going issues.

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NATIONAL BURN BED BUREAU (NBBB)	
<p>When three of the four Burns Care Networks reaches and declares REAP 4, the NBBB will declare that the system is at REAP 5 and will:</p>	
1	<p>The NBBB will as and when the situation changes, immediately notify, via email and by phone/pager:</p> <ul style="list-style-type: none"> • All Burns Care Services nationally and request that the DOS system be immediately updated • The Lead Burn Consultant or nominated person within each burn care service nationally • Burn Care Network Managers • All Critical Care Networks (adults and paediatric) nationally • Relevant NHS England regional on-call team
2	<p>In discussion with the NHS England regional oncall team convene a teleconference (TC) comprising of the following membership</p> <ul style="list-style-type: none"> • NHS England Regional on call (chair) • NBBB • Burns Care Network Managers, as available • Burns Clinician (Network Clinical Lead or a Senior Burns Consultant from within the Burns ODN) • NHS England clinical representation • Wales oncall • NHS England national communications <p>The teleconference details are as follows:</p> <ul style="list-style-type: none"> – UK Freephone from landline: 0800 917 1950 – From mobiles: 020 3463 1950 – Chairperson passcode: available to NHS England and Burns Network Managers – Participant passcode: TBC <p>The aim of the TC 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 next TC time
NHS ENGLAND ONCALL	
1	NHS England regional on-call will be alerted by email, phone and pager.
2	NHS England regional oncall will alert NHS England national oncall by pager
3	The NHS England regional oncall will participate and Chair any teleconference, arranged by the NBBB at an appropriate time to discuss the situation and any on-going issues, and invite NHS England national oncall to join as appropriate.
4	NHS England national oncall will facilitate any agreement stemming from the teleconference to request mutual aid from Devolved Administrations. This will be done via DH On-call.

REAP LEVEL 6 – POTENTIAL SERVICE FAILURE

ALL 4 BURN NETWORKS ARE DECLARLING LEVEL 4 – NO CAPACITY OR CAPABILITY AVAILABLE IN ENGLAND AND WALES OR THE DEVOLVED ADMINISTRATIONS.

MUTUAL AID FROM OTHER EUROPEAN COUNTRIES IS REQUIRED.

Actions as above for Level 1, 2, 3, 4 and 5 must be completed prior to the following actions.

BURN CARE SERVICE

1	Ensure that Pathways DOS system accurately represents the REAP level the service is operating at.
2	Continue thereafter, to inform NBBB by telephone (01384 215576) of any change in the situation and maintain Pathways DOS system.
3	<p>In the event that a new referral is made, the on-duty or on-call burns consultant at that burns care service will determine the severity and need for a burn care bed, and advise the referring ED clinician that mutual aid is being sought.</p> <p>The burn care service will:</p> <ul style="list-style-type: none"> • Contact, by telephone (01384 215576), the NBBB and seek assistance in identifying a suitable bed from an alternative burn care service provider • Advise referring ED consultant on specific burns care for the patient until point at which the patient is accepted by an alternative burn care service <p>Note: The burn consultant at request of the ED consultant to confirm location of available bed, in the event that a decision is made for the local burn care service to admit the patient as a stabilising measure, until a bed is found geographically nearer.</p>
4	In the event that the local burns consultant decides that the patient should be admitted to the local burn care service rather than be transferred to alternative burn care service, the consultant MUST advise the NBBB (01384 215576) that the alternative bed is no longer required
5	All Burns Care Services will update Pathways DOS as requested by NBBB.

BURN CARE ODN NETWORK MANAGERS (when available)

1	The Burns Care Network Manager will provide the local NHS England regional oncall with any information or situation reports (SitReps) as required.
2	The Burns Care Network Manager will participate in any teleconference, arranged by the NBBB at an appropriate time to discuss the situation and any on-going issues.

NATIONAL BURN BED BUREAU (NBBB)	
<p>When all four Burn Care Networks reaches and declares REAP 5, the NBBB will declare that the system is at REAP 6 and will:</p>	
1	<p>The NBBB will as and when the situation changes, immediately notify, via email and by phone/pager:</p> <ul style="list-style-type: none"> • All Burns Care Services nationally and request that the Pathways DOS system be immediately updated • The Lead Burn Consultant or nominated person within each burn care service nationally • Burn Care Network Managers • All Critical Care Networks (adults and paediatric) nationally • All four NHS England regional and national oncall teams
2	<p>In discussion with the NHS England national on-call team convene a teleconference comprising of the following membership</p> <ul style="list-style-type: none"> – NHS England national on call (Chair) – NBBB – Burns Care Network Managers, as available – Burns Clinician (Network Clinical Lead or a Senior Burns Consultant from within the Burns ODN) – NHS England clinical representation – NHS England regional oncall – Wales oncall – NHS England national communications – DH EPRR oncall <p>The teleconference details are as follows:</p> <ul style="list-style-type: none"> – UK Freephone from landline: 0800 917 1950 – From mobiles: 020 3463 1950 – Chairperson passcode: available to NHS England and Burns Network Managers – Participant passcode: TBC <p>The aim of the TC 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 wider European countries – Agreement of next steps and next TC time
NHS ENGLAND ONCALL	
1	<p>NHS England regional and national on-call will be alerted by email, phone and pager.</p>
2	<p>The NHS England regional and national on-call will participate and Chair any teleconference, arranged by the NBBB at an appropriate time to discuss the situation and any on-going issues.</p>
3	<p>NHS England national on-call will facilitate any agreement stemming from the teleconference to request mutual aid from wider European countries. This will be done via DH On-call.</p>