Specialised Services

National Network for Burn Care

National Burn Care Standards

Revised January 2013
To be reviewed April 2015

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Foreword

The NHS and specialised services in particular has seen many changes since the National Burn Care Review (NBCR) in 2001 and the publication of the international Burn Care Standards (iBCS) in 2003. In the emerging structures and process defined by the NHS Commissioning Board adherence to service specifications and national standards will become fundamental to the provision of specialised burn care. It was essential to revise the Burn Care Standards to enable the burn care services to move forward and have a set of standards which are relevant today.

It would not have been possible to complete the revision of the burn care standards without the support of all the members of the Burn Care Standards Review Group and specifically Dr Amber Young (Chair of the Burns CRG / Consultant Burns Anesthetist) and Mr Ken Dunn (Director of iBID / Consultant Burns Surgeon) who both agreed to assist me in co-chairing the work programme.

At the start of this review process Jane Emmerson and Sarah Broomhead were instrumental in providing expert advice regarding the review and development of quality standards. All of the work would not have been possible without the constant support and help that I received from Mary Kennedy and Jane Blockley who have undertaken the majority of organisational and administrative tasks.

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The work contained in this document has been undertaken by a sub-committee of the National Network for Burn Care. The organisational changes in the NHS have resulted in this work being transferred to the Burn Care Clinical Reference Group (CRG). In future this new group will oversee the review and development of these standards. The Burn Care Standards working group initially reported to the members of the board of the National Network for Burn Care who provided oversight of this work and authority to circulate and use this version of the International Burn Care Standards (iBCS). Whilst the National Network for Burn Care has taken reasonable steps to ensure that these Standards are fit for the purpose of reviewing the quality of burn services, this is not warranted and the National Network for Burn Care will not have any liability to the service provider, service commissioner or any other person in the event that this revised version of the International Burn Care Standards (iBCS) is not fit for this purpose. The provision of services in accordance with these standards does not guarantee that the service provider will comply with its legal obligations to any third party, including the proper discharge of any duty of care, in providing specialist burn services.

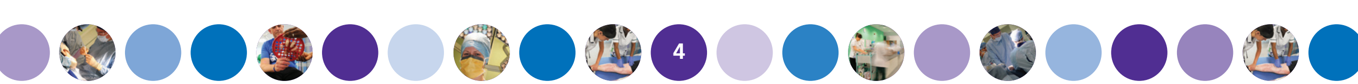
These revised Burn Care Standards may be reproduced and used freely by NHS organisations for the purpose of improving services for people with burns. No part of these standards may be reproduced by other organisations or individuals or for other purposes without the permission of the Burn Care Clinical Reference Group. Guidance and advice regarding the use of the standards can be obtained from the Burn Care Clinical Reference Group.

Introduction

These revised National Burn Care Standards have been developed through the National Network for Burn Care, an NHS body that includes representation from the four regional Burn Care Networks for England and Wales, NHS Specialised Commissioners, Patient Representatives and the British Burn Association (BBA). Comments were sought from the wider burns community by circulating the draft revised standards to the BBA membership. Although many people contributed towards these revisions the majority of the work was undertaken by an expert multidisciplinary group (Appendix 1). The principles underpinning this revision have not changed since the original standards were first published and remain true to the objectives described in the National Burn Care Review [1]. This version replaces any previous versions, previously known as the international Burn Care Standards (iBCS). The iBCS are only one element of the assurance process that assists all those involved in either commissioning or delivering specialised burn care to ensure that there is equity of access for all to a high quality specialised burn services. These standards must be used as part of a designation and clinical governance framework that considers the service specification, adherence to the national referral guidelines, the national definition of specialised burn services and national arrangements for commissioning specialised services [2, 3]. Compliance with these standards will not only ensure that specialised burn care is provided in an equitable manner but it will improve the quality of health care, outcomes and specialised services available for people with burn injuries, their families and carers.

These revised standards cover the whole of the burn care pathway and the aim is to provide the means to measure the capability of a burn service as a whole. This includes the clinical services and the Burn Care Network. Only by defining standards that cover the entirety of the patient journey through the burn pathway is it possible to establish a governance framework to measure the quality of burn care for patients, their families and carers regardless of their point of entry into a specialist burn care service. A glossary of the terms and abbreviations used in this document is contained in Appendix 2 and the pathway for specialist burn care is shown in Appendix 3.

In revising the iBCS the relationships between other relevant assurance processes and quality standards have been considered. The revision process was designed to reduce duplication, to ensure the standards were aligned to other relevant processes, to separate out the specific standards that apply to children and make the validation and assurance process as robust, consistent, practicable and transparent as possible. Other key factors were the need to retain historical data and build on the work already undertaken in producing the original iBCS. This document is to be used to assist services in either the self assessment or peer review process. These Standards are available on the National Network for Burn Care (NNBC) website www.specialisedservices.nhs.uk/burncare. An electronic version of the Standards is available on the iBCS website www.burnstandards.org. The Burn Care Clinical Reference Group (CRG) will be responsible for future revisions and providing



guidance on how to use these standards. The CRG will also make recommendations with regards to the use of clinical outcome measures which will eventually be fully integrated into any future revisions. The initial findings of the BBA outcomes group were considered when completing this revision.

In England and Wales burn care is organised using a tiered model of care (centre, unit and facility) whereby the most severely injured are cared for in services designated as centres and those requiring less intensive clinical support being cared for in services designated as either burns units or facilities. This involves ensuring that resources are utilised to develop a service that triages patients according to their clinical requirements and ensures that they are managed in the right place at the right time. This process is facilitated through adherence to national thresholds [4].

The standards apply to Burn Care Centres, Units and Facilities. Those services providing centre level care will also provide unit and facility-level care for their local population. Units will provide facility-level care for their local population. The iBCS have been developed to take account of the specific needs of both children and adults. Each standard is applicable either to a Children's Service (Ch), an Adult Service (Ad) or to both. It is recognised throughout this process that whenever possible, young people aged 16 to 19 should be offered the choice of care in a Children's or Adult Service. In this document young people are considered to be those up to their 19th birthday. When making reference to patients and families the family includes formal and informal carers as well as relatives.

These revised standards will assist both the commissioners and providers of specialised burn care to deliver a consistent and assured burn service. Clinical assurance of specialised burn care must involve a partnership between the commissioners and providers of specialised burn care. There are specific standards that relate to commissioning and the role and responsibility of the Burn Care Networks. The standards associated with the Burn Care Network are not explicit about whether this function is located in a commissioner, provider or other organisation.

This revision to the Burn Care Standards was undertaken based on the following principles. The Standards:

- should cover the whole of the patient pathway
- must define which statements are applicable to adults and / or children
- must cover all of the important aspects of burn care
- must link with other Quality Standards and review systems but not duplicate them
- must be clear, unambiguous and measurable
- must be achievable and practicable
- should where possible be unambiguous and as prescriptive as possible to promote common practice and adherence to national guidance [it is acknowledged that some of the standard statements are written in a non-prescriptive manner to allow for local practice and custom]
- should only require patient identifiable information as evidence when undertaking self-assessment or peer review where there is no reasonable alternative to demonstrate compliance
- demonstration of compliance should require as little effort as possible

The revised standard statements have been organised into seven sections:

Section A, Patient Centred Care, includes statements regarding communication, the planning of burn care and the support that patients and families can expect to receive.

Section B, The Multidisciplinary Team, covers clinical leadership, access to surgeons, anaesthetists, nurses, therapists and specialist clinical support professionals to provide the full range of physical and psychosocial care for burns patients. This section also includes aspects of training, education and competence.

Section C, Inter-reliant Services, includes a description of the clinical services required for each level of service. This includes the availability and access to the wide range of medical specialities that are required to effectively manage burns patients. In addition to access to medical specialities this section also covers the provision of education for children while they are in hospital.

Section D, Facilities, Resources and the Environment, describes the facilities, resources and the environment necessary to provide specialised burn care. The type of and availability or access to an appropriately resourced burn bed is covered in this section. Access to an appropriately designed and resourced operating theatre and the availability of specialist resources such as skin products are also covered in this section. The provision of telemedicine and rehabilitation services is also included in this section.

Section E, Policies and Procedures, outlines some of the core policies and procedures necessary to provide effective burn care. These include both operational and clinical policies that have a direct relevance to burn care.

Section F, Clinical Governance, refers to audit, research, data collection and analysis. It also covers elements of communication and the necessity to formalise the distribution of current clinical guidelines and examples of best practice. This section defines the minimum activity require for each level of burn service.

Section G, The Burn Care Network. The statements in this section cover both the construct and purpose of the clinical network. Given that this revision was concluded while the formal details of the future of Operational Delivery Networks (ODN) is not published the underlying principles for the standards was based on the belief that the purpose of Burn Care Networks is to promote equity of specialised burn care which includes ensuring there is parity of access to a high quality burn service. The Network must have clinical leadership, promotion of quality through the use of clinical outcomes, innovation and public and patient participation at its foundation. Changes in the practice and procedures defined by the NHS Commissioning Board associated with Operational Delivery Networks may necessitate an early review of the standard statements in this section.

Each Standard has a unique reference code which consists of a letter for the section and a number to identify the individual standard statement. In the Patient Centered Care section (Section A) all standard codes are prefixed with the letter A, this is followed by a number e.g. A:01 is "General support for patients, their families and/or carers." To denote which standards are relevant to which level of service and to differentiate between adults and children the following descriptors are in use throughout the document. The burn services are described as Centres (C), Units (U) or Facilities (F). Some standards are applicable to more than one level of service. This is denoted by the use of a √ adjacent to the letter which represents the level of service that the standard is applicable to. Some standards are applicable to Children's (Ch) and / or Adult (Ad) Services. The following two examples illustrate which standards are applicable to which services.

Standard applicable to all services:

C	√
U	√
F	√
Ch	√
Ad	√

Standard applicable to a Centre for Children:

C	√
U	
F	
Ch	√
Ad	

Where some aspect of the Standard applies to one type of service only, this is explained with the use of an asterisk after the tick (√*).

Each standard has a description of how the organisations can show that they are meeting the standard. This is not prescriptive and organisations may have other ways of demonstrating compliance. Where possible the Standards are worded in a way that the standard is either achieved or not (yes or no). In the compliance column there is a description of the type of evidence that the service can provide to demonstrate compliance. In some instances there are additional notes which give more detail about either the interpretation or the applicability of the standard.

Using the Burn Care Standards

It is recommended that the Network and each part of the service should complete a self assessment against the standards every two years. This should form part of the development plan for the Network / service. Formal peer review and designation should take place every four to five years. This process must be done in conjunction with the commissioners of specialised burn care. A separate document detailing the assessment process will be produced by the Burn Care CRG.

Burn Care Standards

Revised Standards		
No.	**Quality Standard**	**Compliance**
	Section A: Patient Centered Care	
A-1 C √ U √ F √ Ch √ Ad √	**General support for patients, their families and/or carers** Patients, their families and/or carers should be provided with information about their care [5, 6] and have access to the following services: a) interpreter services, including access to British Sign Language b) Patient Advisory Liaison Service or equivalent c) social worker d) spiritual support e) accommodation, transport and parking	**Evidence:** Details of support services available 4 – All these services are available to patients, their families and/or carers 0 – The above standard is not met
A-2 C √ U √ F √ Ch √ Ad √	**Information for patients, their families and/or carers** Written information should be offered to patients, their families and/or carers that take into account the individual wishes of the patient and their family. This information is to enable patients, their families and/or carers to make informed decisions about their care [7]. This information should be provided on more than one occasion. It should be clear, understandable, evidence based and culturally sensitive. When given either verbally or in any other format the information provided should be documented. Patients, their families and/or carers whose first language is not English must be provided with appropriate interpreting and translation services. This information should include: a) members of the burn care team b) how to contact the Burn Care Service c) ward layout and routines d) burns and the likely physical and psychological implications e) support services and groups available f) where to go for further information, including useful websites g) how to give feedback on the service, including how to make a complaint h) how to report safeguarding concerns i) how to get involved in improving services j) the opportunity to participate in and access the results of burns related research k) organ donation	**Evidence:** Written information and communication applies to both in-patient and out-patient 4 – Written information referring to all items listed is available to patients, their families and/or carers. There is evidence there has been shared information between the MDT and patients, their families and /or carers 0 – The above standard is not met

Revised Standards		
No.	**Quality Standard**	**Compliance**
A-3 C √ U √ F √ Ch √ Ad √	**Point of contact** For each stage of care, patients, their families and/or carers should have the name of the medical consultant in charge of their care and the contact details of a health professional that has an overview of their care. The named point of contact is responsible for supporting patients, their families and/or carers and to act as a link with the multi-disciplinary team. This health professional is the main point of contact for queries and advice. All patients, their families and/or carers must be given the telephone number of their burns service and informed that they can contact the burn care team for advice at any time.	**Evidence:** Verbal evidence from in-patients, out-patients, their families and / or carers that they have been informed of their point of contact 4 – The majority of patients, their families and/or carers are aware of their point of contact and / or know how to contact the burn care team 0 – The above standard is not met
A-4 C √ U √ F √ Ch √ Ad √	**Plan of care** A multi-disciplinary plan of care should be agreed with patients, their families and/or carers where appropriate*. The management of each patient should be discussed and planned at multi-disciplinary team meetings to ensure the best possible care and outcomes. Patients and, where appropriate, their families and/or carers should have access to this plan (in-patients) or be offered a copy (out-patients). The plan should be updated at a frequency which is appropriate to the stage of the patient's treatment, and should cover: a) named consultant responsible for their care b) therapeutic interventions and medication c) planned rehabilitation, including psycho-social rehabilitation d) anticipated care from outside the immediate team e) follow up arrangements f) expected outcomes (physical and psycho-social) g) the point of contact and how to contact them h) planned review time/date and how to access a review more quickly, if necessary * There may be exceptions including: Mental Capacity Act, Safeguarding (adults and children) and consent in critical care. Patients' preferences for sharing information with their partner, family members and / or carers are established, respected and reviewed throughout their care [8].	**Evidence:** Written information and communication applies to both in-patient and out-patient 4 – There are integrated MDT plans of care (medical, nursing, therapy, social, and psychological) which have been discussed with the patient. The plans are legible, signed, dated, reviewed as stated and available to the patients 3 – There are comprehensive plans of care for each separate element of the pathway (medical, nursing, therapy, social, and psychological) which have been agreed by the patient. The plans are legible, signed, dated and reviewed 0 – The plan of care falls below the acceptable standard for record keeping
A-5 C √ U √ F √ Ch √ Ad √	**Discharge information following in-patient or out-patient care** The discharge documentation must include current and future physical, social and psychological care. Relevant written information should be provided to patients, their families and/or carers on discharge with regard to: a) pain and itch management b) resuming activities of daily living c) preventing burns in the future d) recognition of complications associated with a burn injury e) aftercare of the burn wound (scar management and protection) f) psycho-social care, information and support available g) key contact details (including 24hour access to the clinical team) h) patient support group i) follow up appointment details and location	**Evidence:** Written evidence of a discharge plan which includes the items listed. This evidence can be obtained from the clinical notes, therapy or nursing documentation. This should be evidenced from the review of a minimum of 5 sets of patient records 4 – Relevant written information covering the items listed is available. There is also evidence (where appropriate) that this has been provided for all patients and carers (in-patients and out-patients) 0 – There is no written information available

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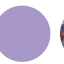
No.	**Quality Standard**	**Compliance**
A-6 C √ U √ F √ Ch √ Ad √	**Process for patient follow up** An agreed process must be in place for the follow up of physical, psycho-social care and reconstructive surgery including the location, frequency and duration of follow up care.	**Evidence:** Agreed follow-up policy and review of clinical notes 4 – There is a follow up care process in place and is used as part of the patient pathway 0 – The above standard is not met
A-7 C √* U √* F √ Ch √ Ad √	**Out-patient care (acute burn care)** Patients must have access to a burns clinic for initial acute management. Where appropriate this must include access to more than one member of the MDT during a single clinic visit [9-11]. *In Burn Care Centres and Units, clinics should be for patients with burns only and not combined with other patients.	**Evidence:** Description of out-patient service (including outpatient timetable) provided to burn-injured patients, their families and/or carers. Description of process for accessing members of the MDT 4 – There is a clinic for acute burn care and patients have access to members of the MDT 0 – The above standard is not met
A-8 C √* U √* F √ Ch √ Ad √	**Out-patient care (follow up burn care)** The patient must have access to an out-patient clinic providing follow up burn care led by a consultant burn surgeon. This includes access to all appropriate members of the MDT at the same time [9]. *In Burn Care Centres and Units clinics should be for patients with burns only and not combined with other patients.	**Evidence:** Description of outpatient clinic (including outpatient timetable) provided to burn-injured patients. Description of process for accessing members of the MDT 4 – There is clinic for follow up burn care and patients have access to members of the MDT 0 – The above standard is not met
A-9 C √ U √ F √ Ch √ Ad √	**Return to education, employment and independent living** A programme for return to education, employment or independent living should be agreed with all patients and, where appropriate, their families and/or carers. These plans should address psychological and social concerns as a result of changing appearance or disfigurement as well as physical fitness [12, 13].	**Evidence:** Written evidence of a policy or guideline for the rehabilitation and discharge planning of patients that considers their return to education, employment, independent living and reintegration into their community Written evidence of a discharge or reintegration plan as obtained from the clinical notes, therapy or nursing documentation. This should be evidenced from the review of a minimum of 5 sets of patient records 4 – There is a policy / guideline referring to rehabilitation and discharge planning of patients that considers their return to education, employment, independent living and reintegration into their community. There is written evidence in the clinical notes that the MDT are complying with this policy (where appropriate) 0 – The above standard is not met



Revised Standards		
No.	**Quality Standard**	**Compliance**
A-10 C √ U √ F √ Ch √ Ad √	**Support group** A support group should be available whereby patients, their families and/or carers have access to peer support from others who have experienced burn injuries. These groups should be subject to appropriate governance and employment checks (safeguarding and minimum skill set for group facilitators).	**Evidence:** Written evidence regarding access to appropriate support groups 4 – All patients, their families and/or carers have information and the opportunity to access an age appropriate burn support group 0 – The above standard is not met
A-11 C √ U √ F √ Ch √ Ad	**Burns Camp/Club** The Burn Care Service should provide access to a Burns Camp/Club to promote self confidence and acknowledgement that the patient is not alone [14]. Burn Camps must adhere to the national standards associated with running a Burns Camp [15]. Access to a Burns Camp should be available at no cost to the patient or their family.	**Evidence:** Written evidence regarding access to appropriate Burn Camp 4 – All patients, their families and/or carers have information and the opportunity to access an age appropriate Burn Camp regardless of the ability of the patient to pay for this service 0 – The above standard is not met
A-12 C √ U √ F √ Ch √ Ad √	**Transition of care between children's and adult services** There should be a formally recognised process to facilitate the transfer of children and young people to the adult service. Written information should be available regarding all aspects of the transition process. Planning transition to adult services should start no later than 14 years of age (however there is no fixed age for transition). The planning should include full discussion with the child/adolescent, their parents and/or carers about the clinical issues and their views, opinions and feelings.	**Evidence:** The policy or guideline for the transition of care from children's services to adult services Written evidence that the MDT is adhering to this policy must be demonstrated through a review of relevant patient records 4 – There is a policy / guideline referring to the transition of care from children's services to adult services. There is written evidence in the clinical notes that the MDT are complying with this policy 1 – There is an informal process to support the transition of care from children's services to adult services. There is evidence in the clinical notes that the MDT has been planning the transition of care from children's services to adult services 0 – The above standard is not met

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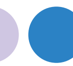
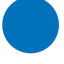
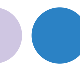
No.	**Quality Standard**	**Compliance**
A-13 C √ U √ F √ Ch √ Ad √	**Involving patients, their families and/or carers** Patients, their families and/or carers should be encouraged to provide feedback on the quality of care and their experience of the Burn Care Service [7, 8]. The Burn Care Service must have: a) mechanisms for receiving feedback from patients, their families and/or carers b) a rolling programme of audit in respect of the experience of patients, their families and/or carers	**Evidence:** The process and systems in place to collect and analyse patient feedback. Evidence of actions taken to change clinical or organisational practice 4 – There is a process in place to receive and evaluate burn specific feedback from patients, their families and/or carers. There is evidence of change as a result of this feedback 1 – There is a process in place to receive and evaluate burn specific feedback from patients, their families and/or carers. There is no evidence of change as a result of this process 0 – There is no process in place to receive patient or carer feedback



Revised Standards		
No.	**Quality Standard**	**Compliance**
	Section B: Multidisciplinary Team (MDT)	
B-1 C √ U √ F √ Ch √ Ad √	**Clinical Lead / head of Burn Care Service** The Burn Care Service must have a nominated clinical lead for the MDT who has overall responsibility for the service. The clinical lead should have time allocated for this role in their job plan. They should be a member of the burn care team.	**Evidence:** Name of clinical lead/head of service. Job description or job plan. Note: The role of the clinical lead is leadership of the clinical team and their primary responsibility is the quality of burn care in their service. The clinical lead may or may not have management responsibility for the service but they should have appropriate input into the managerial decision-making process 4 – There is a clinical lead for burns that has time allocated for this in their job plan 0 – The above standard is not met
B-2 C √ U √ F √ Ch √ Ad √	**Nursing Lead for Burn Care Service** The Burn Care Service must have a nominated lead for nursing services. They must take overall responsibility for their service. The lead nurse for the burn service must have time allocated for this role in their job plan. They must be a member of the burn care team.	**Evidence:** Name of the lead nurse. Job description or job plan Note: Lead nurses may have other responsibilities. The interests of groups such as psychologists, social workers etc can be represented by either the lead nurse or therapist 4 – There is a nominated lead for nursing. There is time allocated for this in their job plan 0 – The above standard is not met
B-3 C √ U √ F √ Ch √ Ad √	**Therapy Lead for Burn Care Service** The Burn Care Service must have a nominated lead therapist. They must take overall responsibility for their service. Therapy service leads must have time allocated for this role in their job plan. They must be a member of the burn care team.	**Evidence:** Name of the lead therapist. Job description or job plan Note: Lead therapists may have other responsibilities. The interests of groups such as psychologists, social workers etc can be represented by either the lead nurse or therapist 4 – There is a nominated lead for therapy. There is time allocated for this in their job plan 0 – The above standard is not met



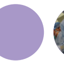


Revised Standards		
No.	**Quality Standard**	**Compliance**
B-4 C √ U √ F Ch √ Ad √	**Research and Development Lead (R & D) – Centres and Units** The Burn Care Service should have a nominated clinical lead for research and development.	**Evidence:** Name of research and development clinical lead Note: This standard applies only to centres and units although facilities may wish to wish to comply as a means of demonstrating best practice. 4 – There is a nominated lead for research and development 0 – The above standard is not met
B-5 C √ U F Ch √ Ad √	**Consultant surgeons – Centres** Centres must provide burn specific consultant led clinical care 24 hours a day, 7 days per week. Consultant burn surgeons must have at least three Direct Clinical Care PAs per week allocated to caring for patients with burns. Consultants working in both adult and children's services should have at least one Direct Clinical Care PA per week in each of these areas. Consultant burn surgeons should have completed final stage topics in burn care [16] or have equivalent experience and be undertaking continuing professional development of relevance to burn care. Consultant burn surgeons caring for children should have undertaken level 3 safeguarding and appropriate resuscitation training for children.	4 – There is burn specific consultant led clinical care 24 hours a day, 7 days per week 0 – The above standard is not met It is suggested that 6 consultant burn surgeons are required to maintain a sustainable rota
B-6 C U √ F Ch √ Ad √	**Consultant surgeons – Units** Units must have access to consultant burn care 5 days per week during the working day. The provision of consultant led burn care must be supplemented by sufficient consultant plastic surgeons to provide consultant led care 24 hours a day, 7 days per week basis. The consultant burn surgeons must have at least three Direct Clinical Care PAs per week allocated to caring for patients with burns. Consultants working in both adult and children's services should have at least one Direct Clinical Care PA per week in each of these areas. The consultant burn surgeons should have completed final stage topics in burn care [16] or have equivalent experience and be undertaking continuing professional development of relevance to burn care. Consultant burn surgeons caring for children should have undertaken level 3 safeguarding and appropriate resuscitation training for children. The consultant plastic surgeons must be undertaking continuing professional development relevant to burn care.	4 – There is burn specific consultant led clinical care 5 days per week during the working day. The provision of consultant led burn care must be supplemented by sufficient consultant plastic surgeons to provide consultant led care 24 hours a day, 7 days per week basis 0 – The above standard is not met It is suggested that 3 consultant burn surgeons are required to maintain a sustainable rota providing consultant led burn care 5 days per week during the working day

Revised Standards		
No.	**Quality Standard**	**Compliance**
B-7 C U F √ Ch √ Ad √	**Consultant surgeons – Facilities** A consultant plastic surgeon should be available 24 hours a day, 7 days per week. At least one consultant plastic surgeon should have a significant interest in burn care and be formally nominated as the lead for burn care. The nominated consultant plastic surgeon for burns working in facilities should have at least one Direct Clinical Care PA per week in burn care. The nominated consultant plastic surgeon for burns should be undertaking Continuing Professional Development relevant to burn care. Consultant plastic surgeons caring for children should have undertaken level 3 safeguarding and appropriate resuscitation training for children.	**Evidence:** Details of consultant staffing and rotas 4 – A consultant plastic surgeon is available 24 hours, 7 days per week The nominated consultant plastic surgeon for burns working in facilities has at least one Direct Clinical Care PA per week in burn care 0 – The above standard is not met
B-8 C √ U √ F √ Ch √ Ad √	**Other surgical staffing** At least one ST3 or above (or equivalent) doctor who has completed initial stage training in plastic surgery should be available at all times.	**Evidence:** On call middle rota for plastic surgeons 4 – Rota of plastic surgeons which shows that there is cover at ST3 or above 24 hours, 7 days per week 0 – The above standard is not met
B-9 C √ U √ F Ch √ Ad √	**Critical care nursing for Registered Nurses** There must be sufficient appropriately qualified registered nurses to provide critical care to burns patients [17]. These registered nurses must have training in both critical care and burn care, or there should be arrangements for shared care between nursing teams from the burn care ward and critical care.	**Evidence:** Training records, protocols and patient records 4 – 75% of the Registered Nurses must be able to demonstrate competence in the appropriate range of critical care and burn care skills for the environment in which they work There is evidence that care is shared between the burn and critical care nursing teams 0 – The above standard is not met
B-10 C √ U √ F √ Ch Ad √	**Emergency anaesthetic support – Adults** The following anaesthetic support must be available at all times: a) an anaesthetist (ST3 or above) available within 10 minutes b) a consultant anaesthetist available within 30 minutes	**Evidence:** On call rota 4 – There is an on call rota for consultants and ST 3 and above 0 – The above standard is not met

Revised Standards		
No.	**Quality Standard**	**Compliance**
B-11 C √ U √ F √ Ch √ Ad	**Emergency anaesthetic support – Children** The following anaesthetic support must be available at all times: a) an anaesthetist (ST3 or above) available within 10 minutes b) a consultant paediatric anaesthetist available within 30 minutes All anaesthetists caring for children should have Royal College of Anaesthetists approved training in paediatric anaesthesia and appropriate resuscitation training for children. All anaesthetists caring for children must also complete level 2 or 3 safeguarding training depending on their caseload [18].	**Evidence:** On call rotas, call out process 4 – There is access to paediatric anaesthetic consultants within 30 minutes and Anaesthetic ST 3 or above within 10 minutes 0 – The above standard is not met
B-12 C √ U √ F Ch √ Ad √	**Planned anaesthetic support - Centres and Units** Consultant anaesthetists with experience in burn care and who have identified sessions in their job plan must be available for ward and out-patient procedures. This specialist anaesthetic service should be available for: a) daily support for burn care dressing changes and pain management b) daily support for the management of complex burn patients either on the burn ward, high dependency unit or intensive care unit c) all scheduled theatre sessions All anaesthetists caring for children should have Royal College of Anaesthetists approved training in paediatric anaesthesia and appropriate resuscitation training for children. All anaesthetists caring for children must also complete level 2 or 3 safeguarding training depending on their caseload [18].	**Evidence:** Consultant anaesthetists' job plans, anaesthetic rota for planned theatre sessions. Record of training for safeguarding and resuscitation 4 – There is a consultant anaesthetist with a special interest in burns available for: • ward / HDU / ITU burn specific advice • all scheduled burns theatre sessions 0 – The above standard is not met
B-13 C √ U √ F √ Ch √ Ad	**Paediatric medical staffing** In-patient services for children should comply with the following standards published by the Paediatric Intensive Care Society (PICS) [19]: a) the hospital must provide 24 hour cover by a consultant paediatrician who is able to attend within 30 minutes and does not have responsibilities to other hospital sites (PICS Std 14) b) a clinician with competences in resuscitation, stabilisation and intubation of children should be available on site at all times (PICS Std 16 & 34) c) twenty-four hour resident cover by a clinician trained to, or training at, the equivalent of paediatric medicine RCPCH level 2 competences or above (PICS Std 67)	**Evidence:** Paediatric medical and anaesthetic rotas, job descriptions and training records 4 – The service complies with all of the PICS standards listed 0 – The above standard is not met

Revised Standards		
No.	**Quality Standard**	**Compliance**
B-14 C √ U √ F √ Ch Ad √	**Registered nurses - Adults** The nursing establishment should contain sufficient registered nurses to meet the NBCR B level nurse recommendation associated with staffing a Burn Care Service [20]. The nursing establishment should be based on the capacity and dependency of the patients managed in the service. The service must have the capability to adjust the skill mix and numbers of registered nurses to reflect the changes in complexity of the patients cared for. The level of registered nurses required for burn patients requiring critical care must adhere to both the NBCR B guidelines and the national guidelines associated with critical care [17, 20].	**Evidence:** Dependency data and process used to review the nursing establishment based on patient dependency levels. Duty rota and dependency data with B level scores (iBID) to be provided for 1 calendar month 4 – The nursing establishment is based on patient dependency levels. There is a system in place to review the skill mix and nursing establishment based on the activity and dependency of the patients. 0 – The above standard is not met
B-15 C √ U √ F √ Ch √ Ad	**Registered nurses - Children** The nursing establishment should contain sufficient registered nurses to meet the NBCR B level nurse recommendation associated with staffing a Burn Care Service [20] and the recommendations detailed in the guidance published by the Paediatric Intensive Care Society [19]. The nursing establishment should be based on the capacity and dependency of the children managed in the service. The service must have the capability to adjust the skill mix and numbers of registered nurses to reflect the changes in the complexity of the children cared for. The service must be able to demonstrate that: a) in-patient services for children should have at least two registered children's nurses on duty at all times (PICS Std 39) b) children needing high dependency care should be cared for by a children's nurse with paediatric resuscitation training and competences in providing high dependency care (PICS Std 72) c) registered nurse staffing ratios for children requiring high dependency care should be at a ratio of 1 nurse to 2 children, unless physical layout (e.g. cubicles) requires consideration of 1:1 nursing	**Evidence:** Dependency data and process used to review the nursing establishment based on the dependency. Duty rota and dependency data with B level scores (iBID) to be provided for 1 calendar month 4 – The nursing establishment is compliant with both the NBCR guidelines and relevant PICS standards. There is a system in place to review the skill mix and nursing establishment based on the activity and dependency of the patients 0 – The above standard is not met
B-16 C √ U √ F √ Ch √ Ad √	**Competence framework and training plan** There should be a competence framework and training plan for all the disciplines within the multidisciplinary team, which details the competencies required to care for a burn injured patient. It should cover all staff within the Burn Care Service and should take account of the age and injury severity of the patients admitted to the service. Annual appraisals, supported by a training and development programme, should ensure that all staff have, and are maintaining, the competences expected for their role [21]. This includes compliance with professional regulation and local mandatory training. The competency framework and training plan should include: a) resuscitation training b) safeguarding for adults and / or child (as appropriate) c) Mental Capacity Act and Deprivation of Liberty Safeguards d) care of burn injured patients in both the acute and rehabilitation phases of the burn injury e) critical care f) psychological care	**Evidence:** A burn specific formal induction programme and a record of mandatory and burn specific training. Evidence of a competency plan or framework for all members of the MDT, a record of competency training and assessment. Annual appraisal records for the MDT 4 – Evidence available to demonstrate that the service has a burn specific training and assessment programme. 95% of all members of the MDT must have completed an annual appraisal 0 – The above standard is not met



Revised Standards		
No.	**Quality Standard**	**Compliance**
B-17 C √ U √ F Ch √ Ad √	**Education and training for Registered Nurses – Centres and Units** All registered nurses must have completed specific burn care competencies and been successfully assessed as being competent in burn care by the end of their second year in the speciality. There must be a Registered Nurse available at all times that has successfully completed an accredited course in the emergency management of burns (e.g. EMSB) to provide advice and assistance to referring services. In addition to this training, at least 75% of band 6 and above nurses must have undertaken a formal period of accredited academic study in burn care.	**Evidence:** Training record of RNs associated with burn specific competencies and accredited burn specific courses. The nursing duty rota to cross reference RNs on duty with those that have completed accredited burn courses 4 – Evidence available that all RNs have completed burn specific competencies within 2 years of commencing work in burn care. 75% of band 6 nurses have undertaken a formal period of accredited academic study in burn care. A RN trained in emergency management of burn care is available at all times 0 – The above standard is not met
B-18 C U F √ Ch √ Ad √	**Education and training for Registered Nurses – Facilities** The lead nurse for the Burn Care Service must have completed specific burn care competencies and been successfully assessed as being competent in burn care. The lead nurse for the Burn Care Service must have completed an accredited course in the emergency management of burns (e.g. EMSB). All Registered Nurses undertaking burn care must complete burn specific training annually, this can be organised and delivered within the Burn Care Network or the Burn Care Service.	**Evidence:** Training record of RNs associated with burn specific competencies and accredited burn specific courses 4 – Evidence available that all RNs have attended annual burn specific training. Evidence that the lead nurse has completed competencies associated with burn care and undertaken a formal period of accredited academic study in burn care 0 – The above standard is not met
B-19 C √ U √ F Ch √ Ad √	**Physiotherapy and Occupational Therapy services – Centres and Units** There must be access to the following burn specific services: a) Physiotherapy services seven days per week b) Occupational therapy services seven days per week Staff providing these services must be members of the burn care team and have burn specific time allocated in their job plan. They should have specific training and experience in the care of people with burns. Cover for absences should be available from staff with appropriate expertise in the care of people with burns. The numbers of therapists in the burn care team should be reviewed on a regular basis to ensure that the skill mix is appropriate for the number and complexity of burn patients. Therapists caring for children must have undertaken appropriate training for treating children with burn injuries (this must include level 2 or 3 safeguarding training depending on their caseload [18].	**Evidence:** Duty rota and establishment. Training record of therapists and job plan / job description 4 – Therapists with specific burns training and experience are available to provide a therapy service seven days a week 0 – Therapists with specific burns training and experience are available to provide a therapy service five days a week 0 – The above standard is not met

Revised Standards		
No.	**Quality Standard**	**Compliance**
B-20 C √ U √ F Ch √ Ad √	**Dietetic services – Centres and Units** There must be access to a dietetic service five days per week. Staff providing these services must be members of the burn care team and have burn specific time allocated in their job plan. They should have specific training and experience in care of people with burns. Cover for absences should be available from staff with appropriate expertise in the care of people with burns. The numbers of dietitians in the burn care team should be reviewed on a regular basis to ensure that the skill mix is appropriate for the number and complexity of burn patients. Dietitians caring for children must have undertaken appropriate training for treating children with burn injuries (this must include level 2 or 3 safeguarding training depending on their caseload [18].	**Evidence:** Dietetic establishment for the burns service. Training record of dietitians and job plan / job description 4 – Dietitians with specific burns training and experience are available to provide a dietetic service five days a week 0 – The above standard is not met
B-21 C √ U √ F Ch √ Ad √	**Play services – Centres and Units** There must be access to a play service provided by a play specialist seven days per week. Staff providing these services must be members of the burn care team and have burn specific time allocated in their job plan. They should have specific training and experience in care of children with burns. Cover for absences should be available from staff with appropriate expertise in the care of people with burns. The numbers of play specialists in the burn care team should be reviewed on a regular basis to ensure that the skill mix is appropriate for the number and complexity of burn patients. Play specialists caring for children must have undertaken appropriate training for treating children with burn injuries (this must include level 2 or 3 safeguarding training depending on their caseload [18].	**Evidence:** Play specialist establishment for the burn service. Training record of play specialists and job plan / job description 4 – Play specialists with specific burns training and experience are available to provide a play service seven days a week 3 – Play specialists with specific burns training and experience are available to provide a play service five days a week 0 – The above standard is not met
B-22 C U F √ Ch √ Ad √	**Physiotherapy and Occupational Therapy services – Facilities** There must be access to the following burn specific services: a) Physiotherapy services seven days per week b) Occupational therapy services seven days per week Staff providing these services may be part of the burns, plastic surgery or trauma services. They should have specific training and experience in care of people with burns. Cover for absences should be available from staff with appropriate expertise in the care of people with burns. The numbers of therapists in the burn care team should be reviewed on a regular basis to ensure that the skill mix is appropriate for the number and complexity of burn patients. Therapists caring for children must have undertaken appropriate training for treating children with burn injuries (this must include level 2 or 3 safeguarding training depending on their caseload [18].	**Evidence:** Duty rota and establishment. Training record of therapists and job plan / job description 4 – Therapists with specific burns training and experience are available to provide a therapy service seven days a week 3 – Therapists with specific burns training and experience are available to provide a therapy service five days a week 0 – The above standard is not met

Revised Standards		
No.	**Quality Standard**	**Compliance**
B-23 C: U: F: √ Ch: √ Ad: √	**Dietetic services – Facilities** There must be access to a dietetic service five days per week. Staff providing these services may be part of the burns, plastic surgery or trauma services. They should have specific training and experience in the care of people with burns. Cover for absences should be available from staff with appropriate expertise in the care of people with burns. The numbers of therapists in the burn care team should be reviewed on a regular basis to ensure that the skill mix is appropriate for the number and complexity of burn patients. Dietitians caring for children must have undertaken appropriate training for treating children with burn injuries (this must include level 2 or 3 safeguarding training depending on their caseload [18].	**Evidence:** Dietetic establishment for the burns service. Training record of dietitians and job plan / job description 4 – Dietitians with specific burns training and experience are available to provide a dietetic service five days a week 0 – The above standard is not met
B-24 C: U: F: √ Ch: √ Ad: √	**Play services - Facilities** There must be access to a play service provided by a play specialist seven days per week. Staff providing these services may be part of the burns, plastic surgery or trauma services. They should have specific training and experience in care of people with burns. Cover for absences should be available from staff with appropriate expertise in the care of people with burns. The numbers of play specialists in the burn care team should be reviewed on a regular basis to ensure that the skill mix is appropriate for the number and complexity of burn patients. Play specialists must have undertaken appropriate training for treating children with burn injuries (this must include level 2 or 3 safeguarding training depending on their caseload [18].	**Evidence:** Play specialist establishment for the burn care service. Training record of play specialists and job plan / job description 4 – Play specialists with specific burns training and experience are available to provide a play service seven days a week 3 – Play specialists with specific burns training and experience are available to provide a play service five days a week 0 – The above standard is not met
B-25 C: √ U: √ F: √ Ch: √ Ad: √	**Provision of a psychological care service for patients, their families and/or carers** The service must provide psychological care to burn injured patients, their families and/or carers. This must include initial and ongoing assessment, monitoring of psychological status and the delivery of psychological interventions during the whole of the burn pathway [23, 24]. The service must be able to provide different levels of psychological support using a tiered approach to assessment and care whereby all patients, their families and/or carers receive the appropriate level of professional support depending on their needs [24, 25].	**Evidence:** Review of case notes and record of psychological assessment (Ibid) 4 – There is a psychological service for burns patients which includes routine psychological assessment 0 – The above standard is not met

<table>
<tr><th colspan="2">Revised Standards</th><th></th></tr>
<tr><th>No.</th><th>Quality Standard</th><th>Compliance</th></tr>
<tr>
<td>B-26
<table>
<tr><td>C</td><td>√</td></tr>
<tr><td>U</td><td>√</td></tr>
<tr><td>F</td><td></td></tr>
<tr><td>Ch</td><td>√</td></tr>
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<td>
There are appropriately trained health professionals to provide a psychological care services for patients, their families and/or carers - Centres and Units
The service must have appropriately trained health professionals available to provide psychological care to burn injured patients and their families [24, 25]. Early psychosocial screening helps to identify patients at most risk of developing psychosocial complications and assists with providing appropriate interventions [23]. All members of the burn care team must have received training in psychological care appropriate to their role. This training should be delivered using a tiered approach with members of the burn care team receiving different levels of training [26].

Level 1 is an introduction to psycho-social burn care and is appropriate for non clinical staff (receptionists, porters and housekeepers)
Level 2 is a higher level of training and is aimed at all clinical staff involved in routine clinical care
Level 3 is an advanced level of training aimed at trained and accredited psycho-social burn specialists/professionals such as assistant psychologists, trained burn specialist counsellors, social workers, community psychiatric nurses, registered nurses or therapists with specific training in psycho-social care
Level 4 and 5 is higher level training designed for mental health specialists such as clinical psychologists, psychotherapists and psychiatrists (including those health professionals responsible for coordinating psycho-social care or case management)

Levels 1, 2 and 3 services must be available seven days per week and Level 4 and 5 services must be available five days per week.

Staff providing these services should have specific time allocated to their work with the Burn Care Service and specific training and experience in care of people with burns. Cover for absences should be available from staff with appropriate expertise in the care of people with burns.
All health professionals caring for children should have undertaken appropriate training or have equivalent experience which would enable them to care for children and their families (this includes resuscitation training for children and level 2 or 3 safeguarding training depending on their caseload [18]).
</td>
<td>
Evidence:
Training records, establishment and rota
<table>
<tr><td>4</td><td>There are appropriately trained staff to deliver psychological care to patients, their families and / or carers</td></tr>
<tr><td>0</td><td>The above standard is not met</td></tr>
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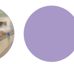
Revised Standards		
No.	**Quality Standard**	**Compliance**
B-27 **C** | **U** | **F** | √ **Ch** | √ **Ad** | √	**There are appropriately trained health professionals to provide a psychological care services for patients, their families and/or carers - Facilities** The service must have access to appropriately trained health professionals to provide psychological care to burn injured patients, their families and/or carers. Early psychosocial screening helps to identify patients at most risk of developing psychosocial complications and assists with providing appropriate interventions [23]. All members of the burn care team must have received training in psychological care appropriate to their role. This training should be delivered using a tiered approach with members of the burn care team receiving different levels of training [26]. • Level 1 is an introduction to psycho-social burn care and is appropriate for non clinical staff (receptionists, porters and housekeepers) • Level 2 is a higher level of training and is aimed at clinical staff involved in routine clinical care including nurses and therapists • Level 3 is an advanced level of training aimed at trained and accredited psycho-social burn specialists/professionals such as assistant psychologists, trained burn specialist counsellors, social workers, community psychiatric nurses, registered nurses or therapists with specific training in psycho-social care • Level 4 and 5 is higher level training designed for mental health specialists such as clinical psychologists, psychotherapists and psychiatrists (including those health professionals responsible for coordinating psycho-social care or case management) Staff providing these services should have specific time allocated to their work with the Burn Care Service and specific training and experience in care of people with burns. Cover for absences should be available from staff with appropriate expertise in the care of people with burns. All health professionals caring for children should have undertaken appropriate training or have equivalent experience which would enable them to care for children and their families and/or carers (this includes resuscitation training for children and level 2 or 3 safeguarding training depending on their caseload [18]).	**Evidence:** Training records, establishment and rotas 4 | There are appropriately trained staff to deliver psychological care to patients, their families and / or carers 0 | The above standard is not met
B-28 **C** | √ **U** | √ **F** | √ **Ch** | √ **Ad** | √	**Psychological support services for members of the burn care team** The following services should be provided for all members of the burn care team to maintain their welfare [26, 27]: a) access to a confidential support/counselling service b) regular in-house debriefing sessions	**Evidence:** Description of support services available and how clinical staff are able to access them Timetable of debriefing sessions available 4 | Support services are available for all members of the burn care team 0 | The above standard is not met

Revised Standards		
No.	**Quality Standard**	**Compliance**
B-29 C √ U √ F √ Ch √ Ad √	**Social care support** There must be an identified health/social care worker, with training in social/health care systems and practice, to assist burn patients, their families and/or carers with social and welfare issues. This service should be available for patients, their families and/or carers regardless of the location of the clinical service. Patients should have access to this service when resident on the burn care ward, in another health environment or when attending the burn out-patient clinic. The service should have specific expertise in negotiating with social and medical services to facilitate the discharge of patients with complex needs. The health/social care worker must be part of the burn care team and attend the burns MDT Meetings. There should be arrangements to cover for absences.	**Evidence:** Name and job description of person/s undertaking this role and description of how service is accessed Evidence of attendance at burn MDT meetings 4 – There is an identified health/social care worker in the burn care MDT 0 – The above standard is not met
B-30 C √ U √ F √ Ch √ Ad √	**Burn care outreach service** The service must provide an integrated nursing and therapy service which can facilitate the delivery of specialised burn care and advice to patients, their families and /or carers in an area other than the acute hospital environment providing specialised burn care. This includes: a) Provision of expert clinical advice b) Provision of specialised burn care in a patient's own home or in an environment which best facilitates their recovery [12, 28] c) Educational guidance / skill-sharing	**Evidence:** Description of service, job description of staff, evidence of service activity 4 – Evidence of an Integrated nursing and therapy outreach service 0 – The above standard is not met
B-31 C √ U √ F √ Ch √ Ad √	**Administrative and clerical support** Administrative, clerical and data management support must be available to the Burn Care Service. There should be arrangements to cover for absences.	**Evidence:** Job description 4 – Evidence of administrative and clerical support 0 – The above standard is not met



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<tr><th colspan="2">Revised Standards</th><th></th></tr>
<tr><th>No.</th><th>Quality Standard</th><th>Compliance</th></tr>
<tr><td></td><td>Section C: Inter-reliant Services</td><td></td></tr>
<tr><td>C-1
C √
U
F
Ch √
Ad</td><td>Critical care for children – Centres
The Burn Care Service should be located on the same hospital site as a Paediatric Intensive Care Unit and a Paediatric High Dependency Unit, both of which must comply with the relevant Standards for the Care of Critically Ill Children [19]. Paediatricians, paediatric anaesthetists and burns surgeons (where appropriate) must take shared responsibility for all children requiring high dependency care.</td><td>Evidence:
Description of the service and a copy of the last peer review of the critical care service
Evidence of shared care in clinical notes
4 – PICU and children's HDU on site that is fully compliant with national standards
Written evidence in the clinical notes that there is shared care between the burn specialists and the paediatric intensivists
0 – The above standard is not met</td></tr>
<tr><td>C-2
C
U √
F
Ch √
Ad</td><td>Critical care for children - Units
The Burn Care Service must have on-site high dependency care 24 hours a day, 7 days per week. Any child requiring ventilatory support (intubated and ventilated) for more than 24 hours must be managed within a PICU.
Paediatricians, paediatric anaesthetists and burns surgeons (where appropriate) must take shared responsibility for all children requiring high dependency care.</td><td>Evidence:
Description of the service and a copy of the last peer review of the critical care service
Evidence of shared care in clinical notes
4 – Paediatric HDU on site that is fully compliant with national standards
Written evidence in the clinical notes that there is shared care between the burn specialists and the paediatric intensivists/anaesthetists/ paediatricians
Protocols and systems for the transfer of children to a PICU if they require intubation and ventilation for more than 24 hours
0 – The above standard is not met</td></tr>
<tr><td>C-3
C
U
F √
Ch √
Ad</td><td>Critical care for children – Facilities
The Burn Care Service must have processes in place to access both Paediatric Intensive Care and Paediatric High Dependency Care 24 hours a day, 7 days per week.
Paediatricians, paediatric anaesthetists and burns surgeons (where appropriate) must take shared responsibility for all children requiring high dependency care.</td><td>Evidence:
Description of the service. Evidence of shared care in clinical notes
Protocols for accessing PICU and HDU level when required
4 – Access to a fully compliant paediatric HDU on site
Protocols and systems for the transfer of children to either HDU or PICU if they require a higher level of clinical care
0 – The above standard is not met</td></tr>
</table>

Revised Standards		
No.	**Quality Standard**	**Compliance**
C-4 C √ U √ F Ch Ad √	**Critical care for adults – Centres and Units** The Burn Care Service must be located on the same hospital site as an Adult Intensive Care Unit and an Adult High Dependency Unit that can provide both level 2 and level 3 critical care 24 hours a day, 7 days per week. This critical care service must adhere to the relevant national guidelines associated with the provision of critical care [29, 30]. All adults requiring critical care should be managed jointly by the adult intensivists and the burn care specialists.	**Evidence:** Description of the service and a copy of the last peer review of the critical care service Evidence of shared care in clinical notes 4 – Critical care service providing both Intensive Care and High Dependency Care (level 2 and 3) on site and is fully compliant with national standards. Written evidence in the clinical notes that there is shared care between the burn specialists and the intensivists / burns anaesthetists 0 – The above standard is not met
C-5 C U F √ Ch Ad √	**Critical care for adults – Facilities** The Burn Care Service must have processes in place to access both Intensive Care and High Dependency Care 24 hours a day, 7 days per week.	**Evidence:** Description of the service Protocols for accessing critical care services (both ITU and HDU) when required 4 – Critical care service providing HDU (Level 2) care on site that is fully compliant with national standards. Protocols and systems to access a higher level of care and transfer patients to either HDU or ITU 0 – The above standard is not met
C-6 C √ U √ F Ch √ Ad	**Critical care for neonates – Centres and Units** Burn Care Services admitting neonates should have access to age appropriate intensive care services that are fully compliant with the relevant national Quality Standards [30, 31].	**Evidence:** Description of the service Protocols for accessing critical care services for neonates 4 – NICU on site that is fully compliant with national standards. Written evidence in the clinical notes that there is shared care between the burn specialists and the neonatal specialists 0 – The above standard is not met
C-7 C √ U √ F Ch √ Ad √	**Integration with Major Trauma Network – Centres and Units** The Burn Care Service should be co-located with a Major Trauma Centre or Trauma Unit. Where a Burns Centre is located with a trauma unit there must be processes in place to ensure that there is integration between the burns and the major trauma services.	**Evidence:** Description of service 4 – The Burn Care Service should be co-located with a Major Trauma Centre or Trauma Unit 0 – The above standard is not met Note: Co-location means on the same hospital site

Revised Standards		
No.	**Quality Standard**	**Compliance**
C-8 C √ U √ F Ch √ Ad √	**Additional clinical services - Centres and Units** The following services must be available at all times on the same site as the Burn Care Service (services not included elsewhere in the Standards): a) emergency medicine b) general/paediatric surgery [32] c) general/paediatric medicine [32] d) orthopaedic surgery e) care of the elderly (adults services only) f) radiology (advanced scanning including CT) g) laboratory pathology services h) transfusion services i) pain service j) respiratory physiotherapy service k) infection prevention and control	**Evidence:** Description of service 4 All services listed are available 0 The above standard is not met
C-9 C U F √ Ch √ Ad √	**Additional clinical services – Facilities** The following services must be available at all times on the same site as the Burn Care Service (services not included elsewhere in the Standards): a) general surgery (adult services only) b) general paediatric surgery [32] c) general/paediatric medicine [32] d) care of the elderly (adults services only) e) radiology f) laboratory pathology services g) transfusion services h) pain service i) respiratory physiotherapy service j) infection prevention and control	**Evidence:** Description of service 4 All services listed are available 0 The above standard is not met
C-10 C √ U √ F √ Ch √ Ad √	**Additional clinical services** The Burn Care Service should have access as required to the following services: a) neurology b) neurosurgery c) cardiothoracic surgery d) ophthalmology e) maxillofacial surgery f) liaison mental health service (Acute and community) g) speech and language therapy h) ENT i) medical illustration/photography j) renal services (including replacement therapy) k) microbiology	**Evidence:** Description of service and the process of accessing services in a timely manner 4 All services are available and a system is in place to access the service in a timely manner 0 The above standard is not met

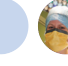
Revised Standards		
No.	**Quality Standard**	**Compliance**
C-11 C √ U √ F Ch √ Ad √	**Theatre staff – Centres and Units** Patients requiring planned or emergency burn surgery must be cared for by theatre staff with current experience in burn care. The theatre staff must be available for all scheduled theatre sessions. Timely access to theatre staff with experience in burn care should be available at all other times (one member of the burn team should be available outside scheduled burn theatre sessions). Theatre and recovery arrangements must be compliant with the relevant guidelines issued by the Royal College of Anaesthetists and The Association of Anaesthetists of Great Britain and Ireland [33-35].	**Evidence:** Description of service to include the theatre schedule, the number of planned burns sessions and arrangements for emergency / out of hours access to burn theatre Details of burns theatre staff and rotas to demonstrate compliance with the Standard and relevant guidelines issued by the Royal College of Anaesthetists 4 – There are arrangements for scheduled and unscheduled access to burns theatre. All of the processes associated with the burns theatre are fully compliant with the guidelines issued by the Royal College of Anaesthetists. All burns theatre sessions are staffed by at least one member of the burn theatre team 0 – The above standard is not met
C-12 C U F √ Ch √ Ad √	**Theatre staff – Facilities** Theatre staff from the burns and plastic surgery service should be available for all scheduled theatre sessions. Theatre and recovery arrangements must be compliant with the relevant guidelines issued by the Royal College of Anaesthetists and The Association of Anaesthetists of Great Britain and Ireland [33-35].	**Evidence:** Description of service to include the Theatre schedule (burns and/or plastics) and the staff rota Evidence that the theatre arrangements demonstrate compliance with the standard and the relevant guidelines issued by the Royal College of Anaesthetists 4 – There are scheduled burns and/or plastic surgery lists. All arrangements associated with accessing theatre for burns patients are fully compliant with the guidelines issued by the Royal College of Anaesthetists 0 – The above standard is not met
C-13 C √ U √ F √ Ch √ Ad	**Education service** Services caring for children and young people should have an education service and/or a hospital teacher on site for children and young people [36].	**Evidence:** Description of the service including the policies and guidelines associated with ensuring that all children have access to an education service 4 – There is access to an education service in a timely manner 0 – The above standard is not met

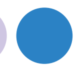
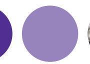
Revised Standards		
No.	**Quality Standard**	**Compliance**
	Section D: Facilities, Resources and the Environment	
D-1 C √ U √ F Ch √ Ad √	**Burn care beds – Centres and Units** The Burn Care Service must have a burn care ward specifically for burn injured patients.	**Evidence:** Description of the service and the number of beds by designation (e.g. Ward, HDU or ITU) 4 – There is a burn care ward specifically for burn injured patients 0 – The above standard is not met
D-2 C U F √ Ch √ Ad √	**Burn care beds – Facilities** The Burn Care Service must have access to burn care beds within plastic surgery or trauma services.	**Evidence:** Description of service and arrangements for in-patient care 4 – There is access to burn care beds within plastic surgery or trauma services 0 – The above standard is not met Note: Where a service is non-compliant with this standard, arrangements for in-patient care of burn injured patients must be described
D-3 C √ U √ F Ch √ Ad √	**Availability of emergency burn care beds – Centres and Units** Burn Care Services must ensure that they plan sufficient capacity (resources and bed capacity) to accommodate expected and unpredictable peaks in demand. The service must have an appropriate bed available for the severity of the burn injury sustained by the patient [3]. There must be an appropriate bed available 96% of the time for emergency admissions to the burn care service.	**Evidence:** Reported data for all burn admissions including incidence of refused admissions due to non availability of an appropriate burn bed. The service must present the data from their service for a whole year in two formats: • all burn injuries seen in the service including BC, BU and BF level patients • all BC and BU level patients combined in one group 4 – There is an appropriate burn bed available 96% of the time for : • all burn admissions • combined group of BC and BU level patients 0 – The above standard is not met

Revised Standards		
No.	**Quality Standard**	**Compliance**
D-4 C U F √ Ch √ Ad √	**Availability of emergency burn care beds - Facilities** Burn Care Services must ensure that they plan sufficient capacity (resources and bed capacity) to accommodate expected and unpredictable peaks in demand. The service must have an appropriate bed available for the severity of the burn injury sustained by the patient [3]. There must be an appropriate bed available 96% of the time for emergency admissions to the burn care service.	**Evidence:** Reported data for all burn admissions including incidence of refused admissions due to non availability of an appropriate burn bed The service must present the data of all emergency burn admissions to their service for a whole year 4 – There is an appropriate burn bed available 96% of the time 0 – The above standard is not met
D-5 C √ U √ F Ch √ Ad √	**Thermally controlled cubicles – Centres and Units** There must be access to sufficient single-bedded thermally controlled cubicles to care for burn injured patients that require them.	**Evidence:** Description of facilities Audit data demonstrating that all burns over 20% TBSA have access to a single-bedded thermally controlled cubicle 4 – All burns over 20%TBSA have access to a single- bedded thermally controlled cubicle 0 – The above standard is not met
D-6 C √ U √ F √ Ch √ Ad √	**Separation of children and adults** All in-patient and out-patient services for children should be provided separately from those for adult patients. Young people aged 16 to 19 must be offered the choice of care in an adult or children's service [37].	**Evidence:** Description of service 4 – Adults and children are cared for in separate facilities. 0 – The above standard is not met
D-7 C √ U √ F Ch √ Ad √	**Theatre environment for burn patients** The Burn Care Service should have access to a temperature-controlled theatre of an appropriate size without delay at all times. The burns theatre should be within 50 metres of any service providing critical care for burn patients.	**Evidence:** Description of service including the distance from any burn services providing critical care for burn injured patients 4 – The theatre available for burn care complies with the quality standard 0 – The above standard is not met

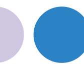
<table>
<tr><th colspan="2">Revised Standards</th><th></th></tr>
<tr><th>No.</th><th>Quality Standard</th><th>Compliance</th></tr>
<tr><td>D-8
C √
U √
F √
Ch √
Ad √</td><td>Skin products
The Burn Care Service must have access to an appropriate range of skin products including cadaveric products, manufactured dermal substitutes, bio-synthetic dressings and cultured skin.</td><td>Evidence:
Policies/procedures for using and accessing skin products
Evidence of use of a range of appropriate products from the patient records or from discussion with clinical team
4 – All policies, procedures and arrangements for the storage of skin are HTA complaint
0 – The above standard is not met</td></tr>
<tr><td>D-9
C √
U √
F √
Ch √
Ad √</td><td>Storage of skin products
The service must have appropriate arrangements for the storage of skin products that comply with current Human Tissue Authority (HTA) legislation and code of practice associated with the storage of skin products [38].</td><td>Evidence:
Policies and procedures for the storage of skin products
Evidence of compliance with the regulations issued by the Human Tissue Authority (HTA)
4 – All policies, procedures and arrangements for the storage of skin are HTA complaint
0 – The above standard is not met</td></tr>
<tr><td>D-10
C √
U √
F √
Ch √
Ad √</td><td>Telemedicine facilities
Facilities for the secure transfer of digital images should be available. This includes the ability to provide clinical advice via a telemedicine system. All telemedicine practice must comply with current legislation and information governance guidelines [39]. Protocols must be in place that cover the transfer, storage and utilisation of digital images [40].</td><td>Evidence:
Description of telemedicine system and associated policy
4 – Fully integrated Telemedicine system that is in use between all major referring services (Trauma services, Emergency Departments, Minor Injury Units and NHS Walk-in Centres)
3 – Telemedicine system in use with formal protocols between the burns services and all major trauma centres or trauma units in the network
0 – The above standard is not met</td></tr>
<tr><td>D-11
C √
U √
F √
Ch √
Ad √</td><td>Medical aesthetic service
The patient must have access to:
a) a cosmetic camouflage service
b) medical tattooing
c) a medical prosthetic service</td><td>Evidence:
Description of the services available and or the process for accessing the services
4 – There is a medical aesthetic service available for all patients to access
0 – The above standard is not met</td></tr>
</table>

Revised Standards		
No.	**Quality Standard**	**Compliance**
D-12 C √ U √ F √ Ch √ Ad √	**Rehabilitation facilities** Each Burn Care Service must have access to specialised rehabilitation care [28, 41, 42]. The rehabilitation facilities should be available to both in-patients and out-patients, and should include: a) an environment within the burns ward suitable for rehabilitation b) a rehabilitation facility away from the ward c) access to a facility for the assessment and training in activities of daily living d) access to multi-media and other equipment appropriate to enable patients to return to the work environment e) multi-gym (adult services only) f) cardiovascular equipment	**Evidence:** Description of the facilities available 4 – The Burn Care Service has access to specialised rehabilitation care for In and Out patients that includes all facilities in standard statement 0 – The above standard is not met
D-13 C √ U √ F √ Ch √ Ad √	**Rehabilitation facilities** Each Burn Care Service must have access to residential specialised rehabilitation facilities outside of the acute service.	**Evidence:** Description of the facilities available 4 – The Burn Care Service has access to residential specialised rehabilitation services outside of the acute Burn Care Service 0 – The above standard is not met



Revised Standards		
No.	**Quality Standard**	**Compliance**
	Section E: Policies and Procedures	All policies and guidelines should where applicable cover in-patient, out-patient and outreach care
E-1 C √ U √ F √ Ch √ Ad √	**Operational policy** An operational policy is in place that includes: a) the composition of the MDT is clearly defined b) arrangements for MDT meetings, including expected frequency and attendance c) daily submission to the National Burn Bed Bureau of bed availability d) arrangements for shared care with paediatricians (children's services only) or e) arrangements for shared care of elderly patients with care of older people consultants (adult service only) f) the management of whole families that have sustained burn injuries in a single incident g) communication with GPs and community teams (including notification of the death of a patient) h) a means of reviewing staffing levels based on activity and patient complexity i) a process for the Burn Care Service to monitor bed capacity, manage their burn beds and has a means of escalating this issue within the organisation to maintain a sustainable Burn Care Service j) submission of data to relevant national clinical databases	**Evidence:** The agreed policy 4 – There is a ratified operational policy covering all points in standard statement 0 – No operational Policy in place
E-2 C √ U √ F √ Ch √ Ad √	**Burn Care Service Major Incident Plan** The Burn Care Service must ensure that burn care is included in the Trust Major Incident Plan. The service must ensure that the Burn Major Incident Plan (BMIP) refers to the Network BMIP and Department of Health (DH) guidance on the emergency management of burn injured patients [43].	**Evidence:** The Burn Care Service Major Incident Plan 4 – There is reference to all the management of burn casualties in the Trust Major Incident Plan that makes reference to the network and DH burn major incident plan 0 – The above standard is not met



<table>
<tr><th colspan="2">Revised Standards</th><th></th></tr>
<tr><th>No.</th><th>Quality Standard</th><th>Compliance</th></tr>
<tr><td>E-3

C √
U √
F √
Ch √
Ad √</td><td>Guidelines for referring services
Burn Care Network agreed guidelines for referring services should be in use, covering at least:
a) airway management
b) thresholds for seeking advice from a Burn Care Service, including the assessment and management of patients with non-survivable burns
c) contact details for the local Burn Care Service
d) initial assessment and management of burn injured patients
e) fluid resuscitation
f) treatment of minor burns
g) guidelines associated with the safe transfer of burn patients to a specialist Burn Care Service
h) safeguarding issues and who to call for specialist advice regarding the assessment of a burn injury suspected as non accidental
i) pain and itch management
j) wound management
k) need for surgery (escharotomy) prior to transfer
l) procedure to be followed if patient is not appropriate for admission or a bed is not available
Guidelines should be clear about variations needed for referrals where there are likely to be delays in transfer, extended travel times or when there are long waits for an appropriate bed.</td><td>Evidence:
The Agreed Network Guidelines

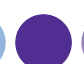
4 – Ratified referral guidelines as identified are in place
0 – No guidelines and protocols in place</td></tr>
<tr><td>E-4

C √
U √
F √
Ch √
Ad √</td><td>Admission policy
Admission policy should ensure:
a) compliance with agreed burn severity thresholds
b) all patients are admitted under the care of a named consultant
c) where appropriate all children are referred to a paediatrician
d) all patients have their burn wounds photographed on first presentation
e) the patient's general practitioner is informed of their admission within two working days
f) all in-patients admitted for more than 24 hours must have a psycho-social screening assessment completed within two working days of entering the Burn Care Service.
g) safeguarding issues are considered on admission</td><td>Evidence:
The agreed policy

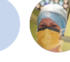
4 – A ratified admission policy is in place that includes all aspects identified in standard statement.
0 – The above standard is not met</td></tr>
</table>

Revised Standards

No.	Quality Standard	Compliance
E-5 C √ U √* F √* Ch √ Ad √	**Clinical guidelines** Agreed clinical guidelines should be in use, covering at least: a) wound assessment and initial management of both minor and major burn injuries b) fluid resuscitation and management of associated complications c) recognition and management of the acutely unwell and deteriorating patient (including the need to escalate care and transfer to a higher level of care) d) nutrition assessment and management using protocols and guidelines e) management of burn wound infections f) management of toxic shock g) assessment and management of pain and itch, including the recording of pain and itch scores h) sedation i) management of patients with mental health problems, including self-harm and substance misuse * In Units and Facilities, guidelines should include indications for accessing advice from the Burn Care Centre.	**Evidence:** The agreed clinical guidelines and review of case notes 4 – There are agreed clinical guidelines in use covering all areas identified in the standard 0 – The above standard is not met
E-6 C √ U √ F √ Ch √ Ad √	**Guidelines – skin substitutes** Clinical guidelines on the use of skin substitutes (biological dressings and dermal substitutes) should be in use. These guidelines should be compliant with current regulatory requirements and address issues of informed consent [38].	**Evidence:** The agreed clinical guidelines 4 – Ratified skin substitute guidelines that are compliant with current regulation requirements are in place 0 – No guidelines in place
E-7 C √ U √ F √ Ch √ Ad √	**Psychological and social care guidelines** In-patient and out-patient guidelines must be in use, covering the ongoing assessment, monitoring and delivery of psychological and social care. Early psychosocial screening helps to identify patients at most risk of developing psychosocial complications and assists with providing appropriate interventions [23]. Patients, their families and/or carers should be involved in agreeing the psychological and social aspects of the plan of care.	**Evidence:** The agreed clinical guidelines 4 – There is an in and out-patient policy/guideline referring to the ongoing assessment, monitoring and delivery of psychological and social care 0 – The above standard is not met
E-8 C √ U √ F √ Ch √ Ad √	**Rehabilitation guidelines** Guidelines on rehabilitation assessment and therapy must be in use. These guidelines should cover at least: 1) acute phase 2) intermediate phase 3) reconstructive phase	**Evidence:** The agreed clinical guidelines 4 – There is a policy/guideline referring to rehabilitation assessment and therapy, covering the acute, intermediate and acute phase of patient care 0 – The above standard is not met



Revised Standards		
No.	**Quality Standard**	**Compliance**
E-9 C √ U √ F √ Ch √ Ad √	**Infection prevention and control** There must be Trust approved infection prevention and control policies in use within the Burn Care Service.	**Evidence:** The agreed clinical guidelines 4 – A Trust approved infection prevention and control policy is in use. Staff are aware of and comply with this policy 0 – The above standard is not met
E-10 C √ U √ F √ Ch √ Ad √	**Transfer of patients between Burn Care Services** Guidelines must be in use covering the transfer of patients between Burn Care Services, which include: a) a risk assessment associated with transferring patients between services b) that transfers should be arranged in a timely manner regarding clinical need c) a copy of the latest multi-disciplinary plan of care is sent with the patient d) for patients where there are safeguarding concerns, a transfer plan has been agreed with social services and a copy of this referral is sent with the patient e) that transfer of critically ill patients will comply with the appropriate guidelines (ICS for adults and PICS for children) f) there must be evidence of communication with the patient and the family regarding the transfer g) that GP communication/discharge/transfer letter to be sent to GP within two days of transfer	**Evidence:** The agreed clinical guidelines and evidence of record of transfers 4 – There is a policy/guideline referring to the transfer of care between Burn Care services. There is limited evidence that this policy is routinely implemented 0 – The above standard is not met
E-11 C √ U √ F √ Ch √ Ad √	**Guidelines for discharge** A discharge guideline must be in use covering at least: a) information for patients, their families and/or carers b) GP communication/discharge letter sent within two days of discharge (including contact details of the clinical team) c) the plan of care and/or discharge documentation must include current and future physical, social and psychological care	**Evidence:** Discharge guidelines 4 – There is a ratified discharge policy/guideline in use, that covers all points in standard statement 0 – The above standard is not met
E-12 C √ U √ F √ Ch √ Ad √	**Safeguarding children, young people and vulnerable adults** Trust policies must be in use and all clinical staff must be aware of and comply with these policies [44-46]. This includes guidance on the action required for DNAs at burn specific clinics.	**Evidence:** The agreed policies 4 – A Trust approved safeguarding children, young people and vulnerable adults policy is in use and staff are aware of and comply with this policy 0 – The above standard is not met
E-13 C √ U √ F √ Ch √ Ad √	**End of life care** There is an agreed end of life care pathway in use.	**Evidence:** The agreed end of life care pathway/case notes and review of case notes 4 – A Trust approved end of life care pathway is in use and staff are aware of this 0 – The above standard is not met



Revised Standards		
No.	**Quality Standard**	**Compliance**
	Section F: Clinical Governance	
F-1 C √ U √ F √ Ch √ Ad √	**Dissemination of current clinical evidence and best practice** The service must have a mechanism in place to review and disseminate published clinical evidence relating to burn care. This must also include evidence of best practice, and national and local guidelines relevant to burn care.	**Evidence:** Description of mechanism for dissemination of published evidence 4 – There is an established mechanism to disseminate clinical evidence relating to burn care throughout the service 0 – The above standard is not met
F-2 C √ U √ F √ Ch √ Ad √	**Active involvement in the Burn Care Network** Where appropriate there must be representation and engagement at Network events from all disciplines of the MDT from each of the services within the Burn Care Network. This must include attendance at Network meetings and supporting Network wide training, service development, audit and clinical review.	**Evidence:** Evidence of attendance and participation at Network meetings and events 4 – The service has wide representation from the MDT at Burn Care Network events/activities 0 – The above standard is not met
F-3 C √ U √ F √ Ch √ Ad √	**Research** The Burn Care Service must participate in local, regional/Network, national or international research projects.	**Evidence:** List of local, national or international research projects in which the Service has been involved Publications, presentations, grants 4 – The Burn Care Service participates in appropriate research projects 0 – The above standard is not met
F-4 C √ U √ F √ Ch √ Ad √	**Data collection** The service must submit the minimum dataset to iBID on all patients within six weeks of discharge. This facilitates analysis and comparison of activity and outcomes based on national data..	**Evidence:** Annual IBID reports 4 – The service submits the minimum dataset to iBID on all patients within six weeks of discharge 0 – The above standard is not met

Revised Standards		
No.	**Quality Standard**	**Compliance**
F-5 C √ U √ F √ Ch √ Ad √	**Activity coding** All patient episodes are coded within six weeks of the end of a clinical episode. All patients admitted with a burn injury, or for burn injury related care have their care and treatment recorded using the speciality code for burn care (Read Codes, OPCS 4 and ICD 10). Coding must be burn specific and undertaken with reference to the % TBSA. Burn activity for both in and out patients must be coded to facilitate the monitoring of patient activity [47, 48].	**Evidence:** Hospital activity data (HES / PAS) coded to burns speciality code compared to iBID data for the same period 4 – All burn injury patient episodes are coded using the speciality code for burn care including %TBSA. This will be recorded within six weeks of the end of a clinical episode 0 – The above standard is not met
F-6 C √ U √ F Ch √ Ad √	**Minimum activity level – Centres and Units** The service should treat sufficient patients with burn injuries to ensure that all medical, nursing and therapy personnel maintain their clinical competencies associated with burn care. All Burn Care Units and Centres should admit a minimum of 100 acute burn patients annually, averaged over a three year period. Children: • Unit – admit a minimum of 100 acute burn patients annually of which at least 30 require unit level care (iBID severity classification) • Centre – admit a minimum of 100 acute burn patients annually, at least 30 must require unit level care and at least 6 patients must be regarded as requiring centre level care (iBID severity classification) Adult: • Unit – admit a minimum of 100 acute burn patients annually of which at least 30 require unit level care (iBID severity classification) • Centre – admit a minimum of 100 acute burn patients annually, at least 30 must require unit level care and at least 10 patients must be regarded as requiring centre level care (iBID severity classification) Services managing or admitting less than the minimum recommended number of patients averaged over a three year period should have arrangements in place for maintaining staff competences (for example through collaborative arrangements with other burn services).	**Evidence:** The service's activity data for the previous three (financial) years 4 – Minimum activity achieved 0 – The above standard is not met Note: Where activity falls below the minimum levels included in the standard the service should describe arrangements for maintaining staff competences
F-7 C U F √ Ch √ Ad √	**Minimum activity level – Facilities** The service should treat sufficient patients with burn injuries to ensure that all medical, nursing and therapy personnel maintain their clinical competencies associated with burn care. All Burn Care Facilities should manage at least 100 acute burn patients annually, averaged over a three year period either as in-patients or as out-patients. The activity data can be associated with adults, children or both. Services managing or admitting less than the minimum recommended number of patients averaged over a three year period should have arrangements in place for maintaining staff competences (for example through collaborative arrangements with other burn services).	**Evidence:** The service's activity data for the previous three (financial) years 4 – Minimum activity achieved 0 – The above standard is not met Note: Where activity falls below the minimum levels included in the standard the service should describe arrangements for maintaining staff competences

Revised Standards		
No.	**Quality Standard**	**Compliance**
F-8 C √ U √ F √ Ch √ Ad √	**Audit** The service must have a rolling programme of audit which includes at least: a) compliance with national burn care referral guidance b) nationally agreed burn care clinical outcomes	**Evidence:** The services audit programme with examples of completed audit cycles. Minutes of audit meetings, showing named attendees 4 – All these services are available to patients, their families and/or carers 0 – The above standard is not met
F-9 C √ U √ F √ Ch √ Ad √	**Service development plan** The service must have a plan for its development over the next three to five years. This plan should link with the Burn Care Network service development plan.	**Evidence:** The service's current development plan 4 – The service has a development plan for the next three to five years. This plan takes into consideration the Burn Care Network service development plan 0 – The above standard is not met
F-10 C √ U √ F √ Ch √ Ad √	**Annual report** The Burn Care Service will produce an annual report summarising activity, compliance with Burn Care Standards, and clinical outcomes. The annual report must include patient experience and feedback, related research activity, publications and presentations. The report must identify actions required to meet expected Burn Care Standards and progress since the previous year's annual report.	**Evidence:** The services latest annual report 4 – The Burn Care Service produces an annual report that includes all aspects listed in standard statement 0 – The above standard is not met
F-11 C √ U √ F √ Ch √ Ad √	**Continuous service improvement** The service must have a means of identifying where clinical practice can be changed to improve the efficiency, effectiveness and safety of burn care throughout the patient pathway. This should be achieved through regular: a) clinical audit b) morbidity and mortality meetings c) review of complaints d) review of patient feedback e) review of serious untoward incidents (SUIs) f) review of staff feedback	**Evidence:** Evidence of continuous service improvement activities, including examples of service improvements 4 – The Burn Care Service has an established process for review and continuous improvement of service 0 – The above standard is not met

<table>
<tr><th colspan="2">Revised Standards</th><th></th></tr>
<tr><th>No.</th><th>Quality Standard</th><th>Compliance</th></tr>
<tr><td></td><td>Section G: The Burn Care Network</td><td></td></tr>
<tr><td></td><td>Burn Care Network
Specialised Burn Care Services should be delivered as part of a formal Burn Care Network, ensuring that individual patient care is coordinated as part of agreed care pathways. The benefits of delivery of specialised Burn Care Services through a network of care are as follows:
• The right care, provided to the right patients, in the right places, at the right time and at appropriate locations and levels.
• Consistency in approach to and implementation of referrals, protocols, performance and quality audits and other tools.
The Burn Care Network for specialised burn care should provide high quality care for all patients, from the point of admission to full recovery. The Burn Care Network is comprised of burn centres, units and facilities delivering a tiered model of care (as described in the Service Description section above). Specialised Burn Care Services, working as part of a Burn Care Network, should work collaboratively with a range of other agencies including emergency departments and primary care services. The service model also includes delivery of specialised burn care remotely from the acute burn care setting – as part of an outreach service.
The Burn Care Network team works with the services to provide a coherent approach to the utilisation of referral, care and treatment pathways. This includes co-ordinating the development of policies and procedures. The Network should have systems in place to monitor performance through audit and organise Network wide training and research.</td><td></td></tr>
<tr><td>G-1</td><td>Network team
The Network team must include:
a) manager
b) lead clinician
c) lead nurse
d) lead therapist
e) administrative support
Across the team there should be sufficient time allocated to complete the expected work detailed in the Network work programme.</td><td>Evidence:
Named team members for each role with job-descriptions
4 – There is a complete network team
0 – The above standard is not met</td></tr>
<tr><td>G-2</td><td>Network work programme
The Burn Care Network has a work programme agreed by the network board.</td><td>Evidence:
Work programme
4 – There is a work programme agreed by the network board
0 – The above standard is not met</td></tr>
</table>

Revised Standards		
No.	**Quality Standard**	**Compliance**
G-3	**Network Research and Development Lead** The Burn Care Network must have a lead for research with responsibility for co-ordination and development of research across the Burn Care Network. There should be sufficient time allocated to this role.	**Evidence:** The named R&D Lead and job-description for the role 4 – There is a named R&D lead with time allocated to this role 0 – The above standard is not met
G-4	**Research and development programme** The Burn Care Network must have oversight of research and development within the Network. The Network must include research activity in their work programme and annual report. The Burn Care Network must have an agreed programme of research and development.	**Evidence:** The Network's agreed programme for Research and Development 4 – There is a network R&D programme 0 – The above standard is not met
G-5	**Telemedicine** All emergency departments should have facilities for the secure transfer of digital images to the local Burn Care Service.	**Evidence:** This is evidenced by a statement from the burn network confirming that telemedicine is in use in between all appropriate referring services and the burn care service. This statement must include a list of which services have access to telemedicine 4 – Telemedicine system in use with formal protocols between the burn care services and all major trauma centres or trauma units in the network 0 – The above standard is not met

Revised Standards		
No.	**Quality Standard**	**Compliance**
G-6	**Network immediate care guidelines** The Burn Care Network should have agreed and disseminated guidelines on immediate care of patients for use by pre hospital care providers, ambulance, emergency department personnel and GPs covering at least: a) initial assessment and management of burn injured patients b) safeguarding c) treatment of minor burns d) thresholds for seeking advice from a Burn Care Service, including the assessment and management of patients with non-survivable burns e) contact details for their local Burn Care Service f) fluid resuscitation g) pain and itch management h) wound management i) airway management (anaesthetic assessment prior to transfer) j) need for surgery (Escharotomy) prior to transfer k) procedure to be followed if patient is not appropriate for admission or a bed is not available l) guidelines on referral to an appropriate Burn Care Service. Guidelines should be clear about variations needed for referrals where travel times will be long or where long waits for an appropriate bed are anticipated m) transfer policy including the resources required (equipment and staffing) Note: These guidelines should be congruent with local trauma and critical care network guidelines.	**Evidence:** The Immediate Care Guidelines with evidence of dissemination 4 – There are agreed burn care guidelines for all areas identified in the standard 0 – The above standard is not met
G-7	**Trust Major Incident Plan** All Trusts with an emergency department should have a plan for the management of major incidents involving burn injured patients [43] which makes reference to the Network Burn Major Incident Plan.	**Evidence:** Written confirmation that the EDs are complying with this standard 4 – There is reference to the management of burn casualties in the Trust's Major Incident Plan that makes reference to the network burn major incident plan 0 – The above standard is not met
G-8	**Education and training for referring services** The Burn Care Network must ensure that there are opportunities for burn specific education and training for pre hospital care providers, ambulance and emergency department personnel and GPs.	**Evidence:** Evidence of training opportunities and/or communication with referring services 4 – There are opportunities for burn specific education and training 0 – The above standard is not met Note: Burn Care Networks are encouraged to support local delivery of the EMSB (or equivalent).

Revised Standards		
No.	**Quality Standard**	**Compliance**
G-9	**Education and training – Burn Care Services** The Network facilitates its Burn Care Services to work collaboratively to provide an educational programme that supports the identified learning needs of all members of the burn MDT.	**Evidence:** Evidence of Network wide facilitation of focussed education and training opportunities 4 – There is a network wide approach to burns specific education and training for all members of the MDT 0 – The above standard is not met
G-10	**Transition guidelines** The Burn Care Network must ensure that the services have agreed local guidelines on transition from children/young people's services to adult services.	**Evidence:** The transition guidelines for each service within the Network 4 – Burn specific guidelines for transition are in use across all burn services 0 – The above standard is not met
G-11	**Network Burns Major Incident Plan** There must be a Network Burns Major Incident Plan (BMIP) for the management of burn injured patients agreed with all local Burn Care Services. This must include reference to the DH guidance on the emergency management of burn injured patients [43] and be distributed to local Emergency Planning Leads (EPLs), emergency departments and the pre hospital emergency services. There must be a process in place to exercise and review the plan.	**Evidence:** The Networks Burn Major Incident Plan with evidence of dissemination to the relevant services Evidence of exercising and reviewing the plan within the previous 3 years 4 – There is a network burn major incident plan and evidence that the plan has been exercised 0 – The above standard is not met
G-12	**Network Capacity Escalation Plan** The Burn Care Network must have an agreed capacity escalation plan for times of peak activity.	**Evidence:** The Network's agreed capacity escalation plan 4 – There is a Burn Care Network capacity escalation plan 0 – The above standard is not met

Revised Standards		
No.	**Quality Standard**	**Compliance**
G-13	**Network clinical assurance** The Burn Care Network must have a process to measure quality of care which includes: a) measuring compliance associated with patient referrals against the local and national burn severity thresholds b) monitoring the transfer of patients both into and out of the Network c) monitoring the transfer of patients between services within the Network d) reviewing the activity at service level by burn severity e) monitoring the refused admissions in each service within the Network f) reviewing performance in each service against the nationally agreed burn outcome measures g) reviewing compliance with National Burn Care Standards h) Monitoring burn care activity in non-specialised burn care providers The Network must have a process to monitor quality issues raised during the routine review of the services and a system to develop and review service action plans.	**Evidence:** Evidence of clinical assurance process including a description of the process and written evidence of the activities undertaken 4 – There is a burn specific clinical assurance process which includes all elements identified in the standard 0 – The above standard is not met
G-14	**Network-wide mortality and morbidity meeting** There must be Network wide clinical review of morbidity and mortality at least annually. This must include all Burn Care Services in the Network and include reviewing all centre level burns and all deaths from a burn injury. An action plan from these meetings must be disseminated between all Burn Care Services.	**Evidence:** Minutes of network wide mortality and morbidity meetings 4 – There is a minimum of one morbidity and mortality meeting for the whole network held each year. There is evidence that all centre level burns and burn deaths are reviewed within the network 0 – The above standard is not met
G-15	**Network annual reports** The Burn Care Network must produce an annual report which includes: a) activity data b) financial arrangements c) service improvement d) innovation e) patient involvement f) education g) research h) clinical Audit i) outcome data j) clinical governance	**Evidence:** The Network's agreed annual report 4 – There is a network annual report 0 – The above standard is not met
G-16	**Network service development plan** The Burn Care Network must have a plan for the development of its Burn Care Services over the next three to five years. This plan should link with the service development plans for each service. The Network service development plan should be agreed by the Network Board and submitted to the National Network for Burn Care.	**Evidence:** The Network's agreed service development plan 4 – There is a network service development plan 0 – The above standard is not met

<table>
<tr><th colspan="2">Revised Standards</th><th></th></tr>
<tr><th>No.</th><th>Quality Standard</th><th>Compliance</th></tr>
<tr><td>G-17</td><td>Commissioning
There must be a formal written agreement between the commissioning organisation responsible for commissioning the specialised Burn Care Services within the network and the Burn Care Network board. This formal agreement must include:
a) the configuration of Burn Care Services (Facility, Unit or Centre)
b) the severity and complexity of burn injured patients to be managed in each service.
c) lines of accountability and responsibility of the Network to the commissioners</td><td>Evidence:
The formal written agreement
4 – There is a formal agreement between the commissioners and the network board regarding the commissioning of specialised burn care
0 – The above standard is not met</td></tr>
<tr><td>G-18</td><td>Participation in national burn care programme
The Burn Care Network must participate in the national burn care programme and be represented at national meetings.</td><td>Evidence:
Minutes of meetings with attendance records
4 – The network is represented at national burns meetings and participates in the national burn care programme
0 – The above standard is not met</td></tr>
<tr><td>G-19</td><td>Structure of Network board
The Network must have a formally defined board membership with agreed terms of reference. The board must include clinicians, commissioners, managers and patient representation. The board should have representatives from all clinical services providing specialised burn care within the network. The board must have processes in place to ensure that there is representation from all aspects of the patient pathway including pre hospital and emergency care settings.</td><td>Evidence:
Board terms of reference, board membership and minutes of board meetings
4 – The Burn Care Network has a fully constituted burn care board which represents all elements of the burn care pathway
0 – The above standard is not met</td></tr>
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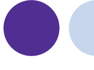

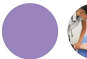

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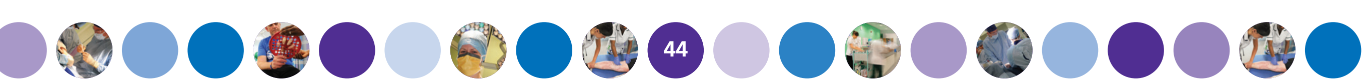

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First Name	Surname	Role	Organisation
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Colin	Darling	Patient Organisation Representative	Changing Faces
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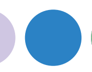

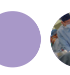

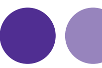

First Name	Surname	Role	Organisation
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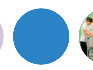
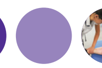
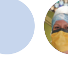
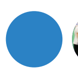




Appendix 2 Glossary and Abbreviations

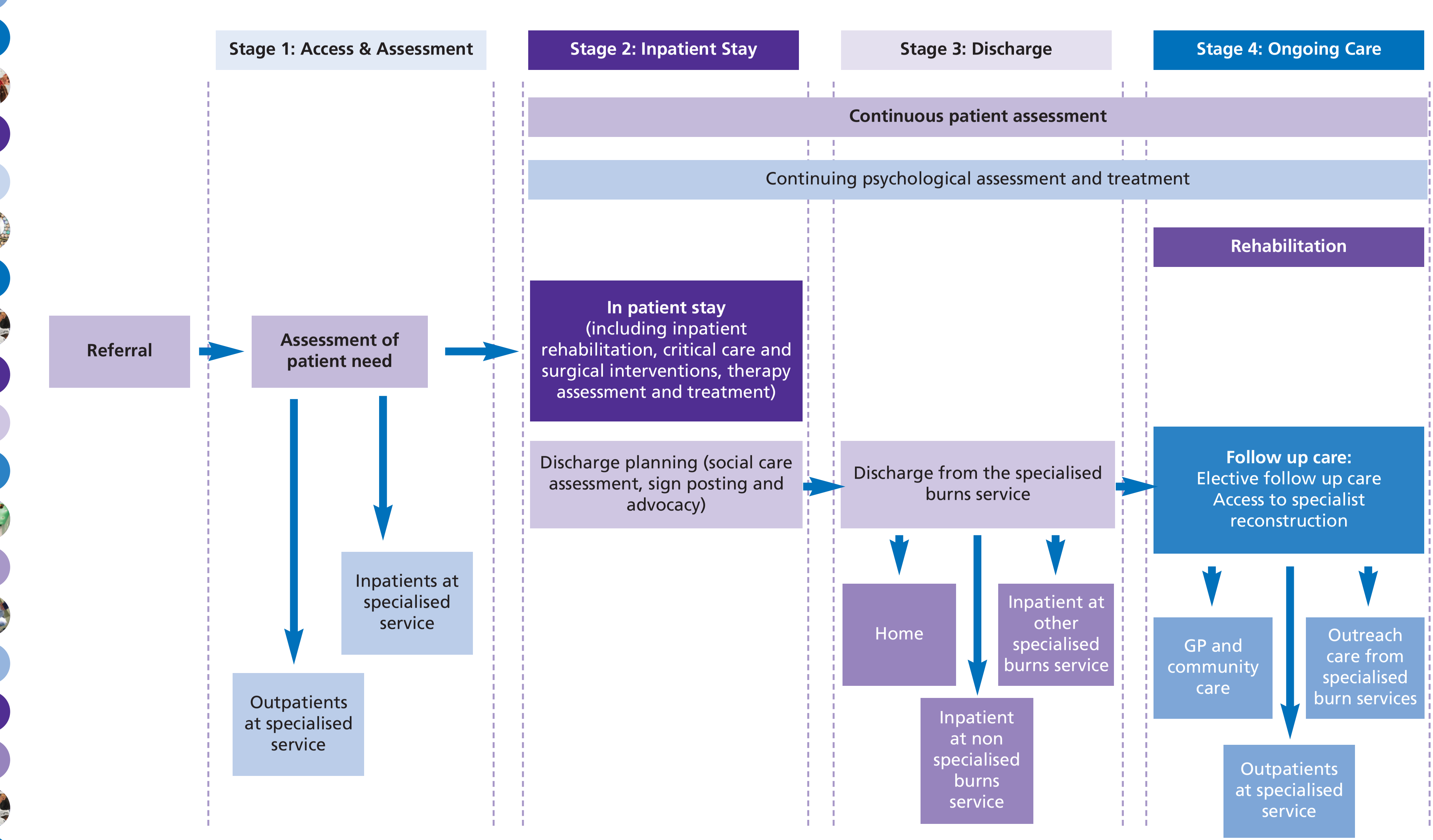
Abbreviation	Description
BBA	British Burn Association
% TBSA	Percentage Total Body Surface Area
BC	Burn Centre
BF	Burn Facility
BU	Burn Unit
CPD	Continuing Professional Development
CRG	Clinical Reference Group
DH	Department of Health
DNA	Did Not Attend
EMSB	Emergency Management of Severe Burns
ENT	Ear, Nose and Throat
Guideline	Principles which are set down to help determine a course of action. They assist the practitioner to decide on a course of action but do not need to be automatically applied. Clinical guidelines do not replace professional judgement and discretion.
HES	Hospital Episode Statistics
iBCS	International Burn Care Standards
iBID	International Burn Injury Database
ICD 10	International Statistical Classification of Disease and Related Health Problems (Version 10)
ICS	Intensive Care Society
MDT	Multidisciplinary Team
NBCR	National Burn Care Review
NNBC	National Network for Burn Care
OPCS 4	Classification of Interventions and Procedures
PAs	Period of Programmed Activity (4 hours)
PAS	Patient Administration System
PICS	Paediatric Intensive Care Society
Policy	A course or general plan adopted by an organisation, which sets out the overall aims and objectives in a particular area.





Abbreviation	Description
Procedure	A procedure is a method of conducting business or performing a task, which sets out a series of actions or steps to be taken.
Protocol	A document laying down in precise detail the tests or steps that must be performed.
R&D	Research and Development
READ	A coded thesaurus of clinical terms
RN	Registered Nurse
ST3	Surgical Trainee level / year 3

Appendix 3 The Patient Pathway for Specialist Burn Care



Burn Care Networks – England & Wales
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Midlands Burn Care Network
South West UK Burn Care Network
London & South East of England Burn Care Network
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