British Burn Association

National Standards for Provision and Outcomes in Adult and Paediatric Burn Care

1st Edition
November 2018
To be reviewed in 2023

Section and Topic Number:
This is standard B.03. This indicates that the standard is part of "Section B" and that this is the third standard within this section. A number of standards have sub-categories / topics, for example, B.03.A to B.03.E as shown below.

Burn Care Standard:
For each standard, this box describes the recommendations or requirement of this standard and sub-categories / topics.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Evidence and compliance
B.03				**Allied Health Professional Leads for Burn Care Service (Centres and Units)** Each Allied Health Professional group has a named Lead Clinician for burns. Each Professional Lead is a member of the burn MDT and has time allocated for team leadership in addition to clinical responsibilities. There is a named lead for:			**Compliance:** • There is a nominated lead for each AHP. • There is time allocated for this in their job plan/job description. **Evidence:** • Name of the lead AHP. • Staffing establishment. • Job description or job plan.
B.03.A	Y	Y	CU	a) Physiotherapy.	Y		
B.03.B	Y	Y	CU	b) Occupational Therapy.	Y		
B.03.C	Y	Y	CU	c) Psychological care.	Y		
B.03.D	Y	Y	CU	d) Dietetics.	Y		
B.03.E	Y		CU	e) Play Services.	Y		

Children:
The 'Y' in this column indicates 'yes', that the standard is relevant to children's burn services.

Adults:
The 'Y' in this column indicates 'yes', that the standard is relevant to adult burn services.

Level of Care:
The 'C' in this column indicates that the standard applies to Burns Centres.

The 'U' in this column indicates that the standard applies to Burns Units.

The 'F' in this column indicates that the standard applies to Burns Facilities.

The 'N' in this column indicates the standard applies to the Burn Care Network.

The 'Y' in one of these columns indicates 'yes', that the standard is either Essential or Desirable.

Evidence and Compliance:
For each standard, this box gives background information. In this case, it is criteria to ensure compliance with the standard and evidence to justify that that compliance has been achieved.

NATIONAL BURN CARE STANDARDS AND OUTCOMES 2018

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APPENDICES

Note:
This 2018 Burn Care Standards and Outcomes report 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 British Burn Association.

The 'National Standards for Provision and Outcomes in Adult and Paediatric Burn Care' presented here are the result of a collaboration between the British Burn Association (BBA) and the burn care Operational Delivery Networks (ODNs) covering England and Wales. They are based on two key documents: the 2013 National Network for Burn Care (NNBC) 'National Burn Care Standards' and the BBA 'Outcome Measures for Adult and Paediatric Services' (2nd edition) published in 2015.

The NNBC was the forerunner of the Burn Care Clinical Reference Group (CRG) and thus, the 2013 National Burn Care Standards were owned by NHS England. This excellent document was due for revision in April 2015. Early in 2017, the current Major Trauma CRG chair requested that the BBA and ODNs take on the revision, framing the new version as Professional Standards produced by the burn care professions.

The group convened to take on the project (the Burn Standards Review Group – BSRG) included representatives from all areas of the burns multi-disciplinary team and from the whole geography of specialised burn care in Great Britain and Ireland. Patients were also represented, and the project received input from survivor support groups and charities. Early draft documents and proposals were widely shared with burn care professionals outside the BSRG, through regional and network forums and BBA Special Interest Groups (SIGs). Before publication, the final draft document was shared with the entire BBA membership.

The product of the BSRG's work, 'National Standards for Provision and Outcomes in Adult and Paediatric Burn Care', builds upon and refines the 2013 National Burn Care Standards and clearly articulates the aspects of burn care that the BSRG considered to be essential for high quality care and outcomes for patients, their families and carers. The document also describes standards that are desirable, offering examples of good practice and excellence. Achieving all desirable standards would result in optimal care.

To maintain a focus on burn care, in areas where general standards and policies apply to the whole of the NHS were previously included, these have been removed. This includes those relating to adult and children's safeguarding. Once published, the document will be used by NHS England commissioners and the Major Trauma CRG, to inform the commissioning service specification for specialised burn care.

'National Standards for Provision and Outcomes in Adult and Paediatric Burn Care' covers the entire burn care pathway and aims to provide the means to measure the capability of individual burn services as a whole and the ODN in which they operate. By defining standards, a governance framework is established against which it is possible to measure the quality of burn care that patients receive, regardless of their point of entry into a specialist Burn Care Service. Thus, at some stage in the future, Burn Care Services will need to be assessed for compliance with the standards and outcomes set out in the document. It is hoped that by doing so, equitable provision of burn care will be ensured for patients and their families.

The BSRG recommends that networks and service complete a self-assessment against the standards every two years, forming part of their respective development plans. Similarly, it is recommended that, as directed and determined by NHS England and specialised burn care commissioners, formal peer review and designation take place every four to five years.

The BBA will review 'National Standards for Provision and Outcomes in Adult and Paediatric Burn Care' during the year 2022-23.

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The revised burn care standard statements are 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 Multi-disciplinary 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 burn 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 burn 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. In this section, the following is addressed:
  - The type of and availability or access to an appropriately resourced burn bed;
  - Access to an appropriately designed and resourced operating theatre and the availability of specialist resources such as skin products, and
  - The provision of telemedicine and rehabilitation services.

- **Section E: Policies and Procedures**, outlines 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 required for each level of Burn Care Service.

- **Section G: The Burn Care Operational Delivery Network (ODN).** The statements in this section cover both the purpose and governance of the clinical network, and;

- **Section H: Burn Care Outcomes**. This section provides the clinical outcome measures that must be monitored and reported.

Each standard has a unique reference code which consists of a letter for the section and a number to identify the individual standard statement.

For example, in the Patient Centred Care section (Section A) all standard topics are prefixed with the letter A, and for the first standard of this section, "Information for patients, their families and/or carers", it is designated as standard A.01.

A number of sections include sub-sections, for example, A.01.C relates to 'ward layout and routines'.

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.

Burns care services are stratified into Centres (C), Units (U) or Facilities (F) according to the complexity of case mix treated, with centres treating the most severe burn injury and facilities, the least severe. Individual standards may be relevant to one, two or all these levels. To indicate whether a standard is relevant to a Centre, Unit or Facility, the letters C, U or F have been placed into a column titled, "Level of care". Similarly, the letter 'Y' in neighbouring columns indicate that a specific standard must be applied to a Children's service or an Adult service.

In addition to the burn care standards, this document also includes all elements of the previously published BBA Outcome Measures for Adult and Paediatric Services (Second Edition 2016). These outcome measures focus on patient-specific clinical outcomes, process outcomes and experience.

The format of these burn care standards and outcomes is intentionally designed to enable services and ODNs to assess compliance. Each standard must be assessed for evidence of compliance, resulting in:
- Yes (the standard is met) or
- No (the standard is not met).

In the case of the burn care standards, each one is indicated as either:
- **Essential**, or;
- **Desirable**

It is the opinion of the British Burn Association that all specialised Burn Care Services must be compliant with all of the "essential" burn care standards. Where a service is not compliant, the service and/or the NHS England commissioners must have an action plan in place, to resolve the situation in as short a period of time as possible.

A standard that is shown as "desirable" is an indicative example of the highest, best practice standard of care that can be achieved.

All Outcome Measures are considered essential.

There is no intention to assess the standards to produce a "total score" for each service. It is intended that each standard and outcome measure is considered individually.

An assessment toolkit will be provided by the National Burns ODN Group to enable services to undertake a self-assessment process. This must be undertaken in each network, on a bi-annual basis.

The results of the assessments will be shared with the BBA, NHS England and the National Burns ODN Group and published by each Burns ODN in their annual reports.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence

Section A: Patient centred care

A.01				**Information for Patients, their Families and/or Carers** Patients, their families and/or carers are offered written information. This takes account of the patient's individual wishes and enables them to make informed decisions about their care (Coulter, Fitzpatrick and Cornwell, 2009). If requested, information is provided on more than one occasion. It is clear, understandable, evidence based and culturally sensitive. The provision of information in any form is documented in the patient's case notes. This information includes:			**Compliance** • Clear, understandable, evidence based and culturally sensitive written information on all items listed is available to patients, their families and/or carers. **Evidence** • Service leaflet providing information listed.
A.01.A	Y	Y	CUF	a) Members of the burn care team.	Y		
A.01.B	Y	Y	CUF	b) How to contact the burn area service.	Y		
A.01.C	Y	Y	CUF	c) Ward layout and routines.	Y		
A.01.D	Y	Y	CUF	d) Burns and the likely physical, nutritional and psychological implications.	Y		
A.01.E	Y	Y	CUF	e) Support services and groups available.	Y		
A.01.F	Y	Y	CUF	f) Where to go for further information, including useful websites.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
A.02				**Plan of Care** A Multi-disciplinary team (MDT) plan of care is in place for each patient. IP management is discussed and updated at regular MDT meetings to ensure the best possible care and outcome. All patients (and where appropriate their families and/or carers) have access to their care plan, which should include all the items listed below (A-D). Exceptions to this may include children, patients detained under the Mental Capacity Act and instances where safeguarding concerns exist.			**Compliance:** • A comprehensive MDT plan of care exists, containing contributions from medical, nursing, therapy, dietetic, social and psychology staff. • The plan is legible, signed, dated and reviewed and has been agreed by the patient. **Evidence:** • A comprehensive plan of care is available in the patient's case notes. • There is written evidence that the plan has been discussed and agreed with the patient (and family if appropriate). • It is clear that all relevant members of the MDT have contributed to the plan of care.
A.02.A	Y	Y	CUF	a) The name of the Consultant responsible for their care.	Y		
A.02.B	Y	Y	CUF	b) Plans for therapeutic interventions and rehabilitation, including physical, nutritional and psychological therapies.	Y		
A.02.C	Y	Y	CUF	c) Potential treatment outcomes.	Y		
A.02.D	Y	Y	CUF	d) The consequence of accepting or declining any of the available treatment options.	Y		
A.02.E	Y	Y	CUF	e) Expected discharge date.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
A.03				**Acute & Follow-Up OP Care** Patients have access to acute and follow-up out-patient clinics (Van Loey, Faber and Taal, 2001; Coffee, Yurko and Fratianne, 1992; Fletchall and Hickerson, 1995).			**Compliance:** • There are acute and follow-up out-patient clinics at which patients have access to members of the MDT. **Evidence:** • Description of OP service (including OP timetable) provided to patients, their families and/or carers. • Description of process for accessing members of the MDT.
A.03.A	Y	Y	CU	a) Patients have access to burn-specific acute and follow-up OP clinics.	Y		
A.03.B	Y	Y	F	b) Patients have access to acute and follow-up OP clinics.	Y		
A.03.C	Y	Y	CUF	c) After discharge, burns patients should have unrestricted access, for life, to the burns MDT in relation to sequelae of their burns or scars, through a streamlined referral pathway.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
A.04				**Discharge Information Following IP or OP Care** Discharge documentation is available and includes current and future physical, social and psychological care. On discharge, relevant written information on the following is provided to patients, their families and/or carers:			**Compliance** • Relevant written information covering the items listed is available. • This is provided for all patients and carers (IP and OP). **Evidence** • A discharge plan that includes the items listed. • The plan is evident in case notes.
A.04.A	Y	Y	CUF	a) Resuming activities of daily living.	Y		
A.04.B	Y	Y	CUF	b) Recognition of complications, including sepsis, associated with a burn injury.	Y		
A.04.C	Y	Y	CUF	c) Aftercare of the burn wound (scar management and protection).	Y		
A.04.D	Y	Y	CUF	d) Pain and itch.	Y		
A.04.E	Y	Y	CUF	e) Psychological care, information and support available.	Y		
A.04.F	Y	Y	CUF	f) Key contact details (including 24-hour access to the clinical team).	Y		
A.04.G	Y	Y	CUF	g) Patient support resources.	Y		
A.04.H	Y	Y	CUF	h) Follow-up appointment information such as date, time and location.	Y		
A.04.I	Y	Y	CUF	i) Nutritional care and recommendations post discharge from hospital.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
A.05	Y	Y	CUF	**Support Resources** Burn-specific support resources are available and are highlighted to patients at all stages of their treatment (Heath *et al*, 2018). With guidance from the psychological care team, burn care staff facilitate access to the range of support resources available locally, nationally and internationally such as support groups, peer-support opportunities, charities, websites and events. All resources managed by the Burn Care Service are subject to appropriate governance and employment checks.	Y		**Compliance:** • All patients have information and the opportunity to access age-appropriate support. **Evidence:** • Written evidence regarding access to a range of appropriate burns support resources.

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
A.06	Y	Y	CUF	**Return to Education, Employment and Independent Living** All patients are helped to return to education, employment and independent living, at a time when this is appropriate. Where difficulties are encountered, an agreed therapeutic programme is provided (Goggins *et al,*1990*; Arshad *et al,* 2015; Oster, Kildal and Ekselius, 2010)*.	Y		**Compliance:** • There is a written guideline covering patient's return to education, employment, independent living and community reintegration. • There is written evidence in the clinical notes that where appropriate, the MDT is complying with this guideline. **Evidence:** • The *Standards of Physiotherapy and Occupational Therapy Practice in the Management of Burn Injured Adults and Children 2017* are in use for rehabilitation. • There is evidence within the patient's case notes that return to education / employment / independent living has been discussed and advised. • Patients with on-going needs have been referred to the relevant member of the MDT for additional support. • A formal plan for return to education/ employment/ independent living is documented for those patients with identified concerns. *Note:* *Some patients will not have been in education, employment or living independently prior to their burn injury and others may not be able to return to their pre-injury status or even to live independently as a result of their injury. In such cases, the patient may require referral outside of the MDT and have the involvement of other agencies.*

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
A.07				**Burns Camp / Club** The Burn Care Service provides access to a Burns Camp or Burns Club (Gaskell, Cooke and Lunke, 2010). The Burns Camp / Club is:			**Compliance:** • All patients, their families and/or carers have the opportunity to access an age appropriate Burn Camp or Club **Evidence:** • Burn Camp or Club Information leaflets or posters are displayed in relevant clinical areas. • There is evidence of a pathway for patients and families to access the Burn Camp or Club. • There is evidence of staff participating in and managing Burn Camp or Club activities in work time.
A.07.A	Y	Y	CUF	a) Free to participants.	Y		
A.07.B	Y	Y	CUF	b) Accommodates patients up to the age of 25.	Y		*Note:* *The BBA Burn Camps & Clubs Special Interest Group is reviewing the 2012 Aims and Objectives for Burn Camps and Clubs and a revised set of Standards is expected in 2019.*
A.07.C	Y	Y	CUF	c) Adheres to the appropriate national standards.	Y		
A.07.D	Y	Y	CUF	d) Staff from the Burn Care Service are given the time to participate and manage these activities.	Y		

| **A.08** | Y | Y | CUF | **Transition of Care between Children's and Adult Services**

There is a formally recognised process to facilitate the transition of children and young people to the adult Burn Care Service.

This is based on NICE Guidance and follows local policies and procedures (NICE, 2016). | Y | | **Compliance:**
• There is a guideline referring to the transition of care from children to adult services that follows local policies and procedures.

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 is demonstrated through a review of relevant patient records. |

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
A.09	Y	Y	CUF	**Patient Reported Experience Measures (PREMS)** The Burn Care Service measures the patient's views and experience while receiving care. There is a focus on the process of care and how it impacts upon the patient experience.	Y		**Compliance:** • There are no validated PREMs for burn patients available at the time of publication. • Local tools can be used for internal audit within a particular service but cannot be used for comparison with other services. **Evidence:** • Local PREMs tools are used for internal audit within the service.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
A.10				**Repatriation Information** Patients are fully prepared, mentally and physically, for their transfer to another burns service. The Burn ODN has an agreed Guideline for repatriation and step-down to another burns service *(see G.06.B)*. On transfer, relevant written information on the following is provided to patients, their families and/carers:			**Compliance** • A comprehensive plan for repatriation handover exists. **Evidence** • A repatriation transfer document is available in the patient notes. • A copy of the patient summary plan and plan of care is available in the notes. • A leaflet or fact sheet is available which provides details of the service into which the patient is being repatriated.
A.10.A	Y	Y	CUF	a) Name of new Consultant responsible for their care.	Y		
A.10.B	Y	Y	CUF	b) Summary of plans for continued therapeutic interventions and rehabilitation.	Y		
A.10.C	Y	Y	CUF	c) Details about the receiving burns service (location, contact numbers, etc).	Y		
A.10.D	Y	Y	CUF	d) The rehabilitation prescription, if appropriate *(see E.10)*.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence

Section B: Multi-disciplinary Team (MDT)

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.01	Y	Y	CUF	**Clinical Lead / Head of Burn Care Service** The Burn Care Service has a nominated Clinical Lead for the MDT. This is a clinical leadership role with primary responsibility for the quality of burn care in the service. The Clinical Lead may or may not have management responsibility but has appropriate input in managerial decision-making. The Clinical Lead for the MDT has at least 1 PA (or equivalent) allocated for this purpose in their job plan.	Y		**Compliance:** • There is a Clinical Lead for burns that has time allocated for this in their job plan. **Evidence:** • Name of Clinical Lead / head of service. • Job description or job plan.
B.02	Y	Y	CUF	**Nursing Lead for Burn Care Service** The Burn Care Service has a nominated Nursing Lead with overall responsibility for the quality of nursing care. The Nursing Lead is a member of the burn MDT and has time allocated for team leadership in addition to clinical responsibilities.	Y		**Compliance:** • There is a nominated lead for nursing. • There is time allocated for this in their job plan / job description. **Evidence:** • Name of Lead Nurse. • Staffing establishment. • Job description or job plan.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.03				**Allied Health Professional (AHP) Leads for Burn Care Service (Centres and Units)** Each AHP group has a named Lead Clinician for burns. Each Professional Lead is a member of the burn MDT and has time allocated for team leadership in addition to clinical responsibilities. There is a named lead for:			**Compliance:** • There is a nominated lead for each AHP. • There is time allocated for this in their job plan/job description. **Evidence:** • Names of the lead AHPs. • Staffing establishment. • Job descriptions or job plans.
B.03.A	Y	Y	CU	a) Physiotherapy.	Y		
B.03.B	Y	Y	CU	b) Occupational Therapy.	Y		
B.03.C	Y	Y	CU	c) Psychological care.	Y		
B.03.D	Y	Y	CU	d) Dietetics.	Y		
B.03.E	Y		CU	e) Play Services.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.04				**Allied Health Professional (AHP) Leads for Burn Care Service (Facilities)** Each AHP group has a designated Lead Clinician for burns. Each professional lead is a member of the burn MDT and has time allocated for burns. There is a named lead for:			**Compliance:** • There is a named lead for AHPs. • There is time allocated for this in their job plan/job description. **Evidence:** • Name of the lead AHP. • Staffing establishment. • Job description or job plan.
B.04.A	Y	Y	F	a) Physiotherapy.	Y		
B.04.B	Y	Y	F	b) Occupational Therapy.	Y		
B.04.C	Y	Y	F	c) Psychological care.	Y		
B.04.D	Y	Y	F	d) Dietetics.	Y		
B.04.E	Y		F	e) Play Services.	Y		
B.04.F	Y	Y	F	f) Each Professional Lead has time allocated for team leadership, in addition to clinical responsibilities.		Y	

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
B.05	Y	Y	CU	**Research and Development Lead (R & D) – Centres and Units** The Burn Care Service has a nominated Clinical Lead for research and development.	Y		**Compliance:** • There is a nominated lead for research and development. **Evidence:** • Name of research and development Clinical Lead. • Evidence of active research, presentations and publications. • MDT actively engaged in research.
B.06				**Consultant Surgeons – Centres** Burn Centres provide burn-specific, Consultant led clinical care 24 hours a day, 7 days per week. Consultant Burn Surgeons:			**Compliance:** • There is burn-specific Consultant led clinical care 24 hours a day, 7 days per week. **Evidence** • Details of Consultant staffing and rotas. • CV and training record. *Note:* *6 Consultant Burn Surgeons are required to maintain a sustainable rota. If the service is based across multiple hospital sites, more than this number may be required.*
B.06.A	Y	Y	C	a) Have at least three Direct Clinical Care PA's per week allocated to caring for patients with burns. Consultants working in both adult and children's services have at least one DCC PA per week in each of these areas.	Y		
B.06.B	Y	Y	C	b) Have been employed in a recognised burns fellowship or have equivalent proven experience.	Y		
B.06.C	Y	Y	C	c) Have successfully completed an EMSB course.	Y		
B.06.D	Y	Y	C	d) Participate in CPD relating to burn care.	Y		
B.06.E	Y	Y	C	e) Are competent in the recognition and management of non-burn conditions causing skin loss e.g. Toxic Epidermal Necrolysis (TENS).	Y		
B.06.F	Y	Y	C	f) Participate in network and national M&M audit meetings.	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
B.07				**Consultant Surgeons – Units** Burn Units provide burn-specific Consultant led clinical care 5 days per week during the working day. At other times, a Consultant Plastic Surgeon is always available. Consultant Burn Surgeons:			**Compliance:** • There is burn-specific Consultant led clinical care 5 days per week during the working day. • The provision of Consultant led burn care is supplemented by sufficient Consultant Plastic Surgeons to provide consultant led care 24 hours a day, 7 days per week basis.
B.07.A	Y	Y	U	a) Have at least two DCC PAs per week allocated to caring for patients with burns. Consultants working in both adult and children's services have at least one Direct Clinical Care PA per week in each of these areas.	Y		**Evidence** • Details of Consultant staffing and rotas. • CV and training record.
B.07.B	Y	Y	U	b) Have been employed in a recognized burns fellowship or have equivalent proven experience.	Y		*Note:* *3 Consultant Burn Surgeons are required to*
B.07.C	Y	Y	U	c) Have successfully completed an EMSB course.	Y		*maintain a sustainable rota. If the service is*
B.07.D	Y	Y	U	d) Participate in CPD relating to burn care.	Y		*based across multiple hospital sites, more than*
B.07.E	Y	Y	U	e) Participate in network and national M&M audit meetings.	Y		*this number may be required.*

Section and Topic Number							
B.08				**Consultant Surgeons – Facilities** A Consultant Plastic Surgeon is available 24 hours a day, 7 days per week. At least one Consultant Plastic Surgeon has a significant interest in burn care and is formally nominated as the lead for burn care. The nominated Lead Surgeon for Burn Care:			**Compliance:** • 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.
B.08.A	Y	Y	F	a) Has at least one Direct Clinical Care PA per week in burn care.	Y		**Evidence** • Details of consultant staffing and rotas. • CV and training record.
B.08.B	Y	Y	F	b) Has successfully completed an EMSB course.	Y		
B.08.C	Y	Y	F	c) Participates in CPD relating to burn care.	Y		
B.08.D	Y	Y	F	d) Participates in network and national M&M audit meetings.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.09	Y	Y	CUF	**Other Surgical Staffing** At least one doctor of ST3 level or above (or equivalent) is available at all times. *Note:* *All ST3 applicants must have successfully completed the EMSB course.*	Y		**Compliance:** • A doctor at ST3 level or above (or equivalent) is available 24 hours, 7 days per week. **Evidence:** • Job description or job plan. • Staffing rotas. • CV and training record.
B.10				**Critical Care Medicine (Paediatrics)** Consultant Paediatric Intensivists, caring for burn patients, have completed higher or advanced burns and plastics modules or have equivalent experience in burn care. The Consultant Paediatric Intensivists:			**Compliance:** • The Consultant Paediatric Intensivists demonstrate experience in burn care. • There is a documented, nominated lead for burn care. **Evidence:** • Participation in Burn MDT meetings.
B.10.A	Y		CUF	a) Have regular, ongoing experience in burn care.	Y		• Patient records.
B.10.B	Y		CUF	b) Have completed higher or advanced modules in burn care during training.		Y	• Records of CPD. • Staffing rotas.
B.10.C	Y		CUF	c) Participate in CPD related to burn care.	Y		• Notes of network and national M&M audit meetings.
B.10.D	Y		CUF	d) Have a nominated lead for burns, who participates in network and national M&M audit meetings.	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
B.11				**Critical Care Medicine (Adults)** Consultant Intensivists, caring for burn patients, have completed higher or advanced burns and plastics modules or have equivalent experience in burn care. The Consultant Intensivists:			**Compliance:** • The Consultant Intensivists demonstrate experience in burn care. • There is a documented, nominated lead for burn care. **Evidence:** • Participation in Burn MDT meetings.
B.11.A		Y	CUF	a) Have regular, ongoing experience in burn care.	Y		• Patient records. • Records of CPD.
B.11.B		Y	CUF	b) Have completed higher or advanced modules in burn care during training.		Y	• Staffing rotas.
B.11.C		Y	CUF	c) Participate in CPD related to burn care.	Y		• Notes of network and national M&M audit meetings.
B.11.D		Y	CUF	d) Have a nominated lead for burns, who participates in network and national M&M audit meetings.	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
B.12	Y		CU	**Critical Care Nursing (Paediatrics) – Registered Nurses** There are sufficient, appropriately qualified Registered Nurses to provide critical care to burn patients (BACCN, 2009). They have training in both critical care and burn care. Where arrangements are in place for shared care between nursing teams from the burn care ward and critical care, there should be a minimum of one nurse each shift who have completed competencies in burn care (CC3N). Critical Care Nurses looking after burn-injured children have a paediatric qualification (e.g. RSCN or RN(Child)) or advanced paediatric training competencies.	Y		**Compliance:** • Staff training records that demonstrate that 75% of the Registered Nurses are competent in the appropriate range of critical care and burn care skills for the environment in which they work. • For Paediatrics there should be evidence of paediatric training for all registered nurses. **Evidence:** • Staff training records. • Patient records, protocols or link-nurse arrangements that demonstrate that there is shared care between the burn and critical care nursing teams.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.13		Y	CU	**Critical Care Nursing (Adults) – Registered Nurses** There are sufficient, appropriately qualified Registered Nurses to provide critical care to burn patients (BACCN, 2009). They have training in both critical care and burn care. Where arrangements are in place for shared care between nursing teams from the burn care ward and critical care, there should be a minimum of one nurse each shift who have completed competencies in burn care (CC3N).	Y		**Compliance:** • Staff training records that demonstrate that 75% of the Registered Nurses are competent in the appropriate range of critical care and burn care skills for the environment in which they work. **Evidence:** • Staff training records. • Patient records, protocols or link-nurse arrangements that demonstrate that there is shared care between the burn and critical care nursing teams.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.14				**Emergency Anaesthetic Support – Children** The following anaesthetic support is available at all times: *Note: Consultant Anaesthetists caring for children have approved training in paediatric anaesthesia (RCA, 2018).*			**Compliance:** • There is an on-call rota for Consultants and trainees in anaesthetics at ST3 level or above (or equivalent). **Evidence:** • Staffing rotas.
B.13.A	Y		CUF	a) A Consultant Paediatric Anaesthetist.	Y		
B.13.B	Y		CUF	b) An Anaesthetist who has achieved basic / initial competencies is available immediately.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.15				**Emergency Anaesthetic Support – Adults** The following anaesthetic support is available at all times:			**Compliance:** • There is an on-call rota for consultants and trainees in anaesthetics at ST3 level or above (or equivalent). **Evidence:** • Staffing rotas.
B.15.A		Y	CUF	c) A Consultant Anaesthetist.	Y		
B.15.B		Y	CUF	d) An anaesthetist who has achieved basic / initial competencies is available immediately.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.16	Y	Y	CU	**Planned Anaesthetic Support - Centres and Units** Consultant Anaesthetists with experience in burn care and who have burns sessions identified in their job plan are available for all scheduled burn theatre sessions and for ICU/PICU, HDU/PHDU, ward and out-patient procedures. *Note: Consultant Anaesthetists caring for children have approved training in paediatric anaesthesia* (RCA, 2018).	Y		**Compliance:** • There is a Consultant Anaesthetist with experience in burn care available for all scheduled burn theatre sessions and for ICU/PICU, HDU/PHDU, ward and out-patient procedures. **Evidence:** • Job description or job plan. • Staffing rotas. • Record of training.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.17				**Paediatric Medical Staffing** IP services for children comply with the following standards published by the Paediatric Intensive Care Society (PICS, 2015).			**Compliance:** • The service complies with all of the PICS standards listed. **Evidence:** • Job description or job plan. • Staffing rotas. • Record of training.
B.17.A	Y		CUF	a) The paediatric Burn Care Service provides 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 2015 *Std CA-202*).	Y		
B.17.B	Y		CUF	b) A clinician with competences in resuscitation, stabilisation and intubation of children is available on site at all times (PICS 2015 *Std HW-204*).	Y		
B.17.C	Y		CUF	c) There is 24-hour resident cover by a clinician trained to, or training at, the equivalent of paediatric medicine RCPCH level 1 competences or above. For doctors in training, this will normally be ST3 or above (PICS 2015 *Std CA-203*).	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.18				**Registered Nurses – Children** The nursing establishment is based on bed capacity and the dependency of the children managed in the service. The service has the capability to adjust the skill mix and numbers of Registered Nurses to reflect the changes in the complexity of the children cared for (NNBC, 2006; PICS, 2015). The service is able to demonstrate that:			**Compliance:** Dependency data and a process used to review the nursing establishment based on patient dependency levels is in use. **Evidence:** • Dependency data and process used to review the nursing establishment based on the dependency. • Duty rota and dependency data with B level scores (BBA, 2001) to be provided for 1 calendar month.
B.18.A	Y		CUF	a) IP services for children have at least two Registered Children's Nurses on duty at all times (PICS, 2015 *standard L1-207*).	Y		
B.18.B	Y		CUF	b) Children needing high dependency care should be cared for by a Children's Nurse with training and competences in providing high dependency care (PICS, 2015 *standard L1-207*).	Y		
B.18.C	Y		CUF	c) Registered Nurse staffing ratios for children requiring high dependency care should be 1 nurse to 2 children unless physical layout (e.g. cubicles) requires consideration of 1:1 nursing.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.19				**Registered Nurses – Adults** The nursing establishment is based on bed capacity and the dependency of the patients managed in the service. The service has the capability to adjust the skill mix and numbers of Registered Nurses to reflect the changes in complexity of the patients cared for (BACCN, 2009; NNBC, 2006).			**Compliance:** • Dependency data and process used to review the nursing establishment based on patient dependency levels is in use. **Evidence:** • Duty rota and dependency data with B level scores (BBA, 2001) to be provided for 1 calendar month. • Dependency data and process used to review the nursing establishment and work force levels, based on the dependency.
B.19.A		Y	CUF	a) Registered Nurse staffing ratios for Adults requiring high dependency care should be 1 nurse to 2 adults unless physical layout (e.g. cubicles) requires consideration of 1:1 nursing.	Y		
B.19.B		Y	CUF	b) Adults needing high dependency care should be cared for by a Nurse with training and competences in providing high dependency care.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.20	Y	Y	CU	**Theatre staff – Centres and Units** Suitably qualified staff, with burns experience appropriate to the age of the patient, are available for all scheduled and unscheduled burn theatre sessions.	Y		**Compliance:** • Evidence available that all theatre staff have attended annual burn-specific training. • All burn theatre sessions are staffed by at least one member of the burn theatre team. **Evidence:** • Staff training records. • Evidence within annual appraisal. • Duty Rota.
B.21	Y	Y	F	**Theatre Staff – Facilities** Suitably qualified and experienced theatre staff from the burns & plastic surgery service are available for all scheduled burn theatre sessions.	Y		**Compliance:** • There are scheduled burns and/or plastic surgery lists. • All arrangements associated with accessing theatre for burn patients are fully compliant with the guidelines issued by the Royal College of Anaesthetists. **Evidence:** • Description of service to include the Theatre schedule (burns and/or plastics) and the staff rota.

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.22				**Training** All members of the burn MDT have completed:			**Compliance:** • All staff to have completed their mandatory training. **Evidence:** • Staff training records. • Evidence of an annual appraisal.
B.22.A	Y	Y	CUF	a) Statutory and mandatory training in line with their Trust's policy (NHSC, 2010).	Y		
B.22.B	Y	Y	CUF	b) Level 1 Safeguarding (Children and Adults) for all non-clinical staff (RCPCH, 2010).	Y		
B.22.C	Y	Y	CUF	c) Level 2 Safeguarding (Children and Adults) for all clinical staff (RCPCH, 2010).	Y		
B.22.D	Y		CUF	d) Level 3 Safeguarding (Children) for clinical staff working with children, young people and/or their parents/carers as described in the Intercollegiate Document (RCPCH, 2010).	Y		
B.22.E		Y	CUF	e) Mental Capacity Act (HMG, 2018) and Deprivation of Liberty Safeguards (HMG, 2005).	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.23				**Education and Training - EMSB** All Burn Care Services must fully support the EMSB course. The Burn Care Service supports the EMSB course by:			**Compliance:** • Evidence available that the Trust / Service supports the EMSB course. **Evidence:** • Training record of members of the Burn MDT attending / teaching EMSB courses.
B.23.A	Y	Y	CUF	a) Facilitating appropriate members of their MDT to attend courses.	Y		
B.23.B	Y	Y	CUF	b) Supporting members of staff, who are on the EMSB course faculty, to teach on courses.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.24				**Education and training for Registered Nurses – Centres and Units** All members of the nursing team (bands 2 – 8) have:			**Compliance:** • Evidence available that all members of the nursing team (bands 2-8) have completed burn-specific training and competencies within 2 years of commencing work in burn care. • A RN who has completed an accredited course in Burn Care or the Emergency Management of Severe Burns course is available at all times. • 75% of band 6 nurses have undertaken a period of accredited academic study in Burns 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.
B.24.A	Y	Y	CU	a) Undertaken burn care specific training which takes in to account all stages of care, the age of the patients cared for and the severity of their injuries.	Y		
B.24.B	Y	Y	CU	b) Completed burn care competencies relevant to their role and been successfully assessed as being competent by the end of their second year in the speciality.	Y		
B.24.C	Y	Y	CU	c) In addition, there is a Registered Nurse available at all times that has successfully completed an accredited academic course in Burn Care or the Emergency Management of Severe Burns course (EMSB) to provide advice and assistance to referring services and clinical expertise on the ward.	Y		
B.24.D	Y	Y	CU	d) In addition to this training, at least 75% of band 6 and above nurses have undertaken a formal period of accredited academic study in burn care.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.25				**Education and Training for Registered Nurses – Facilities**			**Compliance:** • Evidence that all Nurses have attended annual burn-specific training. • Evidence that the Lead Nurse has completed burn care competencies and undertaken a formal period of accredited academic study in burn care. **Evidence:** • Training record of Nursing team. • Training record for Lead Nurse.
B.25.A	Y	Y	F	a) All members of the Nursing team (bands 2 to 8) have completed burn-specific training annually. This is organised and delivered either within the Burn Care Network or the Burn Care Service.	Y		
B.25.B	Y	Y	F	b) The Lead Nurse for the Burn Care Service has completed burn-specific competencies and been successfully assessed as being competent in burn care.	Y		
B.25.C	Y	Y	F	c) The Lead Nurse for the Burn Care Service has completed an accredited academic course in burn care or the Emergency Management of Severe Burns course (EMSB).	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.26				**Physiotherapy and Occupational Therapy Services (Centres, Units and Facilities)** Physiotherapy and Occupational therapy services are available.			**Compliance:** • Therapists with burn-specific training and experience are available to provide a therapy service. **Evidence:** • On call Respiratory Physiotherapy rota. • Operational Policy to include staff establishment. • Training records/CPD evidence of staff • Respiratory and Rehabilitation competencies completed.
B.26.A	Y	Y	CUF	a) PT and OT staff are members of the burn MDT.	Y		
B.26.B	Y	Y	CUF	b) PT and OT staff have specific training and experience in the care of patients with burns.	Y		
B.26.C	Y	Y	CUF	c) Staff with appropriate training and expertise are available to cover for absence.	Y		
B.26.D	Y	Y	CUF	d) The number of therapists in the burn care team is reviewed regularly to ensure an appropriate skill mix for the complexity, dependency and caseload.	Y		
B.26.E	Y		CUF	e) Therapists caring for children have competency in treating children with burn injuries.	Y		
B.26.F	Y	Y	CU	f) An on-call respiratory PT service is accessible at all times.	Y		
B.26.G	Y	Y	F	g) An on-call respiratory PT service is accessible at all times.		Y	
B.26.H	Y	Y	CU	h) There is access to therapy services seven days a week for patients at risk of deterioration without intervention.	Y		
B.26.I	Y	Y	F	i) There is access to therapy services seven days a week for patients at risk of deterioration without intervention.		Y	
B.26.J	Y	Y	CUF	j) PT services are available for all burn patients 5 days a week.	Y		
B.26.K	Y	Y	CUF	k) PT services are available for all burn patients 7 days a week.		Y	
B.26.L	Y	Y	CUF	l) OT services are available for all burn patients 5 days a week.	Y		
B.26.M	Y	Y	CUF	m) OT services are available for all burn patients 7 days a week.		Y	

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.27				**Dietetic Services – Centres and Units** A dietetic service, provided by an experienced Burns Dietitian, is available (Rousseau *et al*, 2013). The Burns Dietitian:			**Compliance:** • A Burn Dietitian, funded at 0.5 WTE with 3 years minimum clinical experience, is available 5 days per week. **Evidence:** • Job description or job plan. • Burn-specific out-of-hours enteral feeding protocol. • CPD portfolio of burn dietitian. • Service evaluation/ audit. *Note:* *With regard to B.27.C, it is expected that the lead burn dietitian is Band 7 and dietitians supporting clinical care are Band 6* (BDA, 2017).
B.27.A	Y	Y	CU	a) Is part of the Burn MDT and provides a dietetic service, 5 days per week at a minimum of 0.5 WTE (ideally allocated at 0.1 WTE per day). A minimum ratio of 0.1 WTE Dietitians per burn ICU bed alone is recommended (FICM/ICS, 2015).	Y		
B.27.B	Y	Y	CU	b) Provides a dietetic service, as described in B.27.A above, 7 days per week.		Y	
B.27.C	Y	Y	CU	c) Undertakes clinical care of burn injured people and leads on burn nutritional care, service development, teaching, research and audit.	Y		
B.27.D	Y	Y	CU	d) Ensures a burn-specific out-of-hours enteral feeding protocol is in place for when the Dietitian is unavailable.	Y		
B.27.E	Y	Y	CU	e) Cover for absence, at an equivalent band level and clinical experience, is available for the Burn Dietitian.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.28				**Dietetic Services – Facilities** A dietetic service, provided by an experienced Dietitian, is available. Burn care facilities have:			**Compliance** • A Dietitian with 1-year practical and relevant clinical experience is available 5 days per week. **Evidence** • Job description or job plan. • CPD portfolio of burn dietitian.
B.28.A	Y	Y	F	a) Access to a dietetic service, 5 days per week.	Y		
B.28.B	Y	Y	F	b) Access to a dietetic service, 7 days per week.		Y	
B.28.C	Y	Y	F	c) Dietitians providing this service have a minimum 1-year practical and relevant clinical experience.	Y		
B.28.D	Y	Y	F	d) Cover for absence, at an equivalent band level and relevant clinical experience, is available for the Burn Dietitian.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.29				**Play Services – Centres, Units and Facilities** There is access to a play service for paediatric IP and OP care, provided by a Play Specialist at least five days a week. Staff providing play services:			**Compliance:** Play Specialists with burn-specific training and experience are available 5 days a week. **Evidence:** • Job description or job plan. • Play Specialist establishment for the Burn Care Service. • Training record of play specialists.
B.29.A	Y		CUF	a) Are members of the burn MDT.	Y		
B.29.B	Y		CUF	b) Have specific training and experience in the care of children with burns.	Y		
B.29.C	Y		CUF	c) In addition, cover for absences is available from staff with appropriate expertise.	Y		
B.29.D	Y		CUF	d) There is access to a play service 7 days per week.		Y	

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.30				**Provision of a Psychological Care Service for Patients, their Families and/or Carers** A psychological care service for patients, their families and/or carers is available.			**Compliance:** • There is a psychological service for burn patients which includes routine psychological assessment and is available throughout the burn pathway. • There are appropriately trained staff to deliver psychological care. **Evidence:** • Job plans (with allocated time for burns 5 days per week) and job descriptions. • CPD records for psychological care staff. • Psychological care pathways. • Review of case notes and record of psychological assessment. • CPD records for wider burn MDT team documenting who has completed training in psychological care.
B.30.A	Y	Y	CUF	a) Staff providing psychological care have specific time allocated to their work with the Burn Care Service and are members of the burn MDT.	Y		
B.30.B	Y	Y	CUF	b) A psychological care service for patients, their families and/or carers is available 5 days per week and throughout the whole of the burn pathway, in accordance with national standards and guidelines (Blakeney *et al*, 2008; Phillips and Rumsey, 2008; Davis and Sheely-Adolphson, 1997).	Y		
B.30.C	Y	Y	CUF	c) A psychological care service for patients, their families and/or carers is available 7 days per week.		Y	
B.30.D	Y	Y	CUF	d) Staff providing this service have appropriate training in the care of people with burns.	Y		
B.30.E	Y	Y	CUF	e) Staff providing this service are led by a Consultant Clinical Psychologist with training and experience of working in physical health settings.	Y		
B.30.F	Y	Y	CUF	f) All members of the wider MDT receive training in psychological care appropriate to their role, using a tiered approach (Borwick, 2010).	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
B.31				**Psychiatric Assessment / Intervention** Liaison Mental Health Services (Acute and Community) are available at all times on the same site as the Burn Care Service. Pathways are in place to ensure that referrals are responded to in a timely fashion.			**Compliance:** • Liaison Mental Health Services are available at all times. • A defined referral pathway is in place. **Evidence:** • Evidence of services available and how clinical staff are able to access them. • Evidence of attendance at burn MDT meetings, as appropriate.
B.31.A	Y	Y	CUF	a) Urgent referrals should receive a response the same day, with an assessment/initial care plan by the next working day.	Y		
B.31.B	Y	Y	CUF	b) Routine referrals should receive a response within 3 working days and an assessment/initial care plan within a week.	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
B.32	Y	Y	CUF	**Psychological Support Services for Members of the Burn Care Team** Burns staff have access to regular, reflective practice and debriefing sessions, as required. These are facilitated by members of the Psychosocial Care Team (Borwick, 2010; Kornhaber and Wilson, 2011).	Y		**Compliance:** • Support services are available for all members of the burn care team. **Evidence:** • Evidence of support services available and how clinical staff are able to access them. • Records of debriefing/support sessions.

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
B.33				**Social Care Support**			**Compliance:** • There is an identified health/social care worker in the burn MDT. • There are arrangements for cover during absences. **Evidence:** • Name, job description and job plan of person/s undertaking this role and description of how service is accessed. • Evidence of attendance at burn MDT meetings.
B.33.A	Y	Y	CUF	a) There is an identified member of the team, with specialist knowledge of health and social care systems, available to patients and their families to assist with social and welfare issues.	Y		
B.33.B	Y	Y	CUF	b) The worker is part of the burn care team and attends the burn MDT Meetings.	Y		
B.33.C	Y	Y	CUF	c) Arrangements for cover during periods of absences are in place.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.34				**Burn Care Outreach Service (Centres and Units)** The Burn Care Service provides an integrated MDT outreach 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:			**Compliance:** • Evidence of integrated, MDT outreach service. **Evidence:** • Description of service. • Job description or job plan of each member of the team. • Evidence of service activity. • Evidence of support and training for community health care professionals.
B.34.A	Y	Y	CU	a) Provision of expert clinical advice.	Y		
B.34.B	Y	Y	CU	b) Provision of specialised burn care including wound management, scar therapies, social and functional rehabilitation and psychological care, in an environment which best facilitates their recovery (Esselman *et al*, 2007).	Y		
B.34.C	Y	Y	CU	c) Support and training for community health care professionals working with burn injured patients.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.35	Y	Y	CUF	**Administrative and clerical support** Administrative, clerical and data management support is available to the Burn Care Service during normal working hours (Monday to Friday). Arrangements for cover during periods of absences are in place.	Y		**Compliance:** • Evidence of administrative and clerical support. **Evidence:** • Job description.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
B.36	Y	Y	CUF	**Work Force Review** The provision of Nursing, Allied Health Professional (AHP) and Psychological care in the burn MDT is reviewed on a regular basis, and three yearly as a minimum, to ensure the number and skill mix of these team members is appropriate for the number and complexity of burn cases.	Y		**Compliance:** • Evidence of a work force review for all members of the burn MDT. **Evidence:** • Copy of the review report.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence

C.01				**Access to Critical Care Services – Adults** Adult patients requiring critical care services have access as follows:			**Compliance:** • ICU and 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 intensivists. **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.
C.01.A		Y	CU	a) The Burn Care Service is co-located with adult ICU and HDU facilities and has access to these services at all times.	Y		
C.01.B		Y	F	b) The Burn Care Service has access to ICU and HDU facilities at all times.	Y		
C.01.C		Y	CUF	c) Joint care by burn specialists and intensivists.	Y		
C.01.D		Y	CUF	d) The critical care service adheres to relevant national guidelines associated with the provision of burn care and critical care (FICM/ICS, 2015).	Y		

C.02				**Access to Critical Care Services - Children** Specialised Burns Centres for children are co-located with PICU and PHDU facilities. Paediatric patients who require critical care services have access as follows:			**Compliance:** • PICU and PHDU 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. **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.
C.02.A	Y		C	a) The Burn Care Service is co-located with a PICU and PHDU facilities.	Y		
C.02.B	Y		U	b) The burn service is co-located with PHDU facilities and has access to Adult ICU facilities.	Y		
C.02.C	Y		U	c) Children requiring ventilatory support for > 24 hours are cared for in a PICU.	Y		
C.02.D	Y		F	d) The Burn Care Service has access to ICU and HDU facilities at all times.	Y		
C.02.E	Y		CUF	e) The critical care service adheres to relevant national guidelines associated with the provision of burn care and critical care (PICS, 2015).	Y		
C.02.F	Y		CUF	f) Children requiring critical care are managed jointly by burn specialists and intensivists with input from paediatricians.	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
C.03	Y		CUF	**Access to Critical Care Services – Neonates** The Burn Care Service admitting neonates has access to co-located NICU (NHS Specialised Commissioning, 2012).	Y		**Compliance:** • NICU / NHDU 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. **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.

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
C.04				**Integration with Major Trauma Network** The Burn Care Service is co-located with a Major Trauma Centre (MTC) or a Major Trauma Unit (MTU). Where a Burns Centre is located with an MTU, there are processes in place to ensure that there is integration between the burns and the major trauma services.			**Compliance:** • The Burn Care Service is co-located with an MTC or MTU. **Evidence:** • Description of service.
C.04.A	Y	Y	CUF	a) The Burn Care Service is co-located with an MTU.	Y		
C.04.B	Y	Y	CUF	b) The Burn Care Service is co-located with an MTC.		Y	

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
C.05				**Additional Clinical Services** The following services are available *at all times* on the same site as the Burn Care Service:			**Compliance:** • All services listed are available. **Evidence:** • Description of service.
C.05.A	Y	Y	CUF	a) Emergency Medicine.	Y		
C.05.B		Y	CUF	b) General Surgery.	Y		
C.05.C	Y		CUF	c) Paediatric Surgery (NCEPOD, 2011).	Y		
C.05.D		Y	CUF	d) General Medicine.	Y		
C.05.E	Y		CUF	e) Paediatric Medicine (NCEPOD, 2011).	Y		
C.05.F	Y	Y	CUF	f) Trauma and Orthopaedic Surgery.	Y		
C.05.G		Y	CUF	g) Care of the Elderly.	Y		
C.05.H	Y	Y	CU	h) Radiology with Advanced Scanning Facilities (e.g. Computed Tomography Scan (CT)).	Y		
C.05.I	Y	Y	F	i) Radiology.	Y		
C.05.J	Y	Y	CUF	j) Integrated (Acute and Chronic) Pain Service.	Y		
C.05.K	Y	Y	CUF	k) Respiratory Physiotherapy Service.	Y		
C.05.L	Y	Y	CU	l) Renal services (including replacement therapy).	Y		
C.05.M	Y	Y	F	m) Renal services (including replacement therapy).		Y	
C.05.N	Y	Y	CUF	n) Infection Prevention and Control (IPC) Services.	Y		
C.05.O	Y	Y	CUF	o) Liaison Mental Health Service (Acute and Community).	Y		
C.05.P	Y	Y	CUF	p) Transfusion Service.	Y		
C.05.Q	Y	Y	CUF	q) Biochemistry.	Y		
C.05.R	Y	Y	CUF	r) Haematology.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
C.06				**Additional Clinical Services** The following services are available to the Burn Care Service, in a timely manner:			**Compliance:** • All services are available, and a system is in place to access the service in a timely manner. **Evidence:** • Description of service and the process of accessing services in a timely manner.
C.06.A	Y	Y	CUF	a) Neurology.	Y		
C.06.B	Y	Y	CUF	b) Neurosurgery.	Y		
C.06.C	Y	Y	CUF	c) Cardiothoracic surgery.	Y		
C.06.D	Y	Y	CUF	d) Ophthalmology.	Y		
C.06.E	Y	Y	CUF	e) Maxillofacial surgery.	Y		
C.06.F	Y	Y	CUF	f) Dermatology.	Y		
C.06.G	Y	Y	CUF	g) Speech and language therapy.	Y		
C.06.H	Y	Y	CUF	h) ENT.	Y		
C.06.I	Y	Y	CUF	i) Medical illustration/photography.	Y		
C.06.J	Y	Y	CUF	j) Microbiology.	Y		
C.06.K	Y	Y	CUF	k) Prosthetic service.	Y		
C.06.L		Y	CUF	l) Obstetrics and Gynaecology.	Y		
C.06.M	Y	Y	CUF	m) Urology.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
C.07				**Scar Management Services** The following services are available at all times on the same site as the Burn Care Service:			**Compliance:** • National Standards for Occupational and Physiotherapy Practice are in use for scar management (BBA, 2017). • All services are available, and a system is in place to access the services in a timely manner. **Evidence:** • Description of service and the process of accessing services in a timely manner.
C.07.A	Y	Y	CUF	a) Education and advice for patients and their families / carers.	Y		
C.07.B	Y	Y	CUF	b) Pressure therapy.	Y		
C.07.C	Y	Y	CUF	c) Silicone therapy.	Y		
C.07.D	Y	Y	CUF	d) Splinting.	Y		
C.07.E	Y	Y	CUF	e) Intra-lesional steroid injections.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
C.08				**Scar Management Services** The following services are available within the Burn Care Network area:			**Compliance:** • National Standards for Occupational and Physiotherapy Practice are in use for scar management (BBA, 2017). • All services are available, and a system is in place to access the services in a timely manner. **Evidence:** • Description of service and the process of accessing services in a timely manner.
C.08.A	Y	Y	CUF	a) Cosmetic camouflage.	Y		
C.08.B	Y	Y	CUF	b) Medical tattooing.	Y		
C.08.C	Y	Y	CUF	c) Laser therapy.	Y		
C.08.D	Y	Y	CUF	d) Hair restoration.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
C.09	Y	Y	C	**Services for Toxic Epidermal Necrolysis (TEN) and Stevens-Johnson syndrome (SJS) (all ages).** Patients with SJS-TEN must be cared for in either an age-specific Burns Centre or Specialised Dermatology Centre co-located with an age-specific Intensive Care Unit. All patients presenting to a Burns Centre with SJS-TEN must be seen within 12 hours by a consultant dermatologist with experience of managing SJS-TEN. If patients with TENs and (when appropriate) SJS are admitted to the Burn Centre, the Burn Service adheres to relevant national guidelines and the service specification associated with the provision of services for TENs and SJS (NHS England, 2018a).	Y		**Compliance:** • The Burn Care Services is fully compliant with the National Service Specification for SJS-TEN (all ages). **Evidence:** • Description of service.

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence

Section D: Facilities, Resources and the Environment

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
D.01	Y	Y	CU	**Burn Care Beds – Centres and Units** Burn Care Services ensure that they plan sufficient capacity (staff resources and bed capacity) to accommodate both predicted and unpredicted peaks in demand. The burn care service has a burn care ward specifically for burn-injured patients.	Y		**Compliance:** • There is 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 ICU). • Contingency plans to increase bed capacity during peaks/surge in demand. • Contingency plans if staffing resources are not adequate to accommodate demand.
D.02	Y	Y	F	**Burn Care Beds – Facilities** The Burn Care Service ensures that they plan sufficient capacity (staff resources and bed capacity) to accommodate both predicted and unpredicted peaks in demand. The Burn Care Service has access to burn care beds within plastic surgery or trauma services.	Y		**Compliance:** • There is access to burn care beds within plastic surgery or trauma services. **Evidence:** • Description of service and arrangements for IP care. • Contingency plans to increase bed capacity during peaks/surge in demand. • Contingency plans if staffing resources are not adequate to accommodate demand.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
D.03				**Availability of Emergency Burn Care Beds** Burn Care Services ensure that they plan sufficient capacity (staff resources and bed capacity) to accommodate both predicted and unpredicted peaks in demand. All Burn Care Services work within an Operational Delivery Network *(see F.01)*. It is expected that capacity planning for the population served by the whole ODN is regularly monitored.			**Compliance:** • The burn service is monitoring activity and refusals and providing a report to the Burns ODN. **Evidence:** • Reported data for all burn admissions including incidence of refused admissions due to non-availability of an appropriate burn bed.
D.03.A	Y	Y	F	a) The Burn Care Service maintains a record of all patients for whom an appropriate bed was unavailable because of lack of capacity or capability, and the patient was referred to another burn service for admission.	Y		
D.03.B	Y	Y	CU	b) The Burn Care Service maintains a record of all patients for whom an appropriate bed was unavailable because of lack of capacity or capability, and the patient was referred to another burn service for admission. And additionally, including information about the final receiving hospital (the burns centre or unit accepting the referral).	Y		
D.03.C	Y	Y	CUF	c) All Burn Care Services provide a quarterly report to the ODN Board, with details of the refused cases *(see G.11)*.	Y		
D.03.D	Y	Y	CU	d) All Burn Care Services submit twice daily bed utilisation data to the National Directory of Services Pathways (DOS) system *(see E.01.C)*.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
D.04				**Thermally Controlled Cubicles – Centres and Units** Burn Care Services ensure that they plan sufficient capacity (staff resources and bed capacity) to accommodate both predicted and unpredicted peaks in demand. There is access to sufficient, single-bedded thermally controlled cubicles to care for burn injured patients.			**Compliance:** • All burns over 20%TBSA have access to a single-bedded thermally controlled cubicle. **Evidence:** • Description of facilities. • Audit data demonstrating that all burns over 20% TBSA have access to a single-bedded thermally controlled cubicle.
D.04.A	Y	Y	CU	a) There is access to sufficient single-bedded thermally controlled cubicles to care for burn injured patients.	Y		
D.04.B	Y	Y	CU	b) There is access to sufficient single-bedded thermally controlled cubicles, with an anteroom, to care for burn injured patients.		Y	
D.04.C	Y	Y	CU	c) There is access to sufficient single-bedded thermally and pressure-controlled cubicles to care for burn injured patients.		Y	

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence

D.05				**Theatre Environment for Burn Patients**			**Compliance:**
							• The theatre available for burn care complies with standard D.05.A.
							• There are arrangements for scheduled and unscheduled access to burn theatre, which complies with standard D.05.A.
							• All of the processes associated with the burn's theatre are fully compliant with the guidelines issued by the Royal College of Anaesthetists.
							
							Evidence:
							• Description of service including the distance from any burn ward or ICU.
							• Description of service to include:
							  - the theatre schedule;
							  - the number of planned burns sessions; arrangements for emergency / out-of-hours access to burn theatre; and;
							  - distance from Burn Care Service / ICU providing critical care for burn injured patients.
							• Details of burns theatre staff and rotas to demonstrate compliance with the Standard and relevant guidelines issued by the Royal College of Anaesthetists.

D.05.A	Y	Y	CU	a) There is timely access to a burn operating theatre at all times. The theatre is in reasonable proximity to the burn ward & ICU/PICU, to ensure that patients can be transferred between sites without deterioration in their temperature or general condition.	Y		
D.05.B	Y	Y	C	b) There is timely access to a burn theatre at all times. The operating theatre is within 50 metres of the burn ward or ICU.		Y	

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
D.06	Y	Y	CUF	**Skin Products and Substitutes** The Burn Care Service has access to an appropriate range of skin products including cadaveric products, manufactured dermal substitutes, antimicrobial dressings, bio-synthetic dressings and cultured skin.	Y		**Compliance:** • All policies, procedures and arrangements for the procurement or storage of skin are HTA compliant. **Evidence:** • Policies and procedures for the procurement or storage of skin products. • Evidence of compliance with the regulations issued by the HTA.

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
D.07				**Telemedicine System** Facilities for the secure transfer of digital images are available, including the ability to provide clinical advice via a telemedicine system (Wallace *et al,* 2012). All telemedicine practice complies with current legislation and information governance guidelines (Rigby, Roberts and Thick, 2000). Protocols are in place that cover the transfer, storage and utilisation of digital images (HMG, 2018). The Burn Care ODN has established an electronic telemedicine / tele-referral system, capable of supporting: • referrals from referring hospitals, and; • specialist advice to referring hospitals. All Burn Care Services in the ODN area use the ODN approved system *(See G.08).*			**Compliance:** • Fully integrated telemedicine system that is in use between all major referring services. **Evidence:** • Description of telemedicine system and associated policy.
D.07.A	Y	Y	CUF	a) The Burn Care Service utilises the ODN approved telemedicine system.	Y		
D.07.B	Y	Y	CUF	b) All local emergency hospitals have facilities for the secure transfer of digital images to the local specialised Burn Care Service.	Y		
D.07.C	Y	Y	CUF	c) There are formal processes in place for the safe and secure storage of digital images and patient information.	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
D.08				**Rehabilitation Services – Centres and Units** Patients have access to both IP and OP specialist burns rehabilitation to enable them to reach their optimal functional level (Esselman, 2007; Spires, Kelly and Pangilinan Jnr, 2007; Tan *et al*, 2012). The rehabilitation environment should include:			**Compliance:** • The Burn Care Service has access to a specialised rehabilitation service for IP and OP care that includes all facilities listed. **Evidence:** • Description of the facilities available.
D.08.A	Y	Y	CU	a) An area within / in close proximity to the burns ward suitable for rehabilitation.	Y		
D.08.B	Y	Y	CU	b) A rehabilitation area away from the ward.	Y		
D.08.C	Y	Y	CU	c) Access to an area for the assessment and training in activities of daily living.	Y		
D.08.D	Y	Y	CU	d) Equipment appropriate to enable patients to return to previous life roles.	Y		
D.08.E	Y	Y	CU	e) Strength training equipment.	Y		
D.08.F	Y	Y	CU	f) Cardiovascular equipment.	Y		
D.08.G	Y	Y	CU	g) Access to off-site activities as appropriate to the needs of the patient.	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
D.09				**Rehabilitation Services - Facilities** The Burn Care Service has access to specialised rehabilitation care (Esselman, 2007; HMG, 2018; Spires, Kelly and Pangilinan Jnr, 2007). The rehabilitation facilities should be available to both IP's and OP's and include:			**Compliance:** • The Burn Care Service has access to a specialised rehabilitation service. **Evidence:** • Description of the facilities available.
D.09.A	Y	Y	F	a) An area suitable for rehabilitation.	Y		
D.09.B	Y	Y	F	b) Access to an area for the assessment and training in activities of daily living.	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
D.10	Y	Y	CUF	**Rehabilitation Services (Other Residential)** The Burn Care Service has access to a post-acute IP rehabilitation service for those patients who require it (Esselman, 2007; HMG, 2018; Spires, Kelly and Pangilinan Jnr, 2007). This is within the Burn Care Service or at another site deemed appropriate for the clinical needs of the patient.	Y		**Compliance:** • The Burn Care Service has access to post-acute IP rehabilitation services. **Evidence:** • Referral pathway documentation.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence

Section E: Policies and Procedures

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
E.01				**Operational Policy** Operational policies governing the following are in place:			**Compliance:** • There is a ratified operational policy covering all points in the standard statement. **Evidence:** • The agreed policies. *Note:* *E.01.C* *Burn Centres and Units should aim to submit figures to Pathways DOS twice daily:* *- Between 06.00-10.00;* *- Between 17.00-21.00.*
E.01.A	Y	Y	CUF	a) The composition of the MDT.	Y		
E.01.B	Y	Y	CUF	b) Arrangements for MDT meetings, including expected frequency and attendance.	Y		
E.01.C	Y	Y	CU	c) Twice daily submission to the National Pathways DOS system.	Y		
E.01.D	Y		CUF	d) Arrangements for shared care with Paediatricians.	Y		
E.01.E		Y	CUF	e) Arrangements for shared care of elderly patients with Care of the Elderly Consultants.	Y		
E.01.F	Y	Y	CUF	f) The management of whole families that have sustained burn injuries in a single incident.	Y		
E.01.G	Y	Y	CUF	g) Communication with GPs and community teams (including notification of the death of a patient).	Y		
E.01.H	Y	Y	CUF	h) Communication with GPs and community teams related to long stay patients (at least monthly during their inpatient stay).		Y	
E.01.I	Y	Y	CUF	i) Notification to GPs and community teams within 48 hours of the death of a patient.		Y	
E.01.J	Y	Y	CUF	j) A means of reviewing staffing levels based on activity and patient complexity.	Y		
E.01.K	Y	Y	CUF	k) A process for monitoring and managing bed capacity, and for escalating this issue within the organisation.	Y		
E.01.L	Y	Y	CUF	l) Submission of data to the approved national burns clinical data registry and other relevant national clinical databases.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
E.02				**Burn Care Service Major Incident Plan (MIP)** The Service ensures that burn care is included in their Trust's MIP and that this relates to the NHS England document, Concept of Operations for managing Mass Casualties (ConOps) (NHS England, 2018b) and the Burns Annex to ConOps, for mass casualty and major incidents. Services providing centre- and unit-level care have provision in place to provide a Burn Incident Response Team (BIRT), if called upon to do so, in the event of a mass casualty or major incident. The Service stages an MIP practice exercise at least once every 2 years.			**Compliance:** • There is reference to all the management of burn casualties in the Trust MIP. • BIRTS are identified and training has been completed. • There is a plan regarding psychological support for staff in place. **Evidence:** • The Burn Care Service MIP. • List of BIRT team members and training records. • The psychological support plan for staff. • Record of a MIP Exercise.
E.02.A	Y	Y	CUF	a) The Burn Care Service and burn care is included in the Trust's MIP.	Y		
E.02.B	Y	Y	CUF	b) The Burn Care Service has conducted a MIP practice exercise within the last 2 years.	Y		
E.02.C	Y	Y	C	c) The Burn Care Service has identified appropriate members of staff who can form a BIRT and keeps a detailed contact list.	Y		
E.02.D	Y	Y	UF	d) The Burn Care Service has identified appropriate members of staff who can form a BIRT and keeps a detailed contact list.		Y	
E.02.E	Y	Y	C	e) Plans are in place regarding the provision of appropriate psychological support for members of the BIRT and wider burn care team post major incident.	Y		
E.02.F	Y	Y	UF	f) Plans are in place regarding the provision of appropriate psychological support for members of the BIRT and wider burn care team post major incident.		Y	

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
E.03				**Guidelines for Referring Services** Burn Care Network agreed guidelines *(see G.05 and G.06)* for referring services are in use, covering at least:			**Compliance:** • Ratified referral guidelines as identified are in place. **Evidence:** • The guidelines.
E.03.A	Y	Y	CUF	a) Contact details for the Burn Care Service.	Y		
E.03.B	Y	Y	CUF	b) Airway management (anaesthetic assessment prior to transfer).	Y		
E.03.C	Y	Y	CUF	c) Thresholds for seeking advice from a Burn Care Service, including the assessment and management of patients with non-survivable burns (NHS Specialised Commissioning, 2012).	Y		
E.03.D	Y	Y	CUF	d) Initial assessment and management of burn injured patients.	Y		
E.03.E	Y	Y	CUF	e) Treatment of minor burns.	Y		
E.03.F	Y	Y	CUF	f) Fluid resuscitation.	Y		
E.03.G	Y	Y	CUF	g) Need for surgery (escharotomy) prior to transfer.	Y		
E.03.H	Y	Y	CUF	h) Transfer policy including the resources required (equipment and staffing).	Y		
E.03.I	Y	Y	CUF	i) Guidelines on referral to an appropriate Burn Care Service (including provision for long travel times or where long waits for an appropriate bed are anticipated) (NHS Specialised Commissioning, 2012).	Y		
E.03.J	Y	Y	CUF	j) Patient retrieval.	Y		
E.03.K	Y	Y	CUF	k) Pain and itch management.	Y		
E.03.L	Y	Y	CUF	l) Wound management.	Y		
E.03.M	Y	Y	CUF	m) Procedure to be followed if patient is not appropriate for admission or a bed is not available.	Y		
E.03.N	Y	Y	CUF	n) Transition from children/young people's services to adult services.	Y		
E.03.O	Y	Y	CUF	o) Repatriation *(see A.10)*.	Y		
E.03.P	Y	Y	CUF	p) Discharge information and arrangements for patients and families following admission or attendance.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
E.04				**Admission policy** An admissions policy, specifying the following, is in place:			**Compliance:** • An admissions policy is in place, including all aspects listed. **Evidence:** • The agreed policy.
E.04.A	Y	Y	CUF	a) Compliance with agreed burn severity thresholds (NHS Specialised Commissioning, 2012).	Y		
E.04.B	Y	Y	CUF	b) Allocation of patients to a named Consultant.	Y		
E.04.C	Y		CUF	c) Referral of children to a named Paediatrician.	Y		
E.04.D	Y	Y	CUF	d) Photography on first presentation.	Y		
E.04.E	Y	Y	CUF	e) The patient's General Practitioner is informed of their admission within two working days.	Y		
E.04.F	Y	Y	CUF	f) Psychosocial screening of patients admitted for > 24hrs, completed as soon as is clinically appropriate.	Y		
E.04.G	Y	Y	CUF	g) Functional screening of patients admitted for > 24hrs, completed as soon as is clinically appropriate.	Y		
E.04.H	Y	Y	CUF	h) Nutritional screening within 24 hours of admission.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
E.05				**Clinical Guidelines** Clinical guidelines specifying the following are in place:			**Compliance:** • There are clinical guidelines in use covering the areas listed. **Evidence:** • The clinical guidelines.
E.05.A	Y	Y	CUF	a) Wound assessment and initial management.	Y		
E.05.B	Y	Y	CUF	b) Intravenous (IV) fluid resuscitation.	Y		
E.05.C	Y	Y	CUF	c) Recognition and management of the acutely unwell patient (including transfer to a higher level of care).	Y		
E.05.D	Y	Y	CUF	d) Nutrition assessment and management.	Y		
E.05.E	Y	Y	CUF	e) Management of burn wound infections.	Y		
E.05.F	Y	Y	CUF	f) Management of toxic shock syndrome (TSS).	Y		
E.05.G	Y	Y	CUF	g) Analgesia and use of pain assessment tools for background and breakthrough pain.	Y		
E.05.H	Y	Y	CUF	h) Analgesia or anaesthesia for painful procedures.	Y		
E.05.I	Y	Y	CUF	i) Management of itch.	Y		
E.05.J	Y	Y	CUF	j) Mental health problems including self-harm and substance misuse.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
E.06				**Psychological Care Guidelines** Guidelines specifying the following are in place:			**Compliance:** • There is a guideline covering the assessment, monitoring and delivery of psychological care. **Evidence:** • The clinical guidelines.
E.06.A	Y	Y	CUF	a) IP assessment, monitoring and delivery of psychological care.	Y		
E.06.B	Y	Y	CUF	b) OP assessment, monitoring and delivery of psychological care.	Y		
E.06.C	Y	Y	CUF	c) Patients and family involvement in psychological aspects of care.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
E.07	Y	Y	CUF	**Rehabilitation Guidelines** Standards of Physiotherapy and Occupational Therapy Practice in the Management of Burn Injured Adults and Children are met (BBA, 2017).	Y		**Compliance:** • Adherence to the National Standards of Physiotherapy and Occupational Therapy Practice in the Management of Burn Injured Adults and Children. **Evidence:** • Evidence of adherence to the National Standards of Physiotherapy and Occupational Therapy Practice in the Management of Burn Injured Adults and Children.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
E.08				**Infection Prevention and Control (IPC)** A policy specifying IPC precautions to be taken in the following situations is in place.			**Compliance:** • An IPC policy is in place. • Audits demonstrating staff awareness and compliance with this policy. **Evidence:** • The IPC policy. *Note:* *The IPC policy can be in line with Trust policies or burns specific but must cover both sub-sections.*
E.08.A	Y	Y	CUF	a) Patients colonised with multi-drug resistant organisms (MDROs).	Y		
E.08.B	Y	Y	CUF	b) The admission of patients from overseas.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
E.09				**Transfer of Patients between Burn Care Services** Transfer guidelines specifying the following are in place.			**Compliance:** • There is a guideline referring to the transfer of care between Burn Care Services. **Evidence:** • The transfer guidelines.
E.09.A	Y	Y	CUF	a) Transfers are arranged in a timely manner according to clinical need.	Y		
E.09.B	Y	Y	CUF	b) Transfer of Care documents are sent with the patient.	Y		
E.09.C	Y		CUF	c) Transfer of critically ill children complies with PICS guidelines (RCA, 2018).	Y		
E.09.D		Y	CUF	d) Transfer of critically ill adults complies with ICS guidelines (RCA, 2018).	Y		
E.09.E	Y	Y	CUF	e) The transferring service discusses the transfer with the patient and family.	Y		
E.09.F	Y	Y	CUF	f) Communication with the patient's GP regarding the transfer.	Y		
E.09.G	Y	Y	CUF	g) Communication with Social Services regarding the transfer, where there are safeguarding concerns.	Y		
E.09.H	Y	Y	CUF	h) When relevant, the transferring service discusses recent microbiology culture reports with the receiving hospital's infection control team.	Y		
E.09.I	Y	Y	CUF	i) A named Consultant in the receiving Burn Care Service.	Y		
E.09.J	Y	Y	CUF	j) A rehabilitation prescription of planned on-going care.	Y		
E.09.K	Y	Y	CUF	k) Thresholds of transfers between centres to units and centres/units to facilities.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
E.10				**Rehabilitation Prescription (In-Patients)**			**Compliance:** • All patients with a centre-level injury, have a rehabilitation assessment. • All patients with an assessed rehabilitation need, are provided with a Rehabilitation Prescription. **Evidence:** • Case notes and review of case notes. *Note:* *For a child, with an assessed rehabilitation need, their carers and where appropriate, the child, must be provided with a Rehabilitation Prescription.*
E.10.A	Y	Y	C	a) All patients with a centre-level injury, have a first rehabilitation assessment within 48-72 hours of the patient's admission to the Burn Care Centre. The Rehabilitation Prescription is completed for all of those patients who need rehabilitation at discharge / transfer.	Y		
E.10.B	Y	Y	CUF	b) All patients have a first rehabilitation assessment within 48-72 hours of the patient's admission to the Burn Care Service. The Rehabilitation Prescription is completed for all patients who need rehabilitation at discharge / transfer.		Y	

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
E.11				**Discharge Guidelines** Discharge guidelines specifying the following are in place.			**Compliance:** • There are discharge guidelines specifying the points listed.
E11.A	Y	Y	CUF	a) Information for patients, their families and/or carers.	Y		**Evidence:** • The discharge guidelines.
E11.B	Y	Y	CUF	b) Information to be provided for the patient's GP. This includes contact details for the clinical team and is sent within 2 working days of discharge.	Y		
E11.C	Y	Y	CUF	c) The plan of care and or discharge documentation includes current and future physical, nutritional, social and psychological care.	Y		
E.11.D	Y	Y	C	d) E.11.A to E.11.C are included in the Rehabilitation Prescription *(see E.10).*	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
E.12	Y	Y	CUF	**End of Life Care** There is an End of Life care pathway in line with that of the Trust and NICE guidelines (NICE, 2011a; NICE, 2011b).	Y		**Compliance:** • A Trust approved End of Life care pathway is in use. **Evidence:** • The End of Life care pathway. • Case notes and review of case notes.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence

Section F: Clinical Governance

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
F.01	Y	Y	CUF	**Active Involvement in the Burn Care Operational Delivery Network (ODN)** The Burn Care Service operates as part of a Burn Care ODN. The service is actively engaged in ODN activities, with representation from all disciplines of the burn MDT. This includes attendance at ODN meetings and support for ODN training, service development, audit and clinical events.	Y		**Compliance:** • The service has representation from the MDT at Burn Care Network events/activities. **Evidence:** • Evidence of attendance and participation at ODN meetings and events.
F.02	Y	Y	CUF	**Research** The Burn Care Service participates in local, regional, national or international research projects.	Y		**Compliance:** • The Burn Care Service participates in research projects. **Evidence:** • List of research projects undertaken by the Service.
F.03	Y	Y	CUF	**Data Collection** The service submits the agreed minimum dataset, to the approved national burns clinical data registry for all patients, within six weeks of discharge.	Y		**Compliance:** • The Burn Care Service submits the minimum dataset to the approved national burns clinical data registry for all patients, within six weeks of discharge. **Evidence:** • Annual burns data registry reports.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
F.04	Y	Y	CUF	**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 is burn-specific and be undertaken with reference to the % TBSA. Burn activity for both IP's and OP's are coded to facilitate the monitoring of patient activity (Alechna, *Westbrook and Roberts*, 1998; Buttemeyer *et al*, 2004).	Y		**Compliance:** • All burn patient episodes are coded using the speciality code for burn care including %TBSA, within six weeks of the end of a clinical episode. **Evidence:** • Hospital activity data is coded to burns speciality code compared to the approved national burns clinical data registry for the same period.

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
F.05				**Activity Levels** It is vitally important that the Burn Care Service should manage and treat sufficient patients with burn injuries to ensure that all medical, nursing and therapy personnel maintain their clinical competencies associated with burn care. The total minimum number of cases managed includes: • Both IP and OP care, and; • Tele-referrals managed remotely by the service.			**Compliance:** • Minimum activity achieved. **Evidence:** • The Centre/Units rolling average activity data for the previous five years, indicating compliance. • The facilities rolling average activity data for the previous three years, indicating compliance. • Where minimum activity is not achieved, a copy of the service activity report to the ODN Board / Network Audit. *Note:* *Patient severity thresholds for each level of care are described in the National Burn Care Referral Guidance* (NHS Specialised Commissioning, 2012).
F.05.A	Y		C	a) **Children's Burn Centres** manage a minimum of 100 acute burn patients (new referrals) annually: • At least 30 require unit level care, and; • At least 6 patients require centre level care.	Y		
F.05.B		Y	C	b) **Adult Burn Centres** manage a minimum of 100 acute burn patients (new referrals) annually: • At least 30 require unit level care, and; • At least 10 patients require centre level care.	Y		
F.05.C	Y		U	c) **Children's Burn Units** manage a minimum of 100 acute burn patients (new referrals) annually: • At least 30 require unit level care.	Y		
F.05.D		Y	U	d) **Adult Burn Units** admit a minimum of 100 acute burn patients (new referrals) annually: • At least 30 require unit level care.	Y		
F.05.E	Y	Y	F	e) **Children's and Adult Burn Facilities** manage at least 100 acute burn patients (new referrals) annually, averaged over a three-year period either as IP's or as OP's. The activity data can be associated with adults, children or both.	Y		
F.05.F	Y	Y	CUF	f) All Burn Care Services monitor activity and complexity of admissions over a rolling average five-year period. The activity data is produced each year and is presented annually to the ODN Board and at the Network Audit meeting(s).	Y		
F.05.G	Y	Y	CUF	g) Variable Life Adjusted Display (VLAD) and/or another assessment tool is used to monitor activity and potentially trigger an external review if concerns arise.	Y		
F.05.H	Y	Y	CUF	h) Services that do not meet the expected number of cases (F.05.A to E) inform the ODN and to make arrangements for burn MDT members to maintain their clinical competencies.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
F.06				**Audit** The service has a programme of audit which includes:			**Compliance:** • The Service has a programme of audit in the areas listed. **Evidence:** • The services audit programme with examples of completed audit cycles. • Minutes of audit meetings, showing named attendees.
F.06.A	Y	Y	CUF	a) Compliance with national burn care referral guidance.	Y		
F.06.B	Y	Y	CUF	b) A self-assessment and review of compliance with Burn Care standards and outcomes.	Y		
F.06.C	Y	Y	CUF	c) Mortality, to include all deaths.	Y		
F.06.D	Y	Y	CUF	d) Unexpected survivors or positive outcomes.	Y		
F.06.E	Y	Y	CUF	e) Network and national audit meetings.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
F.07	Y	Y	CUF	**Service Development Plan (SDP)** The service has an SDP covering the subsequent 3 to 5 years. This links with the ODN SDP *(See G.07)*.	Y		**Compliance:** • The service has an SDP covering the subsequent 3 to 5 years. • This takes the ODN SDP into consideration. **Evidence:** • The SDP.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
F.08				**Annual Service Report (ASR)** The service produces an ASR summarising activity, compliance with Burn Care Standards and clinical outcomes. The report includes patient experience and feedback, research activity, publications and presentations. If certain Standards cannot be met, the report identifies actions required to meet the Standards and progress made in this since the previous year's ASR. The ASR forms part of the ODN Annual Report.			**Compliance:** • The Burn Care Service produces an annual report that includes all aspects listed. **Evidence:** • The ASR.
F.08.A	Y	Y	CUF	a) The Burn Care Service produces an ASR.	Y		
F.08.B	Y	Y	CUF	b) The Burn Care Service contributes to the Burns ODN Annual Report *(See G.15)*.	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
F.09				**Continuous Service Improvement** The service has a means of identifying where clinical practice can be changed to improve the safety, efficiency and effectiveness of burn care throughout the patient pathway. This is achieved through regular:			**Compliance:** • The Burn Care Service has a process for continuous service improvement. **Evidence:** • Evidence of continuous service improvement activities, including examples of service improvements.
F.09.A	Y	Y	CUF	a) Clinical audit.	Y		
F.09.B	Y	Y	CUF	b) Review of M&M.	Y		
F.09.C	Y	Y	CUF	c) Review of complaints.	Y		
F.09.D	Y	Y	CUF	d) Review of patient feedback.	Y		
F.09.E	Y	Y	CUF	e) Review of Serious Incidents (SIs) and trends.	Y		
F.09.F	Y	Y	CUF	f) Review of staff feedback.	Y		
F.09.G	Y	Y	CUF	g) Participation at Network and National Audit meetings.	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
G.01				**ODN Governance and Accountability** The work of the ODN is overseen by a Network Board or ODN Oversight Board.			**Compliance:** • There is a MoU for the ODN. • The Burn Care Network has a fully constituted ODN board. • There is a work programme agreed by the network board. **Evidence:** • The MoU. • ODN Board terms of reference, board membership and minutes of board meetings. • Operational Policy. • Annual Work Programme. • ODN Board reports.
G.01.A			N	a) There should be a Memorandum of Understanding (MoU) / Partnership Agreement between all ODN stakeholders, including: – NHS England and the ODN Host; – The ODN and the ODN Host, and; – The ODN and Provider Trusts of burn services.	Y		
G.01.B			N	b) The purpose and remit of the ODN is clearly defined in the ODN Board Terms of Reference, updated and reviewed every 2-3 years.	Y		
G.01.C			N	c) The ODN membership is defined and agreed and is representative of constituent specialised Burn Care Services.	Y		
G.01.D			N	d) Membership of ODN working groups and other ODN professional groups are representative of the ODN key stakeholders and membership.	Y		
G.01.E			N	e) The ODN has an Operational Policy, updated and reviewed every 2-3 years.	Y		
G.01.F			N	f) The Burn Care ODN has an annual work programme agreed by the ODN Board.	Y		
G.01.G			N	g) The Network annual budget / financial plan is developed, and budget management and monitoring arrangements are in place.	Y		
G.01.H			N	h) The Network is a registered stakeholder with the relevant national Clinical Reference Groups.	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
G.02				**Structure and Membership of the Network Board** The ODN has a formally defined ODN Board or ODN Oversight Board with agreed terms of reference and membership. The board includes clinicians, commissioners, managers and patient representation. The board has representatives from all clinical services providing specialised burn care within the network. The ODN board or Oversight Board has representatives from:			**Compliance:** • The Burn Care Network has a fully constituted ODN Board which represents all elements of the burn care pathway. **Evidence:** • Board terms of reference, board membership and minutes of board meetings. *Note:* *ODNs are encouraged to have processes in place to ensure that there is representation from all aspects of the patient pathway including pre-hospital and emergency care settings.*
G.02.A			N	a) A senior clinician or Executive Manager, acting as the Chair of the ODN Board.	Y		
G.02.B			N	b) A senior doctor representing each Burn Care Service in the network.	Y		
G.02.C			N	c) An additional member of the burn MDT, representing each Burn Care Service in the network (Nursing, Psychology or AHP).	Y		
G.02.D			N	d) A senior service manager representing each specialised burns Trust in the network.	Y		
G.02.E			N	e) A pre-hospital care representative.	Y		
G.02.F			N	f) A senior manager from the host Trust for the ODN.	Y		
G.02.G			N	g) Patient and public representation.	Y		
G.02.H			N	h) Representation from the appropriate NHS England / NHS Wales regional specialised commissioning group.	Y		
G.02.I			N	i) Representation as appropriate from the Devolved Administrations.	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
G.03				**ODN Team** The ODN is supported by a team of managers and clinicians. The team will support the delivery of the network work programme. The Network team includes:			**Compliance:** • There is a complete network team. **Evidence:** • Named team members for each role with job-descriptions.
G.03.A			N	a) Lead / Named Clinician, with allocated time in their job plan.	Y		*Note:* *It is recognised that funding for the ODN Teams is currently made available through the NHS Regional Commissioning hubs, and due to local arrangements, not all ODNs will be able to fully fund the team as described in G.03. In such cases, the ODN must have alternative arrangements in place to ensure that the whole MDT is represented and has involvement in the ODN and National Work Programme.*
G.03.B			N	b) Lead Manager.	Y		
G.03.C			N	c) Lead Nurse.	Y		
G.03.D			N	d) Lead Therapist (PT, OT, Dietitian, SALT).	Y		
G.03.E			N	e) Lead for Psychological Care.	Y		
G.03.F			N	f) Lead for informatics.	Y		
G.03.G			N	g) Administrative support.	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
G.04				**Host Organisation** The Burn Care ODN team is hosted by an NHS Trust.			**Compliance:** • There is a Service Level Agreement (SLA). **Evidence:** • The SLA.
G.04.A			N	a) There is a Service Level Agreement (SLA) between the ODN Director / Manager and the host organisation.	Y		
G.04.B			N	b) The SLA includes the provision of relevant accommodation, facilities and corporate services and an outline of associated costs.	Y		
G.04.C			N	c) The contractual agreement with the host organisation outlines the responsibilities and accountability of the host organisation in line with the Operational Delivery Network service specification.	Y		
G.04.D			N	d) The Network annual budget/financial plan is developed, allowing the Network Team to manage the budget in line with the needs of the network/work plan. Budget management and monitoring arrangements are in place.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
G.05				**Network Guidelines and Protocols – Immediate Care** The Burns ODN has agreed and disseminated guidelines and protocols on immediate care of patients (adults and children) for use by pre-hospital care providers, ambulance, emergency department personnel and GPs covering at least:			**Compliance:** • There are agreed burn care guidelines or protocols for all areas identified in the standard. **Evidence:** • The Guidelines or protocols, with evidence of dissemination.
G.05.A			N	a) Airway management (anaesthetic assessment prior to transfer).	Y		
G.05.B			N	b) Thresholds for seeking advice from a Burn Care Service, including the assessment and management of patients with non-survivable burns (NHS Specialised Commissioning, 2012).	Y		
G.05.C			N	c) Initial assessment and management of burn injured patients.	Y		
G.05.D			N	d) Treatment of minor burns.	Y		
G.05.E			N	e) Fluid resuscitation.	Y		
G.05.F			N	f) Need for surgery (escharotomy) prior to transfer.	Y		
G.05.G			N	g) Transfer policy including the resources required (equipment and staffing).	Y		
G.05.H			N	h) Guidelines on referral to an appropriate Burn Care Service (including provision for long travel times or where long waits for an appropriate bed are anticipated).	Y		
G.05.I			N	i) Patient retrieval.	Y		
G.05.J			N	j) Pain and itch management.	Y		
G.05.K			N	k) Wound management.	Y		
G.05.L			N	l) Procedure to be followed if patient is not appropriate for admission or a bed is not available (NHS England, 2015).	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
G.06				**Network Guidelines and Protocols – Follow-on Care** The Burns ODN has agreed and disseminated guidelines and protocols on:			**Compliance:** • There are agreed burn care guidelines or protocols for all areas identified in the standard. **Evidence:** • The Guidelines or protocols, with evidence of dissemination.
G.06.A			N	a) Transition from children/young people's services to adult services.	Y		
G.06.B			N	b) Repatriation and step-down to another burns service *(see A.10)*.	Y		
G.06.C			N	c) Discharge information and arrangements for patients and families following admission or attendance *(see A.04)*.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
G.07				**Network Strategies** The Burns ODN has developed Strategies in the following areas:			**Compliance:** • The Burn Care ODN has developed and published the necessary strategies. **Evidence:** • Strategies approved by the ODN Board. *Note:* *It is recommended that all strategies are reviewed regularly and updated as necessary, every 2-3 years.*
G.07.A			N	a) Public and Patient Engagement.	Y		
G.07.B			N	b) Communications, including the ODN Website and other web-based resources.	Y		
G.07.C			N	c) Workforce.	Y		
G.07.D			N	d) Education and training for burns and non-burns healthcare professionals.	Y		
G.07.E			N	e) A Network Strategic Development Plan covering the subsequent 5 to 10 years. This links with the Service Development Plans *(See F.07).*	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
G.08			N	**Telemedicine / Tele-referral System** The Burn Care ODN has approved an electronic telemedicine / tele-referral system, capable of supporting: • referrals from referring hospitals, and; • specialist advice to referring hospitals.	Y		**Compliance:** • The ODN has approved a single integrated telemedicine system that is in use between all major referring services and all burn services. **Evidence:** • Description of telemedicine system and associated policy.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
G.09			N	**Major Incident and Mass Casualty Planning** The Burns ODN supports Burn Care Services and their host Trusts to integrate planning arrangements for major and/or mass casualty incidents involving burn injured casualties. Trust plans include reference to the most up-to-date NHS England / NHS Wales planning guidance.	Y		**Compliance:** • There is reference to the management of burn casualties in the Trust's Major Incident Plan that refers to the most up-to-date NHS England / Wales planning guidance. **Evidence:** • Copies of the Trust MIPs complying with this standard.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
G.10			N	**Network and National Surge and Escalation** The Burns ODN should have in place a Standard Operating Procedure (SOP) for surge and escalation in burn critical care (adults and children). This should be in accordance with NHSE and NHS Wales Policy, and reviewed annually or sooner if national policy dictates.	Y		**Compliance:** • The Burn Care ODN is operating surge and escalation arrangements that are in accordance with NHSE and NHS Wales policy. **Evidence**: • Copy of the ODN Surge and Escalation Plan.

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
G.11				**Network Clinical Assurance** The Burns ODN has a process to measure quality of care. The Burns ODN:			**Compliance:** • There is a burn-specific clinical assurance process which includes all elements identified in the standard. **Evidence:** • Evidence of clinical assurance process including a description of the process and written evidence of the activities undertaken. • Activity reports provided by the nationally approved burns data registry. • Activity reports generated by the Burns ODN.
G.11.A			N	a) Measures compliance with local and national burn severity thresholds (NHS Specialised Commissioning, 2012).	Y		
G.11.B			N	b) Ensures that all services are regularly providing capacity and capability information to the National Pathways DOS system *(See E.01.C)*.	Y		
G.11.C			N	c) Monitors the transfer of patients both into and out of the Network.	Y		
G.11.D			N	d) Monitors the refused admissions in each service within the Network.	Y		
G.11.E			N	e) Monitors the repatriation of patients between services within the Network.	Y		
G.11.F			N	f) Reviews the service patient activity levels *(See F.05)*.	Y		
G.11.G			N	g) The service activity data is produced each year and is presented annually to the ODN Board *(See F.05)*.	Y		
G.11.H			N	h) Reviews performance against the nationally agreed Specialised Burns Quality Dashboard.	Y		
G.11.I			N	i) Reviews compliance with National Burn Care Standards and Outcomes.	Y		
G.11.J			N	j) Monitors burn care activity in non-specialised burn care providers.		Y	

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
G.12				**Mortality and Morbidity Audit** The ODN conducts regular network-wide M&M audit. This includes all Burn Care Services within the Network and involves a clinical review of all mortalities (adults and children) from burn injury. An action plan from these meetings is disseminated between all Burn Care Services.			**Compliance:** • 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. **Evidence:** • The action plan / report from the network M&M meeting. • Minutes of network wide mortality and morbidity meetings.
G.12.A			N	a) The ODN conducts regular network-wide M&M Audit meetings.	Y		
G.12.B			N	b) The ODN participates in the annual National Mortality Audit meeting.	Y		

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
G.13			N	**Network Research, Development and Innovation** The Burn Care ODN facilitates and promotes the research and development initiatives undertaken by burns professionals across the Burn Care Network *(See F.02)*.	Y		**Compliance:** • The Burn Care ODN facilitates and promotes research and development. **Evidence:** • ODN Board reports. • ODN Annual report.

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Burn Care Standard	*Essential*	*Desirable*	Compliance and Evidence
G.14				**Participation in the National Burn Care Programme** The Burns ODN actively participates in the nationally aligned National Burns ODN Group (NBODNG) and is represented at the national meetings. Each Burns ODN Board has ratified the establishment of the NBODNG.			**Compliance:** • The network is represented at national burns meetings and participates in the national burn care programme. **Evidence:** • Minutes of meetings with attendance records. • Evidence of leadership in one or more national work programme topics. • Quarterly reports.
G.14.A			N	a) The Burns ODN Board has ratified the annual work plan for the NBODNG.	Y		
G.14.B			N	b) The Burns ODN has taken a leadership role in one or more national work programme topics.	Y		
G.14.C			N	c) The Burns ODN is providing a quarterly update / exception report on their work plan topics to the NBODNG.	Y		

Section and Topic Number	Children	Adults	Level of Care	Burn Care Standard	Essential	Desirable	Compliance and Evidence
G.15				**Network Annual Report** The Burns ODN produces an annual report which includes:			**Compliance:** • There is a network annual report. **Evidence:** • The Network's agreed annual report.
G.15.A			N	a) A commentary from the ODN Host Trust.	Y		
G.15.B			N	b) A commentary from the ODN Host Commissioner.	Y		
G.15.C			N	c) A review of network activities and progress against the agreed Work Programme.	Y		
G.15.D			N	d) The financial arrangements for the ODN team.	Y		
G.15.E			N	e) A summary of service delivery issues.	Y		
G.15.F			N	f) Patient activity (high-level summary data).	Y		
G.15.G			N	g) A summary of annual education activity.	Y		
G.15.H			N	h) Examples of research activity undertaken during the year.	Y		
G.15.I			N	i) A summary of Clinical Audit undertaken during the year.	Y		
G.15.J			N	j) A summary of Outcome Data.	Y		
G.15.K			N	k) A commentary on Clinical Governance.	Y		

Section and Topic Number	Children	Adults	Level of Care	Outcome Measure	Essential	Desirable	Notes

Section and Topic Number	Children	Adults	Level of Care	Outcome Measure	Essential	Desirable	Notes
H.01				**Adequate Nutrition**			• Applies to all adults and children. • Most services use the Malnutrition Universal Screening Tool (MUST) for adults and the Paediatric Yorkhill Malnutrition Score (PYMS) for paediatrics, although local alternatives may be used. • The MUST is cited in NICE Clinical Guidance 32 (NICE, 2017). • Section C, D and E: Supports the monitoring of patient total weight loss, growth and development during recovery from acute burns which highlights ongoing nutritional and functional risk post discharge. • It is recognised that burn patients' body mass will change during a long burn recovery and that major limb amputations will affect body mass calculation (Lee, Benjamin and Herndon, 2005). • Section D: On ICU – minimise burn patient's weight and muscle loss through the use of high protein feeding products, consideration of anabolic steroids and management of common feeding barriers.
H.01.A	Y	Y	CUF	a) All patients nutritionally screened, using an appropriate tool, within 24 hours of presentation. Patients requiring dietetic assessment, e.g. if concerns identified, are to be referred same day.	Y		
H.01.B	Y	Y	CU	b) All patients with ≥ 5% TBSA burn in children or ≥ 10% TBSA burn in adults are referred to the Dietitian on admission. All resus patients are to be seen within 1 working day of receipt of referral and reviewed as clinically appropriate.	Y		
H.01.C	Y	Y	CUF	c) All patients' weights are measured and documented weekly, or if clinical picture changes, with noted consideration of burn dressings/ oedema/ amputations. When weight cannot be measured, a mid-upper arm circumference (MUAC) is measured and documented.	Y		
H.01.D	Y		CUF	d) Paediatric patients: Maintain weight throughout recovery until wounds fully healed. Growth chart centiles, for both weight and height/length, should be plotted from admission until wounds fully healed. E.g. weekly to monthly, as clinically appropriate.	Y		
H.01.E		Y	CUF	e) Adult Patients: Maintain total body weight loss to <10% of admission weight until wounds fully healed.	Y		
H.01.F	Y	Y	CU	f) Enteral nutrition is recommended for all ≥ 10% TBSA burn in children, ≥ 15% TBSA burn in adults and for those unable to take oral diet. Early initiation of enteral feeding e.g. within 6-12 hours of injury, is strongly advised for all patients with a major burn injury (Rousseau et al, 2013).	Y		

Section and Topic Number	Children	Adults	Level of Care	Outcome Measure	Essential	Desirable	Notes
H.02				**Optimising psychological well-being**			• Early psychosocial screening identifies those patients who are vulnerable to developing psychological problems post-injury, so that interventions can be targeted proactively (Gaskell *et al*, 2008). • Standardised UK burn-specific psychological PROMS have been developed and will be made available for all Burn Care Services to utilise at various time points. • Condition specific and age-appropriate measures should be used when available and relevant (see Appendix 5) (Kidal *et al*, 2001; Varni *et al*, 2003; Perrin, Meiser-Stedman and Smith, 2005; Griffiths *et al* In preparation/submission, documents a,b,c,d). Schema for scoring standards H.03.A to H.03.C a) Y = Yes; N = No; D =Declined; NA = Not appropriate. b) 0 = none; 1 = mild; 2 = moderate; 3 = severe - high level of psychological risk or distress. c) 0 = none – no action required; 1 = brief or minimal intervention provided; 2 = moderate – action taken/intervention planned/risk to be monitored; 3 = severe – urgent need/specific input required/ onward referral to appropriate services/frequent monitoring.
H.02.A	Y	Y	CUF	a) All patients/families (parents plus or minus child) screened or assessed using locally agreed protocol as soon as clinically appropriate and prior to discharge.	Y		
H.02.B	Y	Y	CUF	b) Level of psychological risk or distress is identified and recorded in patient notes.	Y		
H.02.C	Y	Y	CUF	c) Level and type of intervention or action indicated is identified, recorded and provided as required.	Y		
H.02.D	Y	Y	CUF	d) Where areas of concern are identified evidence-based treatment should be offered and evaluated by the use of condition-specific and age appropriate outcome measures, as clinically appropriate, at various time points in the patient's treatment and rehabilitation.	Y		

Section and Topic Number	Children	Adults	Level of Care	Outcome Measure	Essential	Desirable	Notes
H.03	Y	Y	CUF	**Minimising Unplanned ICU Re-admissions** Unplanned re-admissions to critical care within 48 hours of discharge from level B1 or above are recorded and audited.	Y		• Patient discharge should be planned correctly in order to avoid the necessity for re-admission. • Planned re-admissions for staged or delayed surgery are excluded from this measure. • Unplanned ICU readmission is associated with higher hospital mortality (Rosenberg and Watts, 2000). • The incidence of unplanned re-admission to critical care within 48 hours of discharge in the UK is ≤2% (median 1.8% ICNARC CMP* data 2012/13) (ICS, 2015). • Re-admission is associated with increased hospital stay, increased consumption of resources and increased morbidity and mortality (Metnitz *et al*, 2003). *ICNARC CMP – Intensive care national audit and research centre case mix programme.*
H.04	Y	Y	CUF	**Minimising Complication Rates** The number of IP's acquiring a blood-borne multi-drug resistant (MDR) infection (clinical) is recorded and audited.	Y		• MDR organisms include MRSA, VRE and CPE. • Numerous articles demonstrate the detrimental effects of individual MDR organisms in a burn setting and the benefits of specific antibiotics (Bennett *et al*, 2010; Ganapathy, Teare and Dziewulski, 2010; Keen *et al*, 2010).
H.05	Y	Y	CUF	**Effective Clinical Management** Patients with burns requiring IV fluid resuscitation are examined by a Consultant Burn Surgeon within 12 hours of admission to the Burn Care Service.	Y		• The consensus of the BSRG is that this sets a sensible and professional standard.

Section and Topic Number	*Children*	*Adults*	*Level of Care*	Outcome Measure	*Essential*	*Desirable*	Notes
H.06	Y	Y	CUF	**Optimal IV Fluid Resuscitation** IV fluid resuscitation commenced within 1 hour of admission, if burn area above threshold (i.e. ≥ 10% TBSA burn in children or ≥ 15% TBSA burn in adults).	Y		• Early fluid resuscitation improves outcomes in both severely burned children & adults (Freiburg *et al*, 2007; Barrow, Jesche and Herndon, 2000; Chrysopoulo *et al*, 1999).
H.07	Y	Y	CUF	**Prompt Wound Care** Burn wound cleaned and dressed within 6 hours of admission.	Y		• Burn injury removes the epidermal barrier to microbial ingress and increases evaporative heat loss. • Early wound cleaning and application of a dressing controls bacterial colonisation and provides a moist environment for wound healing (Bessey, 2007).
H.08	Y	Y	CUF	**Effective Surgical Management** Full-thickness burns are removed within 5 days of admission, unless the burn has been deemed appropriate for conservative management.	Y		• 'Early' burn wound excision is defined variously as excision between 24hrs and 7 days after injury. • The consensus of the committee was that a 5-day time point was routine, safe and desirable practice. • Early, aggressive surgical debridement of deep burns when possible has become the norm in most developed countries (Bessey, 2007; McManus, Mason and Pruitt, 1989).

Section and Topic Number	Children	Adults	Level of Care	Outcome Measure	Essential	Desirable	Notes
H.09				**Optimising Functional Recovery**			• Burn trauma ranges from minor burns to devastating injuries and can impact on peoples' function to varying degrees. Measurement and evaluation of functional outcome in burns patients is therefore equally complex and multi-factorial. • An extensive literature search has highlighted the diverse range of tools commonly used to measure functional outcomes in burn injured patients. • There is insufficient data on the use of outcome measurement tools in the burn population to advocate for the use of one specific tool. Thus, there is a lack of consensus within the clinical and scientific burn community regarding which outcomes should be assessed, how they should be measured, and at which stage of the recovery process they should be administered (Simons, Ziviani and Tyack, 2004; Falder *et al*, 2009; Edgar, McMahon and Plaza, 2014). • A collection of measurement tools validated for use with a burn-injured population is listed in Appendix 4. • These measurement tools have been selected as they are considered to be simple to administer, reducing respondent and administrator burden and ensuring the feasibility for long-term use across multiple services. One or more tools may be selected, depending on the goals agreed by the patient and therapist. Many of the measurement tools validated for use in adult burn populations may also provide useful information in a paediatric burn population.
H.09.A	Y	Y	CUF	a) All patients screened for functional morbidity using a locally agreed screening protocol within 24 hours of presentation to the Burn Care Service.	Y		
H.09.B	Y	Y	CUF	b) All patients identified as having functional morbidity assessed by an Occupational Therapist and/or Physiotherapist within 72 hours of presentation to the Burn Care Service.	Y		
H.09.C	Y	Y	CUF	c) Repeated measures using a tool selected to reflect the agreed goals identified by the patient in conjunction with the therapist, are completed at agreed intervals until one of the following is achieved: • Normal values for age or population. • Pre-burn functional status. • Patient self-perception of outcome is within a range acceptable to them.	Y		
H.09.D	Y	Y	CUF	d) The score obtained by the selected measurement tool demonstrates that the patient's goals have been met and/or an improvement over time has occurred.	Y		

Section and Topic Number	Children	Adults	Level of Care	Outcome Measure	Essential	Desirable	Notes

H.10	Y	Y	CUF	**Adequate Control of Procedural Pain**
				
				Pain assessed and recorded at each potentially painful intervention such as wound cleaning, dressing change, physiotherapy and occupational therapy.
					Y		• Pain management should be early and effective in order to improve compliance with treatment and psychological outcomes (Stoddard, Martyn and Sheridan, 1997).
							• Pain scales are appropriate for the age and cognitive ability of patient (Faucher and Furukawa, 2006).
							• Appropriate pain management will facilitate the following:
							  – Full patient participation in normal daily activities.
							  – Acceptable level of comfort during wound care and rehabilitation (Summer et al, 2007).
							• Negative consequences of poor pain control include:
							  – Poor rehabilitation compliance, increased pain perception and incidence of chronic pain (Richardson and Mustard, 2009).
							  – Post-traumatic stress disorder Summer et al, 2007).
							  – Poor wound healing (Wilmore, 1983).
							  – Increased length of hospital stay (Wilmore, 1983).

H.11	Y	Y	CUF	**Adequate Background & Breakthrough Analgesia** Pain assessed and recorded daily using an appropriate assessment tool.	Y		• It is desirable that pain is assessed and recorded 2-4 hourly in the acute phase and 12-hourly in the pain-controlled patient to ensure optimal management of pain is maintained. • Pain scores (e.g. visual analogue or numerical scales) are an effective method of assessing pain. – Regular pain assessment should result in analgesia being offered if appropriate (Richardson and Mustard, 2009).

Section and Topic Number	Children	Adults	Level of Care	Outcome Measure	Essential	Desirable	Notes
H.12				**Vulnerable Patients Safeguarded**			• Burn injuries often occur within vulnerable patient groups living in stressed or socially disadvantaged situations. • Children who suffer more neglect, abuse and welfare concerns than matched controls, are at higher risk of burns (James-Ellison *et al*, 2009; Greenbaum *et al*, 2006). • Elder abuse has been linked to poverty, functional disability and cognitive impairment (Lachs *et al*, 1997).
H.12.A	Y	Y	CUF	a) Patients are screened for safeguarding concerns at presentation (PROCESS).	Y		
H.12.B	Y	Y	CUF	b) Those at risk referred to appropriate agencies (CLINICAL).	Y		

MEMBERS OF THE BURN STANDARDS REVIEW GROUP

Name	Position	Network / Organisation	Service / Organisation
Amber Young	Consultant Paediatric Anaesthetist	SWUK	University Hospital Bristol
Amy Johnson	Senior Burns Nurse	SWUK	Salisbury District Hospital
Brendan Fogarty	Consultant Burns Surgeon	Northern Ireland	Belfast Health & Social Care Trust
Bridie Grant	Consultant Clinical Psychologist	NBCN	Newcastle Royal Victoria Hospital
Bruce Emerson	Consultant Anaesthetist / Intensivist	LSEBN	St Andrews Broomfield Hospital
Catrin Pugh	Patient Representative	NBCN	Patient Representative
Chris Moran	Consultant Trauma Surgeon	Major Trauma CRG	Nottingham University Hospital
Clare Thomas	Senior Burns Nurse	MBODN	Birmingham Children's Hospital
David Barnes	Consultant Burns Surgeon	LSEBN	St Andrews Broomfield Hospital
Elizabeth Chipp	Consultant Burns Surgeon	MBODN	Queen Elizabeth Hospital Birmingham
Emily (Tig) Bridge	Senior Burn Dietitian	MBODN	Nottingham University Hospital
Emily Huddlestone	Advanced Burns Physiotherapist	MBODN	Birmingham Children's Hospital
Helen Watkins	Consultant Clinical Psychologist	SWUK	Swansea Morriston Hospital
Jacky Edwards	Senior Burns Nurse	NBCN	UH South Manchester
Jamie Yarwood	Consultant Anaesthetist / Intensivist	NBCN	Mid Yorks Wakefield
Janine Evans	Senior Occupational Therapist	SWUK	Swansea Morriston Hospital
Jayne Andrew	Network Director Burns Trauma and Critical Care	NBCN	Sheffield Northern General Hospital
Joanne Bowes	Consultant Anaesthetist / Intensivist	SWUK	Swansea Morriston Hospital
Jon Pleat	Consultant Burns Surgeon	SWUK	Bristol Southmead Hospital
Kayvan Shokrollahi	Consultant Burns Surgeon	NBCN	Liverpool Whiston
Ken Dunn	Consultant Burns Surgeon	IBID	UH South Manchester
Krissie Stiles	Senior Burns Nurse	LSEBN	Queen Victoria Hospital
Laura Shepherd	Consultant Clinical Psychologist	MBODN	Nottingham University Hospital
Lisa Williams	Consultant Clinical Psychologist	LSEBN	Chelsea & Westminster Hospital
Louise Johnson	Senior Physiotherapist	NBCN	Newcastle Royal Victoria Hospital
Odhran Shelly	Consultant Burns Surgeon	Republic of Ireland	St James's Hospital, Dublin
Peter Saggers	Network Manager Burns	LSEBN	London, Chelsea & Westminster Hospital
Peter Drew (BSRG Chair)	Consultant Burns Surgeon	BBA	Swansea Morriston Hospital
Peter Dziewulski	Consultant Burns Surgeon	Major Trauma CRG	St Andrews Broomfield Hospital
Rachel Wiltshire	Senior Physiotherapist	LSEBN	St Andrews Broomfield Hospital
Sarah Gaskell	Consultant Clinical Psychologist	NBCN	UH South Manchester
Sharon Standen	Network Manager Burns	SWUK	Bristol, Southmead Hospital
Steven Cook	Network Manager Burns Trauma and Critical Care	MBODN	Queen Elizabeth Hospital Birmingham
Stuart Watson	Consultant Burns Surgeon	NHS Scotland	Glasgow Royal Infirmary
Tony Fletcher	Consultant Anaesthetist / Intensivist	MBODN	Nottingham University Hospital
Victoria Osborne-Smith	NHS England Programme of Care Lead	Major Trauma CRG	NHS England (South)

BSRG TERMS OF REFERENCE

National Burns ODN Group
A joint Sub-Committee of Operational Delivery Networks for Specialised Burns

NHS

Review of National Burn Care Standards and Outcomes
Burns Standards Review Group (BSRG)

Terms of Reference (Final) Version 4

1	Name of Group	Burns Standards Review Group (BRSG)
2	Accountability	The BRSG is jointly accountable to the British Burns Association (BBA) Executive Committee and to the National Burns Operational Delivery Networks Group (NBODNG)
3	Aims and Purpose	To review the existing burn care standards and to produce and publish a revised set of professional burn care standards of care and outcomes. This project is being facilitated by the Burns Operational Delivery Networks but the final report will be owned and published by the British Burns Association
4	Objectives and Responsibilities	The BRSG will: • Review the existing national burn care standards and BBA outcomes document; • Revise and rewrite the document to clearly indicate what is essential to good care and outcomes for patients (core standards) and what is good practice and aspirational to improve care, outcomes and experience for patients and their families; • Publish and present the final document to the NHS England Trauma Clinical Reference Group, to inform the commissioning arrangements for specialised burn care

5	Membership	• Chair: Mr Peter Drew (BBA Chairman)
		
		• The Burns MDT should be widely represented on the BSRG. As a minimum, from each burns network area, the membership will include the following:
		  - A burns consultant surgeon
		  - A burns consultant anaesthetist / intensivist
		  - A specialist senior burns nurse
		  - Two AHPs (from two different professional groups - Physiotherapist, Occupational Therapist, Dietitian or Psychologist)
		  - Burns ODN Manager
		
		Note: One of the above burns professionals shall be nominated as Deputy Chair.
		
		• The following individuals will be invited to be members of the BSRG:
		  - Chris Moran, Chair of the Trauma CRG
		  - Peter Dziewulski, Burns Surgeon and BBA representative of the Trauma CRG
		  - Kat Young, Programme of Care Lead - NHS England (South)
		  - Ken Dunn, Burns Surgeon and lead for IBID
		  - Pete Saggers (LSEBN – functioning as BSRG Secretariat)
		
		• An invitation will be extended to the Public & Patient Engagement (PPE) & Patient Advocate members of the Burns ODNs and CRG to identify two individuals who can represent the patients voice on the BSRG.

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6	Quorum	Minimum representation needs to include: • The Chair or Nominated Deputy • Two burn surgeons • Two burns anaesthetists / Intensivists • Two burns nurses • Two AHPs (from two different professional groups - Physiotherapist, Occupational Therapist, Dietitian or Psychologist)
7	Members responsibility	It is the responsibility of BSRG members to ensure that recommendations are made in the best interests of burn care as a whole and are not influenced by locality or organisational bias. Members will provide the BSRG with their personal expertise as informed by professional and local experience, ensuring their input reflects the breadth of understanding in their locality or specialty, avoiding purely personal opinion.
7	Decisions	It is expected that all decisions should be made by consensus. However, in the event that a vote is required then each attending BSRG member will have one vote and on any occasion when a majority is not achieved then the chair (or nominated deputy) will have the casting vote.
8	Project / Task management	It is expected that certain themes and topics may be allocated to small professional sub-groups within the BSRG. These will be discussed and agreed at the first meeting.
9	Resources	There are no specific financial resources available for this project. NHS England will ensure that there are appropriate, centrally located venues for meetings of the BSRG. Members of the BSRG should have travelling expenses to attend the meetings reimbursed by their employing hospital Trusts or by exception, by the Burns ODNs.
10	Frequency of meetings	Five proposed meeting dates are: 1) Wednesday 27th September 2017 2) Tuesday 21st November 2017 3) Wednesday 17th January 2018 4) Wednesday 21st March 2018 5) April 2018 - To be announced (planned to be during the BBA Annual Conference 2018) • Meetings will start around 10.30am and conclude around 4.00pm. • Meetings will be held centrally, either in London or Birmingham.

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Burns Standards Review Group (BSRG)
Terms of Reference (Final) Version 4

Pete Saggers
November 2017

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GLOSSARY: ABBREVIATIONS AND TERMS

ABBREVIATIONS

AHP	Allied Health Profession. Includes Physiotherapy, Occupational Therapy, Dietetics, Play Services.
BACCN	British Association of Critical Care Nurses.
BBA	British Burn Association.
BC	Burn Centre.
BIRT	Burn Incident Response Team.
BMI	Body Mass Index.
BU	Burn Unit.
BF	Burn Facility.
CC3N	National Competency Framework for Adult Critical Care Nurses Support Information (CC3N 2013).
CPD	Continuing Professional Development.
CPE	Carbapenemase Producing Enterobacteriaceae. (CPE) produce carbapenemase enzymes that can break down many types of antibiotics, making the bacteria very resistant.
CRG	Clinical Reference Group.
DCC	Direct Clinical Care.
DH	Department of Health.
DNA	Did Not Attend.
DOS	Directory of Services. Pathways DOS is an NHS secure web-based resource for monitoring bed capacity and capability.
ED	Emergency Department. Often referred to in the UK as an Accident & Emergency (A&E) Department.
EMSB	Emergency Management of Severe Burns, an educational course run by the BBA.
ENT	Ear, Nose and Throat.
GP	General Practitioner.
HD / HDU	High Dependency / High Dependency Unit.
HES	Hospital Episode Statistics.
HMG	Her Majesty's Government.
ICD10	International Statistical Classification of Disease and Related Health Problems (Version 10).
ICS	Intensive Care Society.
ICU	Intensive Care Unit. *May also be referred to as an Intensive Therapy Unit or Intensive Treatment Unit (ITU).*
ICNARC	Intensive Care National Audit and Research Centre.
IP	In-Patient.
IPC	Infection Prevention and Control.
LSEBN	London and South East of England Burns ODN.

M&M	Morbidity and Mortality.
MBODN	Midland Burns ODN.
MDT	Multi-Disciplinary Team.
MDRO	Multi Drug Resistant Organism.
MIP	Major Incident Plan.
MTC or MTU	Major Trauma Centre or Major Trauma Unit.
MUST	Malnutrition Universal Screening Tool.
MRSA	Meticillin-Resistant Staphylococcus aureus (a type of bacteria that's resistant to several widely used antibiotics).
NBBB	National Burn Bed Bureau.
NBCR	National Burn Care Review.
NBCN	Northern Burn Care ODN .
NBODNG	National Burns Operational Delivery Network Group.
NHS	National Health Service.
NICE	National Institute for Health and Care Excellence.
ODN	Operational Delivery Network.
OP	Out-Patient.
OPCS4	Classification of Interventions and Procedures.
OT	Occupational Therapist.
PA's	Period of Programmed Activity (4 hours).
PAS	Patient Administration System.
PHDU	Paediatric High Dependency Unit.
PICS	Paediatric Intensive Care Society.
PICU	Paediatric Intensive Care Unit.
PREMs	Patient Recorded Experience Measures.
PROMs	Patient Reported Outcome Measures.
PT	Physiotherapist.
R&D	Research and Development.
RCA	Royal College of Anaesthetists.
RCPCH	Royal College of Paediatrics and Child Health.
READ	A coded thesaurus of clinical terms.
RN	Registered Nurse.
RSCN	Registered Sick Children's Nurse.
SALT	Speech and Language Therapy / Therapist.
TSS	Toxic Shock Syndrome.

ST3	Surgical Trainee level / year 3.
SWUK	South West UK Burns ODN.
TBSA / %TBSA	(Percentage) Total Body Surface Area.
VRE	Vancomycin-resistant Enterococcus (bacterial strains of the genus Enterococcus that are resistant to the antibiotic vancomycin.
WTE	Whole Time Equivalent.

TERMS

Burn Injury	The term 'burn' describes an injury caused by the transfer of energy to tissues, causing cell death and the destruction of tissue architecture. Cutaneous burns arise from a variety of causes, including contact with hot liquids (scalds) or surfaces (contact burns), fire, chemicals, electricity and radiation.
Burn Care Service	NHS services providing specialised care for patients with burn injuries. These are stratified into centres, units and facilities.
Clinical Outcome	The results of treatment.
Family	A patient's family is defined as a group of people drawn together by ties of blood, marriage (formal and informal) and/or close friendship.
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.
Outcome	Something that happens as a result or consequence of an activity or process.
Outreach	The provision of specialist care provided outside of the normal clinical setting. This is usually at a hospital closer to where the patient lives but can also be delivered at a patient's home, other place of residence or another appropriate environment.
Pathway	The patient pathway describes the formal steps a patient takes throughout their specialised care, both as an inpatient and outpatient, and generally means from admission and initial treatment, to rehabilitation and discharge.
Physical Function	The ability to carry out actions considered essential for maintaining independence and other more complex activities which, while they may not be considered 'strictly necessary', may have a significant impact on quality of life. Comparison can be made with abilities that might be considered 'normal' for someone of the same age and sex.
Policy	A course or general plan adopted by an organisation, which sets out the overall aims and objectives in a particular area.
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.
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.
Psychological	The emotional, cognitive and behavioural presentation of an individual or group. In this document, this guides assessment and intervention provided by the psychological care team and acknowledges the importance of psychological knowledge, training and support within the wider burn care team and service.
Psychosocial	The combination of psychological, social, cultural and other environmental influences.
Psycho-Social Function	The psychological ability of an individual to function in relation to their social environment. This also takes account of the individual's sense of wellbeing.
Telemedicine	The use of telecommunication and information technologies to provide clinical healthcare when the patient and clinician providing specialist advice are at a distance from each other. It helps eliminate distance barriers and can improve access to medical services that would often not be consistently available in distant rural communities.

BBA OUTCOMES:
TOOLS RECOMMENDED FOR USE IN ASSESSING AND EVALUATING FUNCTIONAL RECOVERY FOLLOWING A BURN INJURY

Tools Recommended for Use in Assessing and Evaluating Functional Recovery Following Burn Injury		
Specificity	Paediatrics	Adults
Health Related Quality Of Life		
Burn-Specific	CARe Burn Scales for children aged 0-8 (Griffiths *et al*, In preparation) CARe Burn Scales for young people aged 8-17 (Griffiths *et al*, In preparation) CARe Burn Scales for parents (Griffiths *et al*, In preparation)	Adult Short-Form (36) Health Survey (Ware *et al*, 2000; Carr *et al*, 2005) CARe Burn Scales for adults (Griffiths *et al*, In submission) Burns Specific Health Scale – Brief (BSHS-B) Satisfaction with Appearance Scale
Impairment		
Non-Burn-Specific	No validated measure	Dynamometer Goniometer Kapandji Index
Functional Status		
Burn-Specific	No validated measure	Functional Assessment for Burns (FAB)
Non-Burn-Specific	No validated measure	Chelsea Critical Care Physical Assessment Tool (CPAx) Functional Independence Measure (FIM) Quick Disabilities of the Arm, Shoulder and Hand (Quick-DASH) Timed Up and Go
Scarring		
Subjective Assessments	Matching Assessment of Photographs and Scars (MAPS) Patient & Observer Scar Assessment Scale (POSAS) (age ≥12) Vancouver Burn Scar Scale (VBSS/ VSS) Modified Vancouver Burn Scar Scale (mVSS)	Matching Assessment of Photographs and Scars (MAPS) Patient and Observer Scar Assessment Scale (POSAS) Vancouver Burn Scar Scale (VBSS/ VSS) Modified Vancouver Burn Scar Scale (mVSS)
Objective Assessments	Dermalab Combo	Tissue tonometer Dermalab Combo

BBA OUTCOMES:
TOOLS RECOMMENDED FOR USE IN ASSESSING AND EVALUATING PSYCHOLOGICAL WELL-BEING FOLLOWING A BURN INJURY

Tools Recommended for Use in Assessing and Evaluating Psychological Well-Being Following Burn Injury			
	Wound Healing	6 Monthly	Scar Maturation	Annually
Quality of Life (pre-school children)	PedsQL Family Impact Module. PedsQL Parent Report -Toddlers (2-4) (Varni *et al*, 2003) CARe Burn Scales for children aged 0-8 (Griffiths *et al*, In preparation) CARe Burn Scales for parents (Griffiths *et al*, In preparation)		
Quality of Life (Age 5-7)	PedsQL Family Impact Module. PedsQL Parent Report for Young Children (5-7) (Varni *et al*, 2003) CARe Burn Scales for children aged 0-8 (Griffiths *et al*, In preparation) CARe Burn Scales for parents (Griffiths *et al*, In preparation)		
Quality of Life (Age 8-17)	PedsQL Family Impact Module. PedsQL Parent Report (8-12) PedsQL Family Impact Module PedsQL Parent Report (13-16) PedsQL Child Report – Teenager (13-18) (Varni *et al*, 2003) CARe Burn Scales for young people aged 8-17 (Griffiths *et al*, In preparation)		
Quality of Life (Age ≥18)	CARe Burn Scales for adults (Griffiths *et al*, In submission)		
Post-Traumatic Stress Symptoms (Age 8-16)	CRIES-8 (Phillips and Rumsey, 2008; Davis and Sheely-Adolophson, 1997)		
Post-Traumatic Stress Symptoms (Adults)	PCL-5 (Weathers *et al*, 2014)		
Appearance Distress (Age 8-16)	Satisfaction with Appearance Scale (Carr *et al*, 2005; Spitzer *et al*, 2006)		
Appearance Distress (adults)	Derriford Appearance Scale 24 item (DAS-24) (Carr *et al*, 2005; Moss *et al*, 2004)		
Anxiety (adults)	GAD-7 (Spitzer *et al*, 2006)		
Depression (adults)	PHQ-9 (Kroenke *et al*, 2001)		

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