



National Network for Burn Care

National Burn Care Standards

Revised January 2013
To be reviewed April 2015

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Foreword

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

It would not have been possible to complete the revision of the burn care standards without the support of all the members of the Burn Care Standards Review Group and specifically Dr Amber

Young (Chair of the Burns CRG / Consultant Burns Anesthetist) and Mr Ken Dunn (Director of iBID / Consultant Burns Surgeon) who both agreed to assist me in co-chairing the work programme.

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

Owen Jones
 Chair of Burn Care Standards Review Group
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The work contained in this document has been undertaken by a sub-committee of the National Network for Burn Care. The organisational changes in the NHS have resulted in this work being transferred to the Burn Care Clinical Reference Group (CRG). In future this new group will oversee the review and development of these standards. The Burn Care Standards working group initially reported to the members of the board of the National Network for Burn Care who provided oversight of this work and authority to circulate and use this version of the International Burn Care Standards (iBCS). Whilst the National Network for Burn Care has taken reasonable steps to ensure that these Standards are fit for the purpose of reviewing the quality of burn services, this is not warranted and the National Network for Burn Care will not have any liability to the service provider, service

commissioner or any other person in the event that this revised version of the International Burn Care Standards (iBCS) is not fit for this purpose. The provision of services in accordance with these standards does not guarantee that the service provider will comply with its legal obligations to any third party, including the proper discharge of any duty of care, in providing specialist burn services.

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

Introduction

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

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

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



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

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

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

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

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

- should cover the whole of the patient pathway
- must define which statements are applicable to adults and / or children

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

The revised standard statements have been organised into seven sections:

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

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

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

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



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

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

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

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

Standard applicable to all services:

C	√
U	√
F	√
Ch	√
Ad	√

Standard applicable to a Centre for Children:

C	√
U	
F	
Ch	√
Ad	

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

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

Using the Burn Care Standards

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

Burn Care Standards

Revised Standards																
No.	Quality Standard	Compliance														
Section A: Patient Centered Care																
A-1 <table border="1"> <tr><td>C</td><td>✓</td></tr> <tr><td>U</td><td>✓</td></tr> <tr><td>F</td><td>✓</td></tr> <tr><td>Ch</td><td>✓</td></tr> <tr><td>Ad</td><td>✓</td></tr> </table>	C	✓	U	✓	F	✓	Ch	✓	Ad	✓	General support for patients, their families and/or carers Patients, their families and/or carers should be provided with information about their care [5, 6] and have access to the following services: a) interpreter services, including access to British Sign Language b) Patient Advisory Liaison Service or equivalent c) social worker d) spiritual support e) accommodation, transport and parking	Evidence: Details of support services available <table border="1"> <tr> <td>4</td> <td>All these services are available to patients, their families and/or carers</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	All these services are available to patients, their families and/or carers	0	The above standard is not met
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A-2 <table border="1"> <tr><td>C</td><td>✓</td></tr> <tr><td>U</td><td>✓</td></tr> <tr><td>F</td><td>✓</td></tr> <tr><td>Ch</td><td>✓</td></tr> <tr><td>Ad</td><td>✓</td></tr> </table>	C	✓	U	✓	F	✓	Ch	✓	Ad	✓	Information for patients, their families and/or carers Written information should be offered to patients, their families and/or carers that take into account the individual wishes of the patient and their family. This information is to enable patients, their families and/or carers to make informed decisions about their care [7]. This information should be provided on more than one occasion. It should be clear, understandable, evidence based and culturally sensitive. When given either verbally or in any other format the information provided should be documented. Patients, their families and/or carers whose first language is not English must be provided with appropriate interpreting and translation services. This information should include: a) members of the burn care team b) how to contact the Burn Care Service c) ward layout and routines d) burns and the likely physical and psychological implications e) support services and groups available f) where to go for further information, including useful websites g) how to give feedback on the service, including how to make a complaint h) how to report safeguarding concerns i) how to get involved in improving services j) the opportunity to participate in and access the results of burns related research k) organ donation	Evidence: Written information and communication applies to both in-patient and out-patient <table border="1"> <tr> <td>4</td> <td>Written information referring to all items listed is available to patients, their families and/or carers. There is evidence there has been shared information between the MDT and patients, their families and /or carers</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	Written information referring to all items listed is available to patients, their families and/or carers. There is evidence there has been shared information between the MDT and patients, their families and /or carers	0	The above standard is not met
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<p>A-3</p> <table border="1"> <tr><td>C</td><td>✓</td></tr> <tr><td>U</td><td>✓</td></tr> <tr><td>F</td><td>✓</td></tr> <tr><td>Ch</td><td>✓</td></tr> <tr><td>Ad</td><td>✓</td></tr> </table>	C	✓	U	✓	F	✓	Ch	✓	Ad	✓	<p>Point of contact</p> <p>For each stage of care, patients, their families and/or carers should have the name of the medical consultant in charge of their care and the contact details of a health professional that has an overview of their care. The named point of contact is responsible for supporting patients, their families and/or carers and to act as a link with the multi-disciplinary team. This health professional is the main point of contact for queries and advice.</p> <p>All patients, their families and/or carers must be given the telephone number of their burns service and informed that they can contact the burn care team for advice at any time.</p>	<p>Evidence:</p> <p>Verbal evidence from in-patients, out-patients, their families and / or carers that they have been informed of their point of contact</p> <table border="1"> <tr> <td>4</td> <td>The majority of patients, their families and/or carers are aware of their point of contact and / or know how to contact the burn care team</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	The majority of patients, their families and/or carers are aware of their point of contact and / or know how to contact the burn care team	0	The above standard is not met		
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A-13	<p>Involving patients, their families and/or carers</p> <p>Patients, their families and/or carers should be encouraged to provide feedback on the quality of care and their experience of the Burn Care Service [7, 8]. The Burn Care Service must have:</p> <p>a) mechanisms for receiving feedback from patients, their families and/or carers</p> <p>b) a rolling programme of audit in respect of the experience of patients, their families and/or carers</p>	<p>Evidence:</p> <p>The process and systems in place to collect and analyse patient feedback. Evidence of actions taken to change clinical or organisational practice</p> <table border="1"> <tr> <td>4</td> <td>There is a process in place to receive and evaluate burn specific feedback from patients, their families and/or carers. There is evidence of change as a result of this feedback</td> </tr> <tr> <td>1</td> <td>There is a process in place to receive and evaluate burn specific feedback from patients, their families and/or carers. There is no evidence of change as a result of this process</td> </tr> <tr> <td>0</td> <td>There is no process in place to receive patient or carer feedback</td> </tr> </table>	4	There is a process in place to receive and evaluate burn specific feedback from patients, their families and/or carers. There is evidence of change as a result of this feedback	1	There is a process in place to receive and evaluate burn specific feedback from patients, their families and/or carers. There is no evidence of change as a result of this process	0	There is no process in place to receive patient or carer feedback				
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Section B: Multidisciplinary Team (MDT)																
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<p>B-13</p> <table border="1"> <tr><td>C</td><td>✓</td></tr> <tr><td>U</td><td>✓</td></tr> <tr><td>F</td><td>✓</td></tr> <tr><td>Ch</td><td>✓</td></tr> <tr><td>Ad</td><td></td></tr> </table>	C	✓	U	✓	F	✓	Ch	✓	Ad		<p>Paediatric medical staffing</p> <p>In-patient services for children should comply with the following standards published by the Paediatric Intensive Care Society (PICS) [19]:</p> <ol style="list-style-type: none"> the hospital must provide 24 hour cover by a consultant paediatrician who is able to attend within 30 minutes and does not have responsibilities to other hospital sites (PICS Std 14) a clinician with competences in resuscitation, stabilisation and intubation of children should be available on site at all times (PICS Std 16 & 34) twenty-four hour resident cover by a clinician trained to, or training at, the equivalent of paediatric medicine RCPCH level 2 competences or above (PICS Std 67) 	<p>Evidence:</p> <p>Paediatric medical and anaesthetic rotas, job descriptions and training records</p> <table border="1"> <tr> <td>4</td> <td>The service complies with all of the PICS standards listed</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	The service complies with all of the PICS standards listed	0	The above standard is not met
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B-26	<p>There are appropriately trained health professionals to provide a psychological care services for patients, their families and/or carers - Centres and Units</p> <p>The service must have appropriately trained health professionals available to provide psychological care to burn injured patients and their families [24, 25]. Early psychosocial screening helps to identify patients at most risk of developing psychosocial complications and assists with providing appropriate interventions [23]. All members of the burn care team must have received training in psychological care appropriate to their role. This training should be delivered using a tiered approach with members of the burn care team receiving different levels of training [26].</p> <ul style="list-style-type: none"> • Level 1 is an introduction to psycho-social burn care and is appropriate for non clinical staff (receptionists, porters and housekeepers) • Level 2 is a higher level of training and is aimed at all clinical staff involved in routine clinical care • Level 3 is an advanced level of training aimed at trained and accredited psycho-social burn specialists/professionals such as assistant psychologists, trained burn specialist counsellors, social workers, community psychiatric nurses, registered nurses or therapists with specific training in psycho-social care • Level 4 and 5 is higher level training designed for mental health specialists such as clinical psychologists, psychotherapists and psychiatrists (including those health professionals responsible for coordinating psycho-social care or case management) <p>Levels 1, 2 and 3 services must be available seven days per week and Level 4 and 5 services must be available five days per week.</p> <p>Staff providing these services should have specific time allocated to their work with the Burn Care Service and specific training and experience in care of people with burns. Cover for absences should be available from staff with appropriate expertise in the care of people with burns.</p> <p>All health professionals caring for children should have undertaken appropriate training or have equivalent experience which would enable them to care for children and their families (this includes resuscitation training for children and level 2 or 3 safeguarding training depending on their caseload [18]).</p>	<p>Evidence:</p> <p>Training records, establishment and rota</p> <table border="1"> <tr> <td>4</td> <td>There are appropriately trained staff to deliver psychological care to patients, their families and / or carers</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There are appropriately trained staff to deliver psychological care to patients, their families and / or carers	0	The above standard is not met
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<p>C-12</p> <table border="1"> <tr><td>C</td><td></td></tr> <tr><td>U</td><td></td></tr> <tr><td>F</td><td>√</td></tr> <tr><td>Ch</td><td>√</td></tr> <tr><td>Ad</td><td>√</td></tr> </table>	C		U		F	√	Ch	√	Ad	√	<p>Theatre staff – Facilities</p> <p>Theatre staff from the burns and plastic surgery service should be available for all scheduled theatre sessions.</p> <p>Theatre and recovery arrangements must be compliant with the relevant guidelines issued by the Royal College of Anaesthetists and The Association of Anaesthetists of Great Britain and Ireland [33-35].</p>	<p>Evidence:</p> <p>Description of service to include the Theatre schedule (burns and/or plastics) and the staff rota</p> <p>Evidence that the theatre arrangements demonstrate compliance with the standard and the relevant guidelines issued by the Royal College of Anaesthetists</p> <table border="1"> <tr> <td>4</td> <td>There are scheduled burns and/or plastic surgery lists. All arrangements associated with accessing theatre for burns patients are fully compliant with the guidelines issued by the Royal College of Anaesthetists</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There are scheduled burns and/or plastic surgery lists. All arrangements associated with accessing theatre for burns patients are fully compliant with the guidelines issued by the Royal College of Anaesthetists	0	The above standard is not met		
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Section D: Facilities, Resources and the Environment																
D-1 <table border="1"> <tr><td>C</td><td>√</td></tr> <tr><td>U</td><td>√</td></tr> <tr><td>F</td><td></td></tr> <tr><td>Ch</td><td>√</td></tr> <tr><td>Ad</td><td>√</td></tr> </table>	C	√	U	√	F		Ch	√	Ad	√	Burn care beds – Centres and Units The Burn Care Service must have a burn care ward specifically for burn injured patients.	Evidence: Description of the service and the number of beds by designation (e.g. Ward, HDU or ITU) <table border="1"> <tr><td>4</td><td>There is a burn care ward specifically for burn injured patients</td></tr> <tr><td>0</td><td>The above standard is not met</td></tr> </table>	4	There is a burn care ward specifically for burn injured patients	0	The above standard is not met
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<p>F-9</p> <table border="1"> <tr><td>C</td><td>✓</td></tr> <tr><td>U</td><td>✓</td></tr> <tr><td>F</td><td>✓</td></tr> <tr><td>Ch</td><td>✓</td></tr> <tr><td>Ad</td><td>✓</td></tr> </table>	C	✓	U	✓	F	✓	Ch	✓	Ad	✓	<p>Service development plan</p> <p>The service must have a plan for its development over the next three to five years. This plan should link with the Burn Care Network service development plan.</p>	<p>Evidence:</p> <p>The service's current development plan</p> <table border="1"> <tr><td>4</td><td>The service has a development plan for the next three to five years. This plan takes into consideration the Burn Care Network service development plan</td></tr> <tr><td>0</td><td>The above standard is not met</td></tr> </table>	4	The service has a development plan for the next three to five years. This plan takes into consideration the Burn Care Network service development plan	0	The above standard is not met
C	✓															
U	✓															
F	✓															
Ch	✓															
Ad	✓															
4	The service has a development plan for the next three to five years. This plan takes into consideration the Burn Care Network service development plan															
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<p>F-10</p> <table border="1"> <tr><td>C</td><td>✓</td></tr> <tr><td>U</td><td>✓</td></tr> <tr><td>F</td><td>✓</td></tr> <tr><td>Ch</td><td>✓</td></tr> <tr><td>Ad</td><td>✓</td></tr> </table>	C	✓	U	✓	F	✓	Ch	✓	Ad	✓	<p>Annual report</p> <p>The Burn Care Service will produce an annual report summarising activity, compliance with Burn Care Standards, and clinical outcomes. The annual report must include patient experience and feedback, related research activity, publications and presentations. The report must identify actions required to meet expected Burn Care Standards and progress since the previous year's annual report.</p>	<p>Evidence:</p> <p>The services latest annual report</p> <table border="1"> <tr><td>4</td><td>The Burn Care Service produces an annual report that includes all aspects listed in standard statement</td></tr> <tr><td>0</td><td>The above standard is not met</td></tr> </table>	4	The Burn Care Service produces an annual report that includes all aspects listed in standard statement	0	The above standard is not met
C	✓															
U	✓															
F	✓															
Ch	✓															
Ad	✓															
4	The Burn Care Service produces an annual report that includes all aspects listed in standard statement															
0	The above standard is not met															
<p>F-11</p> <table border="1"> <tr><td>C</td><td>✓</td></tr> <tr><td>U</td><td>✓</td></tr> <tr><td>F</td><td>✓</td></tr> <tr><td>Ch</td><td>✓</td></tr> <tr><td>Ad</td><td>✓</td></tr> </table>	C	✓	U	✓	F	✓	Ch	✓	Ad	✓	<p>Continuous service improvement</p> <p>The service must have a means of identifying where clinical practice can be changed to improve the efficiency, effectiveness and safety of burn care throughout the patient pathway. This should be achieved through regular:</p> <p>a) clinical audit</p> <p>b) morbidity and mortality meetings</p> <p>c) review of complaints</p> <p>d) review of patient feedback</p> <p>e) review of serious untoward incidents (SUIs)</p> <p>f) review of staff feedback</p>	<p>Evidence:</p> <p>Evidence of continuous service improvement activities, including examples of service improvements</p> <table border="1"> <tr><td>4</td><td>The Burn Care Service has an established process for review and continuous improvement of service</td></tr> <tr><td>0</td><td>The above standard is not met</td></tr> </table>	4	The Burn Care Service has an established process for review and continuous improvement of service	0	The above standard is not met
C	✓															
U	✓															
F	✓															
Ch	✓															
Ad	✓															
4	The Burn Care Service has an established process for review and continuous improvement of service															
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Revised Standards						
No.	Quality Standard	Compliance				
	Section G: The Burn Care Network					
	<p>Burn Care Network</p> <p>Specialised Burn Care Services should be delivered as part of a formal Burn Care Network, ensuring that individual patient care is coordinated as part of agreed care pathways. The benefits of delivery of specialised Burn Care Services through a network of care are as follows:</p> <ul style="list-style-type: none"> • The right care, provided to the right patients, in the right places, at the right time and at appropriate locations and levels. • Consistency in approach to and implementation of referrals, protocols, performance and quality audits and other tools. <p>The Burn Care Network for specialised burn care should provide high quality care for all patients, from the point of admission to full recovery. The Burn Care Network is comprised of burn centres, units and facilities delivering a tiered model of care (as described in the Service Description section above). Specialised Burn Care Services, working as part of a Burn Care Network, should work collaboratively with a range of other agencies including emergency departments and primary care services. The service model also includes delivery of specialised burn care remotely from the acute burn care setting – as part of an outreach service.</p> <p>The Burn Care Network team works with the services to provide a coherent approach to the utilisation of referral, care and treatment pathways. This includes co-ordinating the development of policies and procedures. The Network should have systems in place to monitor performance through audit and organise Network wide training and research.</p>					
G-1	<p>Network team</p> <p>The Network team must include:</p> <ol style="list-style-type: none"> a) manager b) lead clinician c) lead nurse d) lead therapist e) administrative support <p>Across the team there should be sufficient time allocated to complete the expected work detailed in the Network work programme.</p>	<p>Evidence:</p> <p>Named team members for each role with job-descriptions</p> <table border="1"> <tr> <td>4</td> <td>There is a complete network team</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There is a complete network team	0	The above standard is not met
4	There is a complete network team					
0	The above standard is not met					
G-2	<p>Network work programme</p> <p>The Burn Care Network has a work programme agreed by the network board.</p>	<p>Evidence:</p> <p>Work programme</p> <table border="1"> <tr> <td>4</td> <td>There is a work programme agreed by the network board</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There is a work programme agreed by the network board	0	The above standard is not met
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0	The above standard is not met					

Revised Standards						
No.	Quality Standard	Compliance				
G-3	<p>Network Research and Development Lead</p> <p>The Burn Care Network must have a lead for research with responsibility for co-ordination and development of research across the Burn Care Network. There should be sufficient time allocated to this role.</p>	<p>Evidence:</p> <p>The named R&D Lead and job-description for the role</p> <table border="1"> <tr> <td>4</td> <td>There is a named R&D lead with time allocated to this role</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There is a named R&D lead with time allocated to this role	0	The above standard is not met
4	There is a named R&D lead with time allocated to this role					
0	The above standard is not met					
G-4	<p>Research and development programme</p> <p>The Burn Care Network must have oversight of research and development within the Network. The Network must include research activity in their work programme and annual report. The Burn Care Network must have an agreed programme of research and development.</p>	<p>Evidence:</p> <p>The Network’s agreed programme for Research and Development</p> <table border="1"> <tr> <td>4</td> <td>There is a network R&D programme</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There is a network R&D programme	0	The above standard is not met
4	There is a network R&D programme					
0	The above standard is not met					
G-5	<p>Telemedicine</p> <p>All emergency departments should have facilities for the secure transfer of digital images to the local Burn Care Service.</p>	<p>Evidence:</p> <p>This is evidenced by a statement from the burn network confirming that telemedicine is in use in between all appropriate referring services and the burn care service. This statement must include a list of which services have access to telemedicine</p> <table border="1"> <tr> <td>4</td> <td>Telemedicine system in use with formal protocols between the burn care services and all major trauma centres or trauma units in the network</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	Telemedicine system in use with formal protocols between the burn care services and all major trauma centres or trauma units in the network	0	The above standard is not met
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Revised Standards						
No.	Quality Standard	Compliance				
G-6	<p>Network immediate care guidelines</p> <p>The Burn Care Network should have agreed and disseminated guidelines on immediate care of patients for use by pre hospital care providers, ambulance, emergency department personnel and GPs covering at least:</p> <ul style="list-style-type: none"> a) initial assessment and management of burn injured patients b) safeguarding c) treatment of minor burns d) thresholds for seeking advice from a Burn Care Service, including the assessment and management of patients with non-survivable burns e) contact details for their local Burn Care Service f) fluid resuscitation g) pain and itch management h) wound management i) airway management (anaesthetic assessment prior to transfer) j) need for surgery (Escharotomy) prior to transfer k) procedure to be followed if patient is not appropriate for admission or a bed is not available l) guidelines on referral to an appropriate Burn Care Service. Guidelines should be clear about variations needed for referrals where travel times will be long or where long waits for an appropriate bed are anticipated m) transfer policy including the resources required (equipment and staffing) <p>Note: These guidelines should be congruent with local trauma and critical care network guidelines.</p>	<p>Evidence:</p> <p>The Immediate Care Guidelines with evidence of dissemination</p> <table border="1"> <tr> <td>4</td> <td>There are agreed burn care guidelines for all areas identified in the standard</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There are agreed burn care guidelines for all areas identified in the standard	0	The above standard is not met
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0	The above standard is not met					
G-7	<p>Trust Major Incident Plan</p> <p>All Trusts with an emergency department should have a plan for the management of major incidents involving burn injured patients [43] which makes reference to the Network Burn Major Incident Plan.</p>	<p>Evidence:</p> <p>Written confirmation that the EDs are complying with this standard</p> <table border="1"> <tr> <td>4</td> <td>There is reference to the management of burn casualties in the Trust's Major Incident Plan that makes reference to the network burn major incident plan</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There is reference to the management of burn casualties in the Trust's Major Incident Plan that makes reference to the network burn major incident plan	0	The above standard is not met
4	There is reference to the management of burn casualties in the Trust's Major Incident Plan that makes reference to the network burn major incident plan					
0	The above standard is not met					
G-8	<p>Education and training for referring services</p> <p>The Burn Care Network must ensure that there are opportunities for burn specific education and training for pre hospital care providers, ambulance and emergency department personnel and GPs.</p>	<p>Evidence:</p> <p>Evidence of training opportunities and/or communication with referring services</p> <table border="1"> <tr> <td>4</td> <td>There are opportunities for burn specific education and training</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table> <p>Note: Burn Care Networks are encouraged to support local delivery of the EMSB (or equivalent).</p>	4	There are opportunities for burn specific education and training	0	The above standard is not met
4	There are opportunities for burn specific education and training					
0	The above standard is not met					

Revised Standards						
No.	Quality Standard	Compliance				
G-9	<p>Education and training – Burn Care Services</p> <p>The Network facilitates its Burn Care Services to work collaboratively to provide an educational programme that supports the identified learning needs of all members of the burn MDT.</p>	<p>Evidence:</p> <p>Evidence of Network wide facilitation of focussed education and training opportunities</p> <table border="1"> <tr> <td>4</td> <td>There is a network wide approach to burns specific education and training for all members of the MDT</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There is a network wide approach to burns specific education and training for all members of the MDT	0	The above standard is not met
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0	The above standard is not met					
G-10	<p>Transition guidelines</p> <p>The Burn Care Network must ensure that the services have agreed local guidelines on transition from children/young people’s services to adult services.</p>	<p>Evidence:</p> <p>The transition guidelines for each service within the Network</p> <table border="1"> <tr> <td>4</td> <td>Burn specific guidelines for transition are in use across all burn services</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	Burn specific guidelines for transition are in use across all burn services	0	The above standard is not met
4	Burn specific guidelines for transition are in use across all burn services					
0	The above standard is not met					
G-11	<p>Network Burns Major Incident Plan</p> <p>There must be a Network Burns Major Incident Plan (BMIP) for the management of burn injured patients agreed with all local Burn Care Services. This must include reference to the DH guidance on the emergency management of burn injured patients [43] and be distributed to local Emergency Planning Leads (EPLs), emergency departments and the pre hospital emergency services. There must be a process in place to exercise and review the plan.</p>	<p>Evidence:</p> <p>The Networks Burn Major Incident Plan with evidence of dissemination to the relevant services</p> <p>Evidence of exercising and reviewing the plan within the previous 3 years</p> <table border="1"> <tr> <td>4</td> <td>There is a network burn major incident plan and evidence that the plan has been exercised</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There is a network burn major incident plan and evidence that the plan has been exercised	0	The above standard is not met
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G-12	<p>Network Capacity Escalation Plan</p> <p>The Burn Care Network must have an agreed capacity escalation plan for times of peak activity.</p>	<p>Evidence:</p> <p>The Network’s agreed capacity escalation plan</p> <table border="1"> <tr> <td>4</td> <td>There is a Burn Care Network capacity escalation plan</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There is a Burn Care Network capacity escalation plan	0	The above standard is not met
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Revised Standards						
No.	Quality Standard	Compliance				
G-13	<p>Network clinical assurance</p> <p>The Burn Care Network must have a process to measure quality of care which includes:</p> <ul style="list-style-type: none"> a) measuring compliance associated with patient referrals against the local and national burn severity thresholds b) monitoring the transfer of patients both into and out of the Network c) monitoring the transfer of patients between services within the Network d) reviewing the activity at service level by burn severity e) monitoring the refused admissions in each service within the Network f) reviewing performance in each service against the nationally agreed burn outcome measures g) reviewing compliance with National Burn Care Standards h) Monitoring burn care activity in non-specialised burn care providers <p>The Network must have a process to monitor quality issues raised during the routine review of the services and a system to develop and review service action plans.</p>	<p>Evidence:</p> <p>Evidence of clinical assurance process including a description of the process and written evidence of the activities undertaken</p> <table border="1"> <tr> <td>4</td> <td>There is a burn specific clinical assurance process which includes all elements identified in the standard</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There is a burn specific clinical assurance process which includes all elements identified in the standard	0	The above standard is not met
4	There is a burn specific clinical assurance process which includes all elements identified in the standard					
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G-14	<p>Network-wide mortality and morbidity meeting</p> <p>There must be Network wide clinical review of morbidity and mortality at least annually. This must include all Burn Care Services in the Network and include reviewing all centre level burns and all deaths from a burn injury. An action plan from these meetings must be disseminated between all Burn Care Services.</p>	<p>Evidence:</p> <p>Minutes of network wide mortality and morbidity meetings</p> <table border="1"> <tr> <td>4</td> <td>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</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There is a minimum of one morbidity and mortality meeting for the whole network held each year. There is evidence that all centre level burns and burn deaths are reviewed within the network	0	The above standard is not met
4	There is a minimum of one morbidity and mortality meeting for the whole network held each year. There is evidence that all centre level burns and burn deaths are reviewed within the network					
0	The above standard is not met					
G-15	<p>Network annual reports</p> <p>The Burn Care Network must produce an annual report which includes:</p> <ul style="list-style-type: none"> a) activity data b) financial arrangements c) service improvement d) innovation e) patient involvement f) education g) research h) clinical Audit i) outcome data j) clinical governance 	<p>Evidence:</p> <p>The Network's agreed annual report</p> <table border="1"> <tr> <td>4</td> <td>There is a network annual report</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There is a network annual report	0	The above standard is not met
4	There is a network annual report					
0	The above standard is not met					
G-16	<p>Network service development plan</p> <p>The Burn Care Network must have a plan for the development of its Burn Care Services over the next three to five years. This plan should link with the service development plans for each service. The Network service development plan should be agreed by the Network Board and submitted to the National Network for Burn Care.</p>	<p>Evidence:</p> <p>The Network's agreed service development plan</p> <table border="1"> <tr> <td>4</td> <td>There is a network service development plan</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There is a network service development plan	0	The above standard is not met
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0	The above standard is not met					

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No.	Quality Standard	Compliance				
G-17	<p>Commissioning</p> <p>There must be a formal written agreement between the commissioning organisation responsible for commissioning the specialised Burn Care Services within the network and the Burn Care Network board. This formal agreement must include:</p> <ul style="list-style-type: none"> a) the configuration of Burn Care Services (Facility, Unit or Centre) b) the severity and complexity of burn injured patients to be managed in each service. c) lines of accountability and responsibility of the Network to the commissioners 	<p>Evidence:</p> <p>The formal written agreement</p> <table border="1"> <tr> <td>4</td> <td>There is a formal agreement between the commissioners and the network board regarding the commissioning of specialised burn care</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	There is a formal agreement between the commissioners and the network board regarding the commissioning of specialised burn care	0	The above standard is not met
4	There is a formal agreement between the commissioners and the network board regarding the commissioning of specialised burn care					
0	The above standard is not met					
G-18	<p>Participation in national burn care programme</p> <p>The Burn Care Network must participate in the national burn care programme and be represented at national meetings.</p>	<p>Evidence:</p> <p>Minutes of meetings with attendance records</p> <table border="1"> <tr> <td>4</td> <td>The network is represented at national burns meetings and participates in the national burn care programme</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	The network is represented at national burns meetings and participates in the national burn care programme	0	The above standard is not met
4	The network is represented at national burns meetings and participates in the national burn care programme					
0	The above standard is not met					
G-19	<p>Structure of Network board</p> <p>The Network must have a formally defined board membership with agreed terms of reference. The board must include clinicians, commissioners, managers and patient representation. The board should have representatives from all clinical services providing specialised burn care within the network. The board must have processes in place to ensure that there is representation from all aspects of the patient pathway including pre hospital and emergency care settings.</p>	<p>Evidence:</p> <p>Board terms of reference, board membership and minutes of board meetings</p> <table border="1"> <tr> <td>4</td> <td>The Burn Care Network has a fully constituted burn care board which represents all elements of the burn care pathway</td> </tr> <tr> <td>0</td> <td>The above standard is not met</td> </tr> </table>	4	The Burn Care Network has a fully constituted burn care board which represents all elements of the burn care pathway	0	The above standard is not met
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References

1. NBCR, National Burn Care Review, Standards and Strategy for Burn Care in the British Isles. 2001, British Burns Association: Manchester.
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Appendix 1 Members of Burn Care Standards Review Group

First Name	Surname	Role	Organisation
Maria	Bredow	Consultant Paediatrician	United Bristol Healthcare NHS Trust
Peter	Brooks	Consultant Surgeon (Burns and Plastics)	Nottingham University Hospital NHST
Sarah	Broomhead	Quality Manager	West Midlands Quality Review Service
Julia	Cadogan	Consultant Clinical Psychologist	SW and Wales Burn Care Network
Julia	Cons	Lay Representative	
Liz	Coombes	Clinical Psychologist	University Hospital Birmingham NHSFT
Colin	Darling	Patient Organisation Representative	Changing Faces
Menna	Davies	Physiotherapist	ABM University LHB, Swansea
Susan	Davies	Director SCG	SW Specialised Commissioning
Ken	Dunn	Consultant Burn & Plastic Surgeon	University Hospital South Manchester
Jacky	Edwards	RN (Adult) / Consultant Burns Nurse	University Hospital South Manchester
Jane	Emmerson	Director	West Midlands Quality Review Service
Janine	Evans	Occupational Therapist	SW and Wales Burn Care Network
Gabrielle	Fairgrieve	Occupational Therapist	Midland Burn Care Network
Sian	Falder	Consultant Plastic Surgeon	Alder Hey Children's NHSFT
Tony	Fletcher	Consultant Surgeon (Burns and Plastics)	Nottingham University Hospital NHST
Nathan	Hall	National Programme Lead	National Network Burn Care
Judith	Harriot	RN (Adult)	London & SE Burn Care Network
Ian	James	Consultant Burn & Plastic Surgeon	St. Helens & Knowsley Teaching Hospitals NHST
Rachel	Johnson	Consultant Surgeon (Burns and Plastics)	Northern Burn Care Network
Owen	Jones	Network Manager	Midlands Burn Care Network
Mary	Kennedy	RN (Adult) / Practice Improvement	Midlands Burn Care Network
Kimberley	Kingsley	Head of Quality Assurance	Clinical Commissioning Group
Jane	Leaver	RN (Adult & Children) / Lecturer	Midland Burn Care Network / Birmingham City University



First Name	Surname	Role	Organisation
Rebecca	Martin	Consultant Burns Anaesthetist	St. Andrews Burns Centre, MEHT
Jo	Myers	RN (Adult) / Lead Nurse (Burns)	St. Andrews Burns Centre, MEHT
Shirin	Pomeroy	RN (Children)	North Bristol NHS Trust
Cathy	Reade	Administrator, National Burn Injury Database	University Hospital South Manchester
Pete	Saggers	Burn Network Manager	London & SE Burn Care Network
Yvonne	Searle	Consultant Clinical Psychologist	University Hospital Birmingham NHSFT
Kayvan	Shokrollahi	Consultant Burn & Plastic Surgeon	St. Helens & Knowsley Teaching Hospitals NHST
Henrietta	Spalding	Patient Organisation Representative	Changing Faces
Vicki	Sperrin	Occupational Therapist	London & SE Burn Care Network
Leslie	Street	RN (Adult) / Burns Outreach	University Hospital Birmingham NHSFT
Teressa	Tredoux	RN (Adult)	London & SE Burn Care Network
Ivon	Van Heughten	Patient Organisation Representative	Changing Faces
Kate	Whiting	Occupational Therapist	Midlands Burn Care Network
Amanda	Wood	RN (Children)	London & SE Burn Care Network
Amber	Young	Consultant Burns Anaesthetist / Chair CRG	North Bristol NHS Trust
Clare	Thomas	Lead Nurse for Burns	Birmingham Childrens Hospital NHSFT
Jane	Blockley	PA	Midlands Burn Care Network

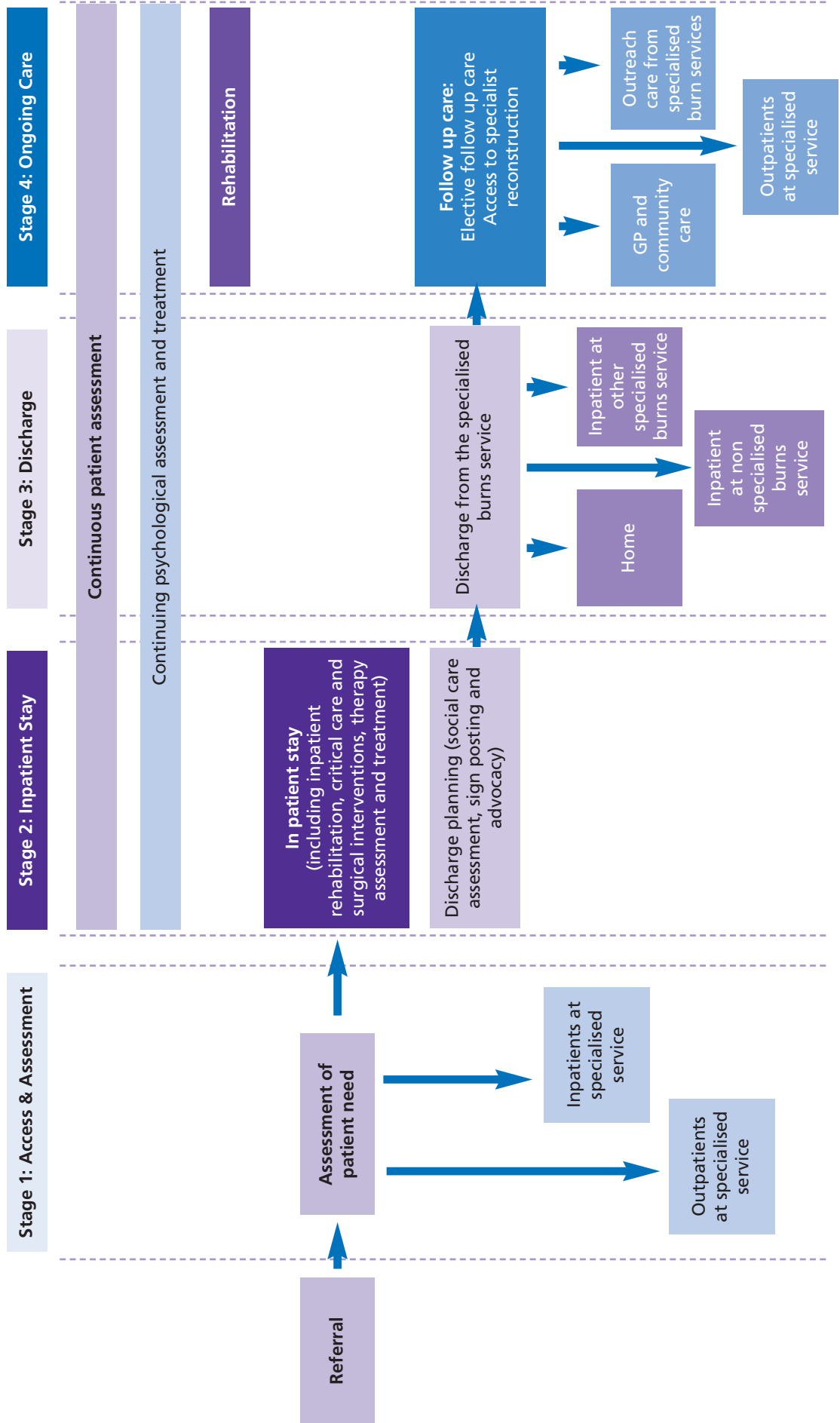
Appendix 2 Glossary and Abbreviations

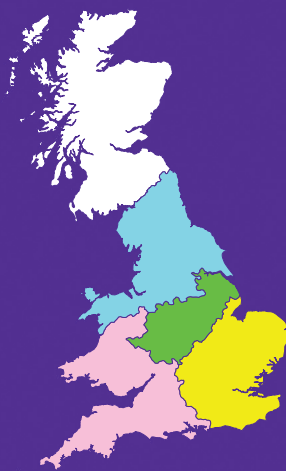
Abbreviation	Description
BBA	British Burn Association
% TBSA	Percentage Total Body Surface Area
BC	Burn Centre
BF	Burn Facility
BU	Burn Unit
CPD	Continuing Professional Development
CRG	Clinical Reference Group
DH	Department of Health
DNA	Did Not Attend
EMSB	Emergency Management of Severe Burns
ENT	Ear,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







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

Appendix 3 The Patient Pathway for Specialist Burn Care





Burn Care Networks – England & Wales

-  Northern Burn Care Network
-  Midlands Burn Care Network
-  South West UK Burn Care Network
-  London & South East of England Burn Care Network