



British Burn Association

National Standards for the Provision of Adult & Paediatric Burn Care

*2nd Edition
June 2023*

To be reviewed in 2028

Structure of the 2023 Burn Care Standards

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 section describes the requirement of the standard and sub-categories/topics.

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable (E / D)	Compliance and Evidence
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B.22			Training All members of the burns MDT have completed:		Compliance: <ul style="list-style-type: none"> All staff to have completed their mandatory training Evidence: <ul style="list-style-type: none"> Staff training records Evidence of an annual appraisal
B.22.A	All Ages	CUF	Statutory and mandatory training in line with their Trust's policy ^[17]	E	
B.22.B	All Ages	CUF	Level 1 and Level 2 Safeguarding (Children and Adults) for all non-clinical staff ^[18]	E	
B.22.C	Children	CUF	Level 3 Safeguarding (Children) for clinical staff working with children, young people and/or their parents/carers as described in the Intercollegiate Document ^[18]	E	
B.22.D	Adults	CUF	Mental Capacity Act ^[19] and Deprivation of Liberty Safeguards ^[20]	E	
B.22.E	Adults	CUF	Training in psychological care appropriate to their role, using a tiered approach and provided by staff delivering psychological care in the Burn Care Service ^[21] . This should be undertaken on a 3 year cycle	E	

Age Group

This column indicates the age group that the standard applies to. This can be either "Adults" or "Children" or "All Ages".

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.

A number of the standards provide reference to relevant supporting studies, or to nationally published guidelines for care. A full list of referenced documents is provided in Appendix 4.

The 'E' or "D" in this column indicates 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 Standards for the Provision of Adult & Paediatric Burn Care

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Note:

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In 2018, the British Burn Association (BBA) published the first ‘National Standards for Provision & Outcomes in Adult and Paediatric Burn Care’. Before this time, the standards of care for specialised burns had been provided and published under NHS ownership and it had been agreed that the future standards should be “owned” by burn care professionals and published by the BBA.

The 2018 document was the result of a collaboration between the BBA, NHS Specialised Service Commissioners and the Burn Care Networks covering England and Wales. The 2018 report set out the standards of care that were 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.

In the summer of 2022, work began on a first review of the 2018 document.

A small “Task & Finish Group” was established, including representation from all areas of the burns multi-disciplinary team. Patients were represented by colleagues from survivor support groups and charities.

The product of this work, ‘**National Standards for the Provision of Adult and Paediatric Burn Care**’, builds upon and refines the 2018 BBA Standards.

The section related to “Outcomes” has been removed from the 2023 document and in future, will be published as a separate BBA report.

As was the case with the 2018 publication, the 2023 BBA Standards will be used by NHS England commissioners and the Major Trauma CRG, to inform the commissioning service specification for specialised burn care.

The ‘National Standards for the Provision of 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 clinical network 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.

The BBA will review ‘National Standards for the Provision of Adult & Paediatric Burn Care’ during the year 2027-28.

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The revised Burn Care Standards are organised in 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 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: Network and National Arrangements**. The statements in this section cover the guidelines and protocols that are required across the whole Burn Care Network.

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

To denote which standards are relevant to which level of service and to differentiate between adults & children the following descriptors are in use throughout the document.

Burn 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 neighbouring columns indicate the age group that a specific standard must be applied to; a Children's service or an Adult service or both (applicable to all age groups).

The format of the standards is intentionally designed to enable services and clinical networks 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:

- **E (Essential)**, or;
- **D (Desirable)**

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

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.

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
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Section A: Patient Centred Care

A.01			<p>Information for Patients, their Families and/or Carers</p> <p>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 ^[1].</p> <p>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.</p> <p>This information includes the following:</p>	<p>Compliance</p> <ul style="list-style-type: none"> • Clear, understandable, evidence based and culturally sensitive written information on all items listed is available to patients, their families and/or carers • This can be in physical or electronic format <p>Evidence</p> <ul style="list-style-type: none"> • Service leaflet providing information listed
A.01.A	All Ages	CUF	Members of the Burn Care team	E
A.01.B	All Ages	CUF	How to contact the Burn Care Service	E
A.01.C	All Ages	CUF	Ward layout and routines	E
A.01.D	All Ages	CUF	Burns and the possible physical, nutritional and psychological implications	E
A.01.E	All Ages	CUF	The provision of a Plan of Care (verbal or in writing) – See A.02	E
A.01.F	All Ages	CUF	Support services and groups available	E
A.01.G	All Ages	CUF	Where to go for further information, including useful websites	E

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A.02			Plan of Care		Compliance: <ul style="list-style-type: none"> A comprehensive MDT plan of care exists, containing contributions from medical, nursing, therapy, dietetic, social and psychology staff The Plan of Care should be structured and updated, as and when needed (paper or electronic record) The plan is legible, signed, dated and reviewed and has been agreed by the patient Evidence: <ul style="list-style-type: none"> 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 and/or carer if appropriate) It is clear that all relevant members of the MDT have contributed to the 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-E).		
			Exceptions to this may include children, patients detained under the Mental Capacity Act and instances where safeguarding concerns exist.		
			The Plan of Care includes:		
A.02.A	All Ages	CUF	The name of the responsible Consultant	E	
A.02.B	All Ages	CUF	Plans for therapeutic interventions and rehabilitation, including physical, nutritional and psychological therapies	E	
A.02.C	All Ages	CUF	Potential treatments, side effects and outcomes	E	
A.02.D	All Ages	CUF	The consequence of accepting or declining any of the available treatment options	E	
A.02.E	All Ages	CUF	Expected discharge date, if this is known	E	

A.03			Acute & Follow-Up OP Care		Compliance: <ul style="list-style-type: none"> There are acute and follow-up outpatient clinics at which patients have access to members of the MDT Evidence: <ul style="list-style-type: none"> Description of OP service (including OP timetable) provided to patients, their families and/or carers Description of process for accessing members of the MDT
			Patients have access to acute and follow-up outpatient clinics ^[2] ^[3] ^[4] .		
			Outpatient care can be in-person or by electronic / remote means if appropriate.		
A.03.A	All Ages	CU	Patients have access to burn-specific acute and follow-up OP clinics	E	
A.03.B	All Ages	F	Patients have access to acute and follow-up OP clinics	E	
A.03.C	All Ages	CUF	After discharge from the service, burns patients should have access, for life, to a burn care MDT in relation to sequelae of their burns or scars, through a streamlined referral pathway	E	

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A.04			<p>Support Resources and Information</p> <p>Burn-specific support resources are available and are highlighted to patients at all stages of their treatment ^[5].</p> <p>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.</p>		<p>Compliance:</p> <ul style="list-style-type: none"> All patients have information and the opportunity to access age-appropriate support <p>Evidence:</p> <ul style="list-style-type: none"> Written evidence regarding access to a range of appropriate burns support resources. External organisations are registered with the Charities Commission Evidence of due diligence in assessing the suitability of external (non-NHS) services providing support to burn survivors
A.04.A	All Ages	CUF	All resources managed by the Burn Care Service or provided by other NHS organisation are subject to appropriate governance and employment checks	E	
A.04.B	All Ages	CUF	The Burn Care Service is satisfied that all resources that are managed by external organisations and are recommended by the specialised burn service, are subject to appropriate governance and legislation	E	

A.05			<p>Discharge Information Following IP or OP Care</p> <p>Discharge documentation is available and includes current and future physical, social and psychological care. This may be by physical or electronic resources.</p> <p>On discharge, relevant written information on the following is provided to patients, their families and/or carers:</p>		<p>Compliance</p> <ul style="list-style-type: none"> Relevant written information covering the items listed is available This is provided for all patients, family and/or carers if appropriate (IP and OP) <p>Evidence</p> <ul style="list-style-type: none"> A discharge plan that includes the items listed (paper or electronic record) The plan is evident in case notes <p><i>Note: Standard E.09 requires a written guideline for discharge arrangements</i></p>
A.05.A	All Ages	CUF	Aftercare of the burn wound and scars	E	
A.05.B	All Ages	CUF	Follow-up appointment information	E	
A.05.C	All Ages	CUF	Information about the presence and implications of any MDRO Infection	E	
A.05.D	All Ages	CUF	Key contact details (including 24-hour access to the clinical team)	E	
A.05.E	All Ages	CUF	Nutritional care and recommendations	E	
A.05.F	All Ages	CUF	Pain and itch	E	
A.05.G	All Ages	CUF	Patient support resources (See A.04)	E	
A.05.H	All Ages	CUF	Psychological care, information and support available	E	
A.05.I	All Ages	CUF	Recognition of complications (including Sepsis) associated with a burn injury	E	
A.05.J	All Ages	CUF	Resuming activities of daily living	E	

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
A.06			<p>Return to Education, Employment and/or Independent Living</p> <p>All patients are helped to return to education, employment and independent living, at a time when this is appropriate.</p> <p>Where difficulties are encountered, an agreed therapeutic programme is provided ^[6] ^[7] ^[8].</p> <p><i>Note:</i> 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 the involvement of other agencies.</p>		<p>Compliance:</p> <ul style="list-style-type: none"> There is a written guideline There is written evidence in the clinical notes that where appropriate, the MDT is complying with this guideline <p>Evidence:</p> <ul style="list-style-type: none"> The <i>Standards of Physiotherapy and Occupational Therapy Practice in the Management of Burn Injured Adults and Children 2022</i> are in use for rehabilitation There is evidence within the patient's case notes that return to education, employment and/or 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 and/or independent living is documented for those patients with identified concerns
A.06.A	All Ages	CUF	There is a written guideline covering patient's return to education, employment, independent living and community reintegration	E	
A.06.B	All Ages	CUF	Patients with on-going needs have been referred to the relevant member of the MDT for additional support	E	
A.07			<p>Burns Camp or Burns Club</p> <p>The Burn Care Service provides access to a Burns Camp or Burns Club ^[9].</p> <p>Staff from the Burn Care Service are given the time to participate and manage these activities.</p> <p>The Burns Camp / Club:</p>		<p>Compliance:</p> <ul style="list-style-type: none"> All patients, their families and/or carers have the opportunity to access an age appropriate Burn Camp or Club <p>Evidence:</p> <ul style="list-style-type: none"> Burn Camp or Club Information leaflets or posters are displayed in relevant clinical areas Information available on burn service and/or network website about burn camp and clubs 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	All Ages	CUF	Is free to participants	E	
A.07.B	All Ages	CUF	Accommodates patients up to the age of 25	E	
A.07.C	All Ages	CUF	Adheres to the appropriate national standard.	E	
A.07.D	Adults	CUF	Provides awareness of opportunities to engage in social activities for burns service users over the age of 25	E	

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
A.08	All Ages	CUF	<p>Transition of Care between Children’s and Adult Services</p> <p>There is a formally recognised process to facilitate the transition of children and young people to the adult Burn Care Service.</p> <p>This is based on NICE Guidance and follows local policies and procedures ^[10].</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> • There is a guideline referring to the transition of care from children to adult services that follows local policies and procedures <p>Evidence:</p> <ul style="list-style-type: none"> • 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
A.09	All Ages	CUF	<p>Patient Views and Experience</p> <p>The Burn Care Service seeks the patient’s views and experience of care.</p> <p>There is a focus on the process of care and how it impacts on the patient’s and/or carer’s experience.</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> • There are no validated national PREMs for burn patients available at the time of publication • Multiple sources should be used to form a comprehensive picture of patient experience i.e. friends and family test, complaint and compliment cards, focus groups, and patient stories <p>Evidence:</p> <ul style="list-style-type: none"> • Local tools are used for internal audit within the service • Feedback is acted upon and used to inform service development

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A.10			<p>Repatriation Information</p> <p>Patients are fully prepared, mentally and physically, for their transfer to another Burn Care Service.</p> <p>The Burn Care Network has an agreed Guideline for repatriation and step-down to another Burn Care Service (see G.02).</p> <p>On transfer, relevant written information on the following is provided to patients, their families and/or carers:</p>		<p>Compliance</p> <ul style="list-style-type: none"> A comprehensive plan for repatriation handover exists <p>Evidence</p> <ul style="list-style-type: none"> 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	All Ages	CUF	Name of new Consultant receiving/accepting referral.	E	
A.10.B	All Ages	CUF	Summary of recommendations for continued therapeutic interventions and rehabilitation	E	
A.10.C	All Ages	CUF	Details about the receiving Burn Care Service (location, contact numbers, etc)	E	
A.10.D	All Ages	CUF	The rehabilitation prescription, if appropriate (see E.10)	E	

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
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Section B: Multi-Disciplinary Team (MDT)

B.01	All Ages	CUF	<p>Clinical Lead / Head of Burn Care Service</p> <p>The Burn Care Service has a designated Clinical Lead for the MDT.</p> <p>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.</p> <p>The Clinical Lead for the MDT has at least 1 PA (or equivalent) allocated for this purpose in their job plan.</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> There is a Clinical Lead for burns that has time allocated for this in their job plan <p>Evidence:</p> <ul style="list-style-type: none"> Name of Clinical Lead / head of service Job description or job plan
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B.02			<p>Multi-disciplinary Team Professional Leads for Burn Care Service (Centres and Units)</p> <p>Each MDT professional group has a designated Lead Clinician for burn care.</p> <p>Each Lead Clinician is a member of the burns MDT and has time allocated for team leadership in addition to clinical responsibilities. There is a named lead for:</p>		<p>Compliance:</p> <ul style="list-style-type: none"> There is a designated lead for each professional group in the MDT There is time allocated for this in their job plan/job description <p>Evidence:</p> <ul style="list-style-type: none"> Names of the leads Staffing establishment Job descriptions or job plans <p><i>Note:</i> Where the MDT lead is also the Clinical Lead / Head of the Burn Care Service (B.01), a second representative for that professional group is not necessary</p>
B.02.A	All Ages	CU	Anaesthetics and Intensive Care	E	
B.02.B	All Ages	CU	Dietetics	E	
B.02.C	All Ages	CU	Nursing	E	
B.02.D	All Ages	CU	Occupational Therapy	E	
B.02.E	All Ages	CU	Physiotherapy	E	
B.02.F	Children	CU	Play Services	E	
B.02.G	All Ages	CU	Psychology and Psychosocial Care	E	
B.02.H	All Ages	CU	Surgery	E	

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
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B.03			Multi-disciplinary Team Professional Leads for Burn Care Service (Facilities)		<p>Compliance:</p> <ul style="list-style-type: none"> There is a designated lead for professional leads in the MDT <p>Evidence:</p> <ul style="list-style-type: none"> Name of the designated lead Staffing establishment Job description or job plan <p><i>Note:</i> Where the MDT lead is also the Clinical Lead / Head of the Burn Care Service (B.01), a second representative for that professional group is not necessary</p>
			Each MDT professional group has a designated Lead Clinician for burns.		
			There is a named lead for:		
B.03.A	All Ages	F	Anaesthetics and Intensive Care.	D	
B.03.B	All Ages	F	Dietetics.	E	
B.03.C	All Ages	F	Nursing	E	
B.03.D	All Ages	F	Occupational Therapy.	E	
B.03.E	All Ages	F	Physiotherapy.	E	
B.03.F	Children	F	Play Services.	E	
B.03.G	All Ages	F	Psychology and Psychosocial Care.	E	
B.03.H	All Ages	F	Surgery.	E	
B.03.I	All Ages	F	Each Professional Lead has time allocated for team leadership, in addition to clinical responsibilities.	D	

B.04	All Ages	CU	Research and Development Lead (R & D) – Centres and Units	E	<p>Compliance:</p> <ul style="list-style-type: none"> There is a designated lead for research and development <p>Evidence:</p> <ul style="list-style-type: none"> Name of research and development Clinical Lead Evidence of active research, presentations and publications MDT actively engaged in research
			The Burn Care Service has a designated Clinical Lead for research and development.		

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
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B.05			Consultant Surgeons – Centres and Units Burn Centres provide burn-specific, Consultant led care 24 hours a day, 7 days per week. Consultant Burn Surgeons:		Compliance: <ul style="list-style-type: none"> There is burn-specific Consultant led clinical care 24 hours a day, seven days per week Evidence <ul style="list-style-type: none"> Details of Consultant staffing and rotas CV and training record <i>Note:</i> <i>To maintain a sustainable rota, the following number of Consultant Burn Surgeons are required:</i> <ul style="list-style-type: none"> Centres; Six Units; Three <i>If the service is based across multiple hospital sites, more than these numbers may be required</i>
B.05.A	All Ages	C	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	E	
B.05.B	All Ages	U	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	E	
B.05.C	All Ages	CU	Have been employed in a recognised burns Fellowship or have equivalent experience	E	
B.05.D	All Ages	CU	Have successfully completed an EMSB course	E	
B.05.E	All Ages	CU	Participate in CPD relating to burn care	E	
B.05.F	All Ages	CU	Are familiar with the recognition and management of non-burn conditions causing skin loss e.g. Toxic Epidermal Necrolysis (TENS)	E	
B.05.G	All Ages	CU	Participate in network and national M&M audit meetings	E	

B.06			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 designated as the lead for burn care. The designated Lead Surgeon for burn care:		Compliance: <ul style="list-style-type: none"> A Consultant Plastic Surgeon is available 24 hours, seven days per week The designated Consultant Plastic Surgeon for burn care working in facilities has at least one Direct Clinical Care PA per week in burn care Evidence <ul style="list-style-type: none"> Details of consultant staffing and rotas CV and training record
B.06.A	All Ages	F	Has at least one Direct Clinical Care PA per week in burn care	E	
B.06.B	All Ages	F	Has successfully completed an EMSB course	E	
B.06.C	All Ages	F	Participates in CPD relating to burn care	E	
B.06.D	All Ages	F	Participates in network and national M&M audit meetings	E	

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B.07			Paediatric Medical Staffing IP services for children comply with the following standards published by the Paediatric Critical Care Society ^[11] .		Compliance: <ul style="list-style-type: none"> The service complies with all of the PICS standards listed Evidence: <ul style="list-style-type: none"> Job description or job plan Staffing rotas Record of training
B.07.A	Children	CUF	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 (<i>PCCS 2021 Std IP-202</i>)	E	
B.07.B	Children	CUF	A clinician with competencies in resuscitation, stabilisation and intubation of children is available on site at all times (<i>PCCS 2021 Std IP-202</i>)	E	
B.07.C	Children	CUF	There is 24-hour resident cover by a clinician trained to, or training at, the equivalent of paediatric medicine RCPCH level 1 competencies or above. For doctors in training, this will normally be ST3 or above (<i>PCCS 2021 Std IP-203</i>)	E	

B.08			Other Surgical Staffing - Centres		Compliance: <ul style="list-style-type: none"> Trainee doctors are available as described in A to D Evidence: <ul style="list-style-type: none"> Job description or job plan Staffing rotas CV and training record
B.08.A	All Ages	C	At least one plastic surgery ST trainee should be available Mon-Fri 8-5 dedicated to the burn service	E	
B.08.B	All Ages	C	At least one plastic surgery ST trainee (or equivalent staff grade) should be available 24/7	E	
B.08.C	All Ages	C	At least one plastic surgery CT/FY trainee should be available Mon-Fri 8-5 dedicated to the burn service	E	
B.08.D	All Ages	C	At least one plastic surgery CT/FY equivalent should be available 24/7	E	
B.08.E	All Ages	C	At least one plastic surgery ST or CT trainee (or equivalent) should be available on call dedicated to the burn service	D	

B.09			Other Surgical Staffing - Units		Compliance: <ul style="list-style-type: none"> Trainee doctors are available as described in A to C Evidence: <ul style="list-style-type: none"> Job description or job plan Staffing rotas CV and training record
B.09.A	All Ages	U	At least one plastic surgery ST trainee should be available Mon-Fri 8-5 dedicated to the burn service	E	
B.09.B	All Ages	U	At least one plastic surgery ST trainee (or equivalent staff grade) should be available 24/7	E	
B.09.C	All Ages	U	At least one plastic surgery CT/FY (or equivalent) equivalent should be available 24/7	E	

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
B.10			Other Surgical Staffing - Facilities		Compliance: <ul style="list-style-type: none"> • Trainee doctors are available as described in A Evidence: <ul style="list-style-type: none"> • Job description or job plan • Staffing rotas • CV and training record
B.10.A	All Ages	F	At least one plastic surgery ST trainee (or equivalent staff grade) should be available 24/7	E	
B.10.B	All Ages	F	At least one plastic surgery CT/FY equivalent should be available 24/7	D	
B.11			Critical Care Medicine (Paediatrics) Consultant Paediatric Intensivists caring for burn patients, have completed higher or advanced Burns & Plastic Surgery modules or have equivalent experience in burn care. The Consultant Paediatric Intensivists:		Compliance: <ul style="list-style-type: none"> • The Consultant Paediatric Intensivists demonstrate experience in burn care • There is a designated lead for burn care Evidence: <ul style="list-style-type: none"> • Participation in burns MDT meetings • Patient records • Records of CPD • Staffing rotas • Notes of network and national M&M audit meetings
B.11.A	Children	CUF	Have regular, ongoing experience in burn care	E	
B.11.B	Children	CUF	Have completed additional training in burn care	D	
B.11.C	Children	CUF	Participate in CPD related to burn care	E	
B.11.D	Children	CUF	Have a designated lead for burns, who participates in network and national M&M audit meetings	E	
B.12			Critical Care Medicine (Adults) Consultant Intensivists caring for burn patients, have completed higher or advanced Burns & Plastic Surgery modules or have equivalent experience in burn care. The Consultant Intensivists:		Compliance: <ul style="list-style-type: none"> • The Consultant Intensivists demonstrate experience in burn care • There is a designated lead for burn care Evidence: <ul style="list-style-type: none"> • Participation in burns MDT meetings • Patient records • Records of CPD • Staffing rotas • Notes of network and national M&M audit meetings
B.12.A	Adults	CUF	Have regular, ongoing experience in burn care	E	
B.12.B	Adults	CUF	Have completed additional training in burn care	D	
B.12.C	Adults	CUF	Participate in CPD related to burn care	E	
B.12.D	Adults	CUF	Have a designated lead for burns, who participates in network and national M&M audit meetings	E	

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
B.13	Children	CU	<p>Critical Care Nursing (Paediatrics) – Registered Nurses</p> <p>There are sufficient, appropriately qualified Registered Nurses to provide critical care to burn patients^[12].</p> <p>They have training in both critical care and burn care.</p> <p>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 with competencies in burn care (CC3N).</p> <p>Critical Care Nurses looking after burn-injured children have a paediatric qualification (e.g. RSCN or RN(Child)) or advanced paediatric training competencies.</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> 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 <p>Evidence:</p> <ul style="list-style-type: none"> 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
B.14	Adults	CU	<p>Critical Care Nursing (Adults) – Registered Nurses</p> <p>There are sufficient, appropriately qualified Registered Nurses to provide critical care to burn patients ^[12].</p> <p>They have training in both critical care and burn care.</p> <p>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 with competencies in burn care (CC3N).</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> 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 <p>Evidence:</p> <ul style="list-style-type: none"> 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
B.15			<p>Emergency Anaesthetic Support – Children</p> <p>The following anaesthetic support is available at all times:</p>		<p>Compliance:</p> <ul style="list-style-type: none"> There is an on-call rota for Consultants and trainees in anaesthetics at Stage 2 or above (or equivalent) <p>Evidence:</p> <ul style="list-style-type: none"> Staffing rotas
B.15.A	Children	CUF	A-consultant anaesthetist with ongoing paediatric experience is available within 30 minutes	E	<p><i>Note: RCOA Guidelines for the Provision of Paediatric Anaesthesia Services 2022 ^[13]</i></p>
B.15.B	Children	CUF	An anaesthetist at RCoA Stage 2 or above is available immediately	E	

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B.16			Emergency Anaesthetic Support – Adults		<p>Compliance:</p> <ul style="list-style-type: none"> There is an on-call rota for Consultants and trainees in anaesthetics at Stage 2 or above (or equivalent) <p>Evidence:</p> <ul style="list-style-type: none"> Staffing rotas. <p><i>Note: RCOA Guidelines for the Provision of Anaesthesia Services for Burn and Plastic Surgery, 2022</i> ^[14]</p>
			The following anaesthetic support is available at all times, as follows:		
	B.16.A	Adults	CUF	A Consultant Anaesthetist is available within 30 minutes	
B.16.B	Adults	CUF	An anaesthetist at RCoA Stage 2 or above is available immediately	E	

B.17	All Ages	CU	Planned Anaesthetic Support - Centres and Units	E	<p>Compliance:</p> <ul style="list-style-type: none"> 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 outpatient procedures <p>Evidence:</p> <ul style="list-style-type: none"> Job description or job plan Staffing rotas Record of training <p><i>Note: RCOA Guidelines for the Provision of Paediatric Anaesthesia Services 2022</i> ^[13] and <i>RCOA Guidelines for the Provision of Anaesthesia Services for Burn and Plastic Surgery, 2022</i> ^[14]</p>
			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 outpatient procedures.		

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B.18			<p>Registered Nurses – Children</p> <p>The nursing establishment is based on bed capacity and the dependency of the children managed in the service.</p> <p>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 ^[11]^[15]^[16].</p> <p>The service is able to demonstrate that:</p>		<p>Compliance:</p> <ul style="list-style-type: none"> • Dependency data and a process used to review the nursing establishment based on patient dependency levels is in use <p>Evidence:</p> <ul style="list-style-type: none"> • Dependency data and process used to review the nursing establishment based on the dependency. • ‘Safer Nursing Care Tool’^[15] staffing reports. • Duty rota and dependency data with B level scores^[16] to be provided for one calendar month • Records of staff movement to cover other wards • Staffing risk recorded on risk register, including actions and outcomes • Incident reporting
B.18.A	Children	CUF	IP services for children have at least one nurse with up-to-date advanced paediatric resuscitation and life support competencies on each shift (<i>PCCS, 2021 standard IP-207</i>)	E	
B.18.B	Children	CUF	There are at least two registered children’s nurses on duty at all times in each area. (<i>PCCS, 2021 standard IP-207</i>)	E	
B.18.C	Children	CUF	The Registered Nurse staffing ratios for children requiring high dependency care are one nurse to two children unless physical layout (e.g. cubicles) requires consideration of 1:1 nursing	E	
B.18.D	Children	CUF	The service has a mechanism to escalate concerns about burn care staffing numbers / rotas, at time when burns activity / acuity is higher than planned	E	

B.19			<p>Registered Nurses – Adults</p> <p>The nursing establishment is based on bed capacity and the dependency of the patients managed in the service.</p> <p>The Burn Care 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 ^[12]^[15]^[16].</p> <p>The service is able to demonstrate that:</p>		<p>Compliance:</p> <ul style="list-style-type: none"> • Dependency data and process used to review the nursing establishment based on patient dependency levels is in use <p>Evidence:</p> <ul style="list-style-type: none"> • ‘Safer Nursing Care Tool’^[15] staffing reports • Duty rota and dependency data with B level scores^[16] to be provided for one calendar month • Dependency data and process used to review the nursing establishment and work force levels, based on the dependency • Records of staff movement to cover other wards • Staffing risk recorded on risk register, including actions and outcomes. • Incident reporting
B.19.A	Adults	CUF	Registered Nurse staffing ratios for Adults requiring high dependency care are one nurse to two adults unless physical layout (e.g. cubicles) requires consideration of 1:1 nursing	E	
B.19.B	Adults	CUF	Adults needing high dependency care are cared for by a Nurse with training and competencies in providing high dependency care	E	
B.19.C	Adults	CUF	The service has a mechanism to escalate concerns about burn care staffing numbers / rotas, at time when burns activity / acuity is higher than planned	E	

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B.20	All Ages	CU	<p>Theatre Staff – Centres and Units</p> <p>Suitably qualified staff, with burns experience appropriate to the age of the patient, are available for all scheduled and unscheduled burn theatre sessions.</p> <p>There is a designated theatre lead, available to attend the burns MDT meetings.</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> • There is a designated lead • 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 <p>Evidence:</p> <ul style="list-style-type: none"> • Staff training records • Evidence within annual appraisal • Duty Rota • Burns MDT attendance record
B.21			<p>Theatre Staff – Facilities</p> <p>Suitably qualified and experienced theatre staff from the Burns & Plastic Surgery service are available for all scheduled burn theatre sessions.</p>		<p>Compliance:</p> <ul style="list-style-type: none"> • There is a named lead • 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 <p>Evidence:</p> <ul style="list-style-type: none"> • Description of service to include the Theatre schedule (burns and/or plastics) and the staff rota
B.21.A	All Ages	F	There is a named theatre lead	E	
B.21.B	All Ages	F	There is a named theatre lead, available to attend the burns MDT meetings	D	

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B.22			Training All members of the burns MDT have completed training as follows:		Compliance: <ul style="list-style-type: none"> All staff to have completed their mandatory training Evidence: <ul style="list-style-type: none"> Staff training records
B.22.A	All Ages	CUF	Statutory and mandatory training in line with their Trust's policy ^[17]	E	
B.22.B	All Ages	CUF	Level 1 Safeguarding (Children and Adults) for all clinical and non-clinical staff ^[18]	E	
B.22.C	Adults	CUF	Level 2 Safeguarding (Adults) for all clinical staff ^[18]	E	
B.22.D	Children	CUF	Level 2 Safeguarding (Children) for all clinical staff ^[18]	E	
B.22.E	All Ages	CUF	Level 3 Safeguarding (Children and Adults) for all clinical staff working with adults, children, young people and/or their parents or carers, who could potentially contribute to assessing, planning, intervening and/or evaluating the health needs of a service user ^[18]	E	
B.22.F	All Ages	CUF	Mental Capacity Act ^[19] related to patients aged 16 and over.	E	
B.22.G	Adults	CUF	Deprivation of Liberty Safeguards ^[20]	E	
B.22.H	All Ages	CUF	Psychosocial care appropriate to their role, using a tiered approach and provided by staff delivering eticpsychological care in the Burn Care Service. Refresher and/or additional psychosocial training should be completed at least once every three years	E	

B.23			Education and Training - EMSB All Burn Care Service support the EMSB course by:		Compliance: <ul style="list-style-type: none"> Evidence available that the Trust / Service supports the EMSB course Evidence: <ul style="list-style-type: none"> Training record of members of the Burn MDT attending/teaching EMSB courses
B.23.A	All Ages	CUF	Facilitating members of the burns MDT to attend courses	E	
B.23.B	All Ages	CUF	Supporting members of staff, who are on the EMSB course faculty, to teach on courses	E	

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B.24			Education and Training for Registered Nurses – Centres and Units		<p>Compliance:</p> <ul style="list-style-type: none"> Evidence available that all members of the nursing team (bands 2-8) have completed burn-specific training and competencies within two 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 <p>Evidence:</p> <ul style="list-style-type: none"> 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	All Ages	CU	All members of the nursing team (bands 2 – 8) have completed burn care competencies relevant to their role, by the end of their second year in the speciality	E	
B.24.B	All Ages	CU	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	E	
B.24.C	All Ages	CU	At least 75% of band 6 and above nurses have undertaken a formal period of accredited academic study in burn care	E	
B.25			Education and Training for Registered Nurses – Facilities		<p>Compliance:</p> <ul style="list-style-type: none"> 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 <p>Evidence:</p> <ul style="list-style-type: none"> Training record of Nursing team Training record for Lead Nurse
B.25.A	All Ages	F	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	E	
B.25.B	All Ages	F	The Lead Nurse for the Burn Care Service has completed burn-specific competencies and been successfully assessed as being competent in burn care	E	
B.25.C	All Ages	F	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)	E	

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B.26			Physiotherapy and Occupational Therapy Services Physiotherapy and Occupational Therapy services are available.		Compliance: <ul style="list-style-type: none"> Therapists with burn-specific training and experience are available to provide a therapy service Evidence: <ul style="list-style-type: none"> 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	All Ages	CUF	PT and OT staff are members of the burns MDT	E	
B.26.B	All Ages	CUF	PT and OT staff have achieved competencies in the care of patients with burns	E	
B.26.C	All Ages	CUF	Staff with appropriate training and expertise are available to cover for absence	E	
B.26.D	All Ages	CU	An on-call respiratory PT service is accessible at all times	E	
B.26.E	All Ages	CUF	PT and OT services are available for all burn patients five days a week, Monday to Friday	E	
B.26.F	All Ages	CUF	PT and OT services are available for all burn patients seven days a week	D	
B.26.G	All Ages	CU	Patients have a plan for their rehabilitation seven days a week	E	

B.27			Dietetic Services – Centres and Units A dietetic service, provided by an experienced Burns Dietitian, is available ^[21] . The Burns Dietitian:		Compliance: <ul style="list-style-type: none"> A Burn Dietitian, funded at the required WTE to serve the number and level of burn beds with three years minimum clinical experience, is available and attends five days per week Evidence: <ul style="list-style-type: none"> Job description or job plan Burn-specific out-of-hours enteral feeding protocol CPD portfolio of burn dietitian Service evaluation/audit <i>Note:</i> <i>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 ^[23]</i>
B.27.A	All Ages	CU	Is part of the burns MDT and provides a dietetic service, five days per week. Staffing should be set based on number and level of beds. 0.1 WTE per level 3 to 4 bed, 0.05 WTE per level 2 bed and we recommend 0.025 WTE per level 1 burn bed ^{[22] [23]}	E	
B.27.B	All Ages	CU	Ensures patients have a plan for their nutritional management seven days a week	E	
B.27.C	All Ages	CU	Undertakes clinical care of burn injured people and leads on burn nutritional care, service development, teaching, research and audit. If the burn dietitian is working alone, they must be at the level of advanced practice ^[23]	E	
B.27.D	All Ages	CU	Ensures a burn-specific out-of-hours enteral feeding protocol is in place for when the Dietitian is unavailable	E	
B.27.E	All Ages	CU	Ensures cover for absence is provided. The dietitian providing cover should have the required experience to provide competent care. It is recommended that clinical experience within burn care, training, or supervision within the last 12 months would be required to ensure safe practice	E	
B.27.F	All Ages	CU	Contributes to appropriate burn service strategic meetings, clinical governance activities and undertake quality improvement projects that demonstrate the impact of dietetics on service delivery, quality and effectiveness	E	
B.27.G	All Ages	CU	Provides ongoing education and training for other healthcare professionals	E	

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B.28			Dietetic Services – Facilities A dietetic service, provided by an experienced Dietitian, is available. Burn Care Facilities have:		Compliance <ul style="list-style-type: none"> A Dietitian with one year of practical and relevant clinical experience is available 5 days per week Evidence <ul style="list-style-type: none"> Job description or job plan CPD portfolio of burn dietitian
B.28.A	All Ages	F	Access to a dietetic service, five days per week	E	
B.28.B	All Ages	F	A plan for their nutritional management seven days a week	E	
B.28.C	All Ages	F	Dietitians providing this service with a minimum of one year practical and relevant clinical experience	E	
B.28.D	All Ages	F	Cover for absence, at an equivalent band level and relevant clinical experience, available for the Burn Dietitian	E	

B.29			Play Services There is access to a play service for paediatric IP and OP care, provided by a Registered Health Play Specialist ^[24] with burns specific training and experience.		Compliance: Registered Play Specialist(s) with burn-specific training and experience are available as described Evidence: <ul style="list-style-type: none"> Job description or job plan Play Specialist establishment for the Burn Care Service Training record of play specialists
B.29.A	Children	CUF	Play services are available five days per week	E	
B.29.B	Children	CUF	Play services are available seven days per week	D	
B.29.C	Children	CUF	Staff providing play services are members of the burns MDT	E	
B.29.D	Children	CUF	Staff providing play services have specific training and experience in the care of children with burns	E	
B.29.E	Children	CUF	Cover for absences is available from staff with appropriate expertise	E	

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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. The number and grading of staff in the psychological care service ensures there is an appropriate skill mix for the complexity, dependency and caseload of the burn care team.		Compliance: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Job plans (with allocated time for burns five 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	All Ages	CUF	There is a designated psychological care lead for the Burn Care Service who is a Consultant level HCPC registered Practitioner Psychologist with training and experience of working in physical health settings and ideally burn care and is a member of the burns MDT	E	
B.30.B	All Ages	CU	Staff providing psychological care have specific time allocated to their work with the Burn Care Service with a total amount of provision of at least 1.0 WTE qualified time and are members of the burns MDT. For co-located adult and paediatric services, 1 WTE is required for each age group.	E	
B.30.C	All Ages	F	Staff providing psychological care have specific time allocated to their work with the Burn Care Service and are members of the burns MDT	E	
B.30.D	All Ages	CUF	Staff providing this service have appropriate training in the care of people with burns, engage in regular CPD relevant to burns-related psychological difficulties and have access to appropriate clinical supervision	E	
B.30.E	All Ages	CUF	A psychological care service for patients, their families and/or carers is available five days per week and throughout the whole of the burn pathway	E	
B.30.F	All Ages	CUF	A psychological care service for patients, their families and/or carers is available seven days per week and throughout the whole of the burn pathway	D	
B.30.G	All Ages	CUF	Staff providing psychological care for the burns service deliver psychosocial training for the burns MDT	E	
B.31	All Ages	CUF	Psychological Support Services for Members of the Burn Care Team Burn Care staff have access to regular, reflective time, practice and debriefing sessions, as required. These are facilitated by members of the psychological care team or where appropriate an external psychological professional ^[25] .	E	

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B.32			Psychiatric Assessment & Intervention Liaison Mental Health Services are available at all times on the same site as the Burn Care Service. Guidelines and pathways are in place to ensure that referrals are responded to in a timely fashion.		Compliance: <ul style="list-style-type: none"> Liaison Mental Health Services are available at all times A defined referral pathway is in place Evidence: <ul style="list-style-type: none"> Evidence of services available and how clinical staff are able to access them Evidence of attendance at burns MDT meetings, as appropriate Note: See E.04 and E.05
B.32.A	All Ages	CUF	Urgent referrals where the patient has been admitted due to a suicide attempt or where there are concerns about risk due to mental state, or following an episode of self-harm, must be offered referral to age-appropriate liaison psychiatry services (or an equivalent specialist mental health service or a suitably skilled mental health professional) as soon as possible after admission for a psychosocial assessment	E	
B.32.B	All Ages	CUF	Routine inpatient referrals that do not fall into the remit of urgent referrals as defined in B.32.A should receive a response within three working days and an assessment/initial care plan within a week	E	
B.32.C	All Ages	CUF	Patients who attend as outpatients with self-harm burns must have a mental health assessment at the earliest opportunity ^[26] . To facilitate this, the professional involved in the initial burn care should liaise with the patient's GP or mental health service (if they have one) to ask for this to be arranged	E	
B.33	All Ages	CUF	Self-harm injuries Where clinically appropriate, patients presenting with self-harm injuries should be treated in the same way as non-intentional injuries, with patients being offered the same choices about treatment options	E	Compliance: <ul style="list-style-type: none"> Guideline in place for managing patients with self-harm injuries (See E.04.J) Evidence: <ul style="list-style-type: none"> The guideline

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B.34			Social Care Support		Compliance: <ul style="list-style-type: none"> There is an identified health/social care worker in the burns MDT There are arrangements for cover during absences Evidence: <ul style="list-style-type: none"> Name, job description and job plan of the person undertaking this role and description of how service is accessed Evidence of attendance at burns MDT meetings
B.34.A	All Ages	CU	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	E	
B.34.B	All Ages	F	The burn service is able to access specialist knowledge of health and social care systems, available to patients and their families to assist with social and welfare issues	E	
B.34.C	All Ages	CU	The worker is part of the burn care team and attends the burns MDT Meetings.	E	
B.34.D	All Ages	F	The worker is available to attend the burns MDT Meetings, if required	E	
B.34.E	All Ages	CU	Arrangements for cover during periods of absences are in place	E	
B.34.F	All Ages	F	Arrangements for cover during periods of absences are in place	D	

B.35			Burn Care Outreach Service		Compliance: <ul style="list-style-type: none"> Evidence of integrated, MDT outreach service Evidence: <ul style="list-style-type: none"> 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
			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 can be in-person or by electronic/remote means if appropriate and includes:		
B.35.A	All Ages	CUF	Provision of expert clinical advice	E	
B.35.B	All Ages	CUF	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 ^[27]	E	
B.35.C	All Ages	CU	Support and training for community health care professionals working with burn injured patients	E	
B.35.D	All Ages	F	Support and training for community health care professionals working with burn injured patients	D	

B.36			Paediatric Burn Care – Centre Level Collaboration		Compliance: <ul style="list-style-type: none"> Evidence of collaborative working, across the paediatric burn centre MDT, with an adult burn service treating complex injuries (centre or unit) Evidence: <ul style="list-style-type: none"> Operating policy Consultant Job Plan and rotas Training and education
			Consultant surgeons must work in close affiliation with an adult burn service within the local Burn Care Network, which manages adults with major burn injuries (See B.38).		
			There must be evidence of surgeons in the MDT having dedicated time allocated in job plans for:		
B.36.A	Children	C	A regular clinical commitment at an adult burn service, including exposure to ward rounds, operative management and rehabilitation	E	
B.36.B	Children	C	Working collaboratively with other paediatric burn centres, across England, for peer support through joint audit and MDT	E	

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B.37			Paediatric Burn Care – Centre Level Collaboration In addition to the arrangements for Consultant Surgeons, other staff working within the burns MDT at a recognised paediatric burn centre, including paediatric intensivists, must also collaborate with colleagues caring for adults with major burns (see B.38). Staff must be given opportunities for:		Compliance: <ul style="list-style-type: none"> Evidence of collaborative working, across the paediatric burn centre MDT, with an adult burn service treating complex injuries (centre or unit) Evidence: <ul style="list-style-type: none"> Operating policy Staff rotas Training and education events and attendance sheets
B.37.A	Children	C	Hands-on experience, through role specific shadowing/observing, on ward rounds, operative management and rehabilitation	E	
B.37.B	Children	C	Shared education and training	E	
B.37.C	Children	C	Peer support through joint audit and MDT	E	

B.38	Adults	CU	Paediatric Burn Care – Centre Level Collaboration To support Consultant Surgeons and other staff working in the paediatric burns MDT, reciprocal arrangements are in place for the adult Burn Care Service involved in the collaborative arrangement. (See B.36 and B.37).	E	Compliance: <ul style="list-style-type: none"> Evidence of collaborative working, across the paediatric burn centre MDT, with an adult burn service treating complex injuries (centre or unit) Evidence: <ul style="list-style-type: none"> Operating policy Staff rotas Training and education events and attendance sheets

B.39			Paediatric Burn Care – Centre Level Collaboration All paediatric burn centres will collaborate in a national network, to form a virtual, national MDT. This will provide a structured and consistent approach to audit, measuring outcomes and monitoring activity to ensure that specialised burn care for children with the most severe injuries, are treated equitably and safely. This will include national MDT meetings (virtual) to discuss on-going cases. Members of the burns MDT will participate in the following activities:		Compliance: <ul style="list-style-type: none"> Evidence of collaborative working, across the paediatric burn centre MDT, within the arrangements for the national MDT Evidence: <ul style="list-style-type: none"> MDT meeting notes
B.39.A	Children	C	MDT audit of current complex cases	E	
B.39.B	Children	C	Undertake retrospective National M&M audit, to support research and good practice	E	

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B.40	All Ages	CUF	<p>Administrative and clerical support</p> <p>Adequate administrative, clerical and data management support is available to the Burn Care Service during normal working hours (Monday to Friday).</p> <p>Arrangements for cover during periods of absences are in place.</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> Evidence of administrative and clerical support <p>Evidence:</p> <ul style="list-style-type: none"> Job description
B.41	All Ages	CUF	<p>Work Force Review</p> <p>The provision of Nursing, Allied Health Professional (AHP) and Psychological care in the burns 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.</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> Evidence of a work force review for all members of the burns MDT <p>Evidence:</p> <ul style="list-style-type: none"> Copy of the review report

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Section C: Inter-Reliant Services

C.01			Access to Critical Care Services – Adults	Compliance: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Description of the service and a copy of the last peer review of the critical care service Evidence of shared care in clinical notes 	
			Adult patients requiring Critical Care Services have access as follows:		
C.01.A	Adults	CU	The Burn Care Service is co-located with adult ICU and HDU facilities and has access to these services at all times		E
C.01.B	Adults	F	The Burn Care Service has access to ICU and HDU facilities at all times		E
C.01.C	Adults	CUF	Joint care by burn specialists and intensivists		E
C.01.D	Adults	CUF	The Critical Care Service adheres to relevant national guidelines associated with the provision of burn care and critical care ^[22]	E	

C.02			Access to Critical Care Services - Children	Compliance: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Description of the service and a copy of the last peer review of the critical care service Evidence of shared care in clinical notes <p><i>Note: For Standard C.02.D, ICU & HDU can be either adult or children's</i></p>	
			Specialised Burn Care Services for children are co-located with ICU and/or PHDU facilities.		
			Paediatric patients who require Critical Care Services have access as follows:		
C.02.A	Children	C	The Burn Care Service is co-located with a designated PICU		E
C.02.B	Children	U	The Burn Care Service is co-located with PHDU facilities and has access to Adult ICU facilities		E
C.02.C	Children	U	Children requiring ventilatory support for > 24 hours are cared for in a PICU		E
C.02.D	Children	F	The Burn Care Service has access to ICU and HDU facilities at all times		E
C.02.E	Children	CUF	The critical care service adheres to relevant national guidelines associated with the provision of burn care and critical care ^[11]	E	
C.02.F	Children	CUF	Children requiring critical care are managed jointly by burn specialists and paediatric intensivists	E	

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C.03			Access to Critical Care Services – Neonates Very young children need specialised burn care.		Compliance: <ul style="list-style-type: none"> 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 neonatal intensivists Evidence: <ul style="list-style-type: none"> 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.03.A	Children	CU	All neonates with burns that require admission should be cared for in a paediatric burn unit or centre with a co-located NICU/NHDU ^[28]	E	
C.03.B	Children	CU	Neonates requiring critical care are managed jointly by burn specialists and neonatal intensivists	E	

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 Burn Care Centre is located with an MTU, there are processes in place to ensure that there is integration between the Burn Care Service and the major trauma services.		Compliance: <ul style="list-style-type: none"> The Burn Care Service is co-located with an MTC or MTU Evidence: <ul style="list-style-type: none"> Description of service, including the shared care pathway between burns and on-site major trauma service
C.04.A	All Ages	CUF	The Burn Care Service is co-located with an MTU or MTC	E	
C.04.B	All Ages	CUF	The Burn Care Service is co-located with an MTC	D	

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C.05			Additional Clinical Services		Compliance: <ul style="list-style-type: none"> All services listed are available Evidence: <ul style="list-style-type: none"> Description of service
			The following services are available <i>at all times</i> on the same site as the Burn Care Service:		
C.05.A	All Ages	CUF	Biochemistry	E	
C.05.B	Adults	CUF	Care of the Elderly	E	
C.05.C	All Ages	CUF	Emergency Medicine	E	
C.05.D	Adults	CUF	General Medicine	D	
C.05.E	Adults	CUF	General Surgery	E	
C.05.F	All Ages	CUF	Haematology	E	
C.05.G	All Ages	CU	Integrated (Acute and Chronic) Pain Service	E	
C.05.H	Children	CUF	Paediatric Medicine ^[29]	E	
C.05.I	Children	CU	Paediatric Surgery ^[29]	E	
C.05.J	Children	F	Paediatric Surgery ^[29]	D	
C.05.K	All Ages	CUF	Radiology with Advanced Scanning Facilities (e.g. Computed Tomography Scan (CT))	E	
C.05.L	All Ages	CU	Renal Services (including acute replacement therapy)	E	
C.05.M	All Ages	CUF	Renal Services (including chronic renal replacement therapy)	E	
C.05.N	All Ages	CUF	Respiratory Physiotherapy Service (see B.26.D)	E	
C.05.O	All Ages	CUF	Transfusion Service (see C.06.O)	D	
C.05.P	All Ages	CUF	Trauma and Orthopaedic Surgery (see C.06.P)	D	
C.05.Q	All Ages	CUF	Vascular Surgery (see C.06.Q)	D	

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C.06			Additional Clinical Services		Compliance: <ul style="list-style-type: none"> All services are available, and a system is in place to access the service in a timely manner Evidence: <ul style="list-style-type: none"> Description of service and the process of accessing services in a timely manner
			The following services are available to the Burn Care Service, in a timely manner:		
C.06.A	All Ages	CUF	Cardiothoracic surgery	E	
C.06.B	All Ages	CUF	Dermatology	E	
C.06.C	All Ages	CUF	Ear Nose & Throat (ENT)	E	
C.06.D	All Ages	CUF	Infection Prevention and Control (IPC) Services	E	
C.06.E	All Ages	CUF	Liaison Mental Health Service (See B.32)	E	
C.06.F	All Ages	CUF	Maxillofacial Surgery	E	
C.06.G	All Ages	CUF	Medical Illustration/Photography	E	
C.06.H	All Ages	CUF	Microbiology	E	
C.06.I	All Ages	CUF	Neurology	E	
C.06.J	All Ages	CUF	Neurosurgery	E	
C.06.K	All Ages	CUF	Obstetrics and Gynaecology	E	
C.06.L	All Ages	CUF	Ophthalmology	E	
C.06.M	All Ages	CUF	Prosthetic Service	E	
C.06.N	All Ages	CUF	Speech and language therapy	E	
C.06.O	All Ages	CUF	Transfusion Service	E	
C.06.P	All Ages	CUF	Urology	E	
C.06.Q	All Ages	CUF	Vascular Surgery	E	

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C.07			Scar Management Services The following services are available on the same site as the Burn Care Service:		<p>Compliance:</p> <ul style="list-style-type: none"> National Standards for Occupational and Physiotherapy Practice are in use for scar management ^[30] All services are available, and a system is in place to access the services in a timely manner <p>Evidence:</p> <ul style="list-style-type: none"> Description of service and the process of accessing services in a timely manner
C.07.A	All Ages	CUF	Education and advice for patients and their families/carers	E	
C.07.B	All Ages	CUF	Intra-lesional steroid injections	E	
C.07.C	All Ages	CUF	Pressure therapy	E	
C.07.D	All Ages	CUF	Silicone therapy	E	
C.07.E	All Ages	CUF	Splinting	E	
C.08			Scar Management Services Access to the following services is available:		<p>Compliance:</p> <ul style="list-style-type: none"> National Standards for Occupational and Physiotherapy Practice are in use for scar management ^[30] All services are available, and a system is in place to access the services in a timely manner <p>Evidence:</p> <ul style="list-style-type: none"> Description of service and the process of accessing services in a timely manner
C.08.A	All Ages	CUF	Hair restoration	E	
C.08.B	All Ages	CUF	Laser therapy	E	
C.08.C	All Ages	CUF	Medical tattooing	E	
C.08.D	All Ages	CUF	Micro-needling	E	
C.08.E	All Ages	CUF	Skin camouflage	E	
C.09			Services for Patients with Non-Burn Skin Loss Patients with non-burn skin loss conditions may be treated at a specialised Burn Care Service.		<p>Compliance:</p> <ul style="list-style-type: none"> The Burn Care Services is fully compliant with the National Service Specification for SJS-TEN (all ages) ^[31] <p>Evidence:</p> <ul style="list-style-type: none"> Description of service
C.09.A	All Ages	C	Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Necrolysis (TEN) If patients with TEN 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 SJS-TEN ^[31]	E	
C.09.B	All Ages	CUF	Other skin loss conditions Patients with other skin loss conditions may be treated at a Burn Care Service, appropriate to the relevant level of care within the national Burn Care Referral Guidelines for percentage burn TBSA ^[27]	E	

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Section D: Facilities, Resources and Environment

D.01	All Ages	CU	<p>Burn Care Beds – Centres and Units</p> <p>Burn Care Services ensure that they plan sufficient capacity (staff resources and bed capacity) to accommodate both predicted and unpredicted peaks in demand.</p> <p>The Burn Care Service has a burn care ward specifically for burn-injured patients.</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> There is a burn care ward specifically for burn injured patients <p>Evidence:</p> <ul style="list-style-type: none"> 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
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D.02	All Ages	F	<p>Burn Care Beds – Facilities</p> <p>The Burn Care Service ensures that they plan sufficient capacity (staff resources and bed capacity) to accommodate both predicted and unpredicted peaks in demand.</p> <p>The Burn Care Service has access to burn care beds within plastic surgery or trauma services.</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> There is access to burn care beds within plastic surgery or trauma services <p>Evidence:</p> <ul style="list-style-type: none"> 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
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D.03			Availability of Emergency Burn Care Beds		Compliance: <ul style="list-style-type: none"> The burn service is monitoring activity and refusals and providing a report to the Burn Care Network Evidence: <ul style="list-style-type: none"> Reported data for all burn admissions including incidence of refused admissions due to non-availability of an appropriate burn bed
			Burn Care Services ensure that they plan sufficient capacity (staff resources and bed capacity) to accommodate both predicted and unpredicted peaks in demand.		
D.03.A	All Ages	CUF	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. The record must include: <ul style="list-style-type: none"> Clinical information about the patient, including referring hospital, age group, %TBSA and the reason for the refusal information about the final receiving hospital (the Burn Care Service accepting the referral) 	E	
D.03.B	All Ages	CUF	All Burn Care Services provide a quarterly report to the Burn Care Network Board, with details of the refused cases	E	
D.03.C	All Ages	CU	All Burn Care Services submit twice daily bed utilisation data to the NHS Directory of Services (DOS) system	E	

D.04			Thermally Controlled Cubicles – Centres and Units		Compliance: <ul style="list-style-type: none"> All burns over 20%TBSA have access to a single-bedded thermally controlled cubicle Evidence: <ul style="list-style-type: none"> Description of facilities Audit data demonstrating that all burns over 20% TBSA have access to a single-bedded thermally controlled cubicle
			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.		
D.04.A	All Ages	CU	There is access to sufficient single-bedded thermally controlled cubicles to care for burn injured patients	E	
D.04.B	All Ages	CU	There is access to sufficient single-bedded thermally controlled cubicles, with an anteroom, to care for burn injured patients	D	
D.04.C	All Ages	CU	There is access to sufficient single-bedded thermally and pressure-controlled cubicles to care for burn injured patients	D	

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D.05			Theatre Environment for Burn Patients		<p>Compliance:</p> <ul style="list-style-type: none"> 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 theatre are fully compliant with the guidelines issued by the Royal College of Anaesthetists <p>Evidence:</p> <ul style="list-style-type: none"> Description of service including the distance from any burn ward or ICU Description of service to include: <ul style="list-style-type: none"> the theatre schedule the number of planned burns sessions arrangements for emergency / out-of-hours access to burn theatre 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	All Ages	CU	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	E	
D.05.B	All Ages	C	There is timely access to a burn theatre at all times. The operating theatre is within 50 metres of the burn ward or ICU	D	
D.06	All Ages	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.	E	<p>Compliance:</p> <ul style="list-style-type: none"> All policies, procedures and arrangements for the procurement or storage of skin are Human Tissue Authority (HTA) compliant <p>Evidence:</p> <ul style="list-style-type: none"> Policies and procedures for the procurement or storage of skin products Evidence of compliance with the regulations issued by the HTA

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D.07			Tele-referral System		<p>Compliance:</p> <ul style="list-style-type: none"> Fully integrated tele-referral system that is in use between all major referring services All tele-referral practice complies with current legislation and information governance guidelines ^[33] <p>Evidence:</p> <ul style="list-style-type: none"> Description of telemedicine system and associated policy
			Systems for patient referrals and the secure transfer of digital images are available, including the ability to provide clinical advice via a telemedicine system ^{[32] [33]} .		
			Protocols are in place that cover the transfer, storage and utilisation of digital images ^[34] .		
			The Burn Care Network has approved an electronic tele-referral system or systems, capable of supporting: <ul style="list-style-type: none"> referrals from referring hospitals; specialist advice to referring hospitals; audit of referrals. 		
D.07.A	All Ages	CUF	The Burn Care Service utilises a network approved tele-referral system	E	
D.07.B	All Ages	CUF	All local emergency hospitals have a system for the secure transfer of digital images to the local specialised Burn Care Service	E	
D.07.C	All Ages	CUF	There are formal processes in place for the safe and secure storage of digital images and patient information	E	

D.08			Rehabilitation Services – Centres and Units		<p>Compliance:</p> <ul style="list-style-type: none"> The Burn Care Service has access to a specialised rehabilitation service for IP and OP care that includes all facilities listed <p>Evidence:</p> <ul style="list-style-type: none"> Description of the facilities available 	
			Patients have access to both IP and OP specialist burns rehabilitation to enable them to reach their optimal functional level ^{[27] [30] [35] [36]} .			
			The rehabilitation environment should include:			
	D.08.A	All Ages	CU	An area within or in close proximity to the burns ward suitable for rehabilitation		E
	D.08.B	All Ages	CU	A rehabilitation area away from the ward		E
	D.08.C	All Ages	CU	Access to an area for the assessment and training in activities of daily living		E
	D.08.D	All Ages	CU	Equipment appropriate to enable patients to return to previous life roles		E
	D.08.E	All Ages	CU	Strength training equipment		E
	D.08.F	All Ages	CU	Cardiovascular equipment		E
D.08.G	All Ages	CU	Access to off-site activities as appropriate to the needs of the patient	E		

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D.09			Rehabilitation Services - Facilities The Burn Care Service has access to specialised rehabilitation care ^{[27] [30] [35] [36]} . The rehabilitation facilities should be available to both IP's and OP's and include:		Compliance: <ul style="list-style-type: none"> The Burn Care Service has access to a specialised rehabilitation service Evidence: <ul style="list-style-type: none"> Description of the facilities available
D.09.A	All Ages	F	An area suitable for rehabilitation	E	
D.09.B	All Ages	F	Access to an area for the assessment and training in activities of daily living	E	
D.10	All Ages	CUF	Rehabilitation Services (Other Residential) The Burn Care Service has access to a post-acute IP rehabilitation service for those patients who require it ^{[27] [30] [35] [36]} . This is within the Burn Care Service or at another site deemed appropriate for the clinical needs of the patient.	E	Compliance: <ul style="list-style-type: none"> The Burn Care Service has access to post-acute IP rehabilitation services Evidence: <ul style="list-style-type: none"> Referral pathway documentation

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Section E: Policies and Procedures

E.01			Operational Policies The Burn Care Service has an Operational Policy or Policies, describing the delivery of burn care and including the following:		Compliance: <ul style="list-style-type: none"> There is a ratified Operational Policy or Policies, covering all points in the standard statement Evidence: <ul style="list-style-type: none"> The agreed policies
E.01.A	All Ages	CUF	A description of the burn service, including the physical layout of the available facilities, including wards, theatres and access to ICU/HDU and rehabilitation facilities	E	
E.01.B	All Ages	CUF	A description of the burn service, including leadership roles and composition of the MDT	E	
E.01.C	All Ages	CUF	Arrangements for MDT meetings, including expected frequency and attendance	E	
E.01.D	All Ages	CUF	A description of the burn service, including patient pathways for referral, initial management, discharge and follow up	E	
E.01.E	All Ages	CUF	Participation in the local Burn Care Network, including participation in network meetings, education and training and cross organisational working and collaboration	E	
E.01.F	All Ages	CUF	Integrated nursing and therapy outreach services	E	
E.01.G	All Ages	CUF	Access to other co-dependent services (see C.05 and C.06)	E	
E.01.H	All Ages	CUF	Access and utilisation of the tele-referral system (see D.07)	E	
E.01.I	Children	CUF	Patient and family access to the Burn Camp/Club (see A.07)	E	

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E.02			Guidelines for Referring Services		Compliance:
			The Burn Care Service is using Network agreed guidelines for referring services (see G.01), covering the following:		<ul style="list-style-type: none"> Ratified Referral Guidelines as identified are in place
E.02.A	All Ages	CUF	Airway and inhalation injury management (anaesthetic assessment prior to transfer)	E	Evidence: <ul style="list-style-type: none"> The guidelines
E.02.B	All Ages	CUF	Contact details and thresholds for seeking advice from a Burn Care Service, including the assessment and management of patients with non-survivable burns ^[28]	E	
E.02.C	All Ages	CUF	Fluid resuscitation	E	
E.02.D	All Ages	CUF	Guidelines on referral to an appropriate Burn Care Service ^[28]	E	
E.02.E	All Ages	CUF	Initial assessment and management of burn injured patients	E	
E.02.F	All Ages	CUF	Need for surgery (escharotomy) prior to transfer	E	
E.02.G	All Ages	CUF	Procedure to be followed if patient is not appropriate for admission or a bed is not available	E	
E.02.H	All Ages	CUF	Transfer guideline including the resources required (equipment and staffing)	E	
E.02.I	All Ages	CUF	Treatment of minor burns	E	

E.03			Admission Policy		Compliance:
			An admissions policy, specifying the following, is in place:		<ul style="list-style-type: none"> An Admissions Policy is in place, including all aspects listed
E.03.A	All Ages	CUF	Allocation of patients to a named Consultant	E	Evidence: <ul style="list-style-type: none"> The agreed policy
E.03.B	All Ages	CUF	Compliance with agreed burn severity thresholds ^[28]	E	
E.03.C	Children	CUF	Functional screening of patients admitted for > 24hrs, completed as soon as is clinically appropriate	E	
E.03.D	All Ages	CUF	Nutritional screening within 24 hours of admission	E	
E.03.E	All Ages	CUF	Photography on first presentation	E	
E.03.F	All Ages	CUF	Psychosocial screening of patients admitted for > 24hrs, completed as soon as is clinically appropriate	E	
E.03.G	All Ages	CUF	Referral of children to a named Paediatrician	E	

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E.04			Clinical Guidelines Clinical guidelines, specifying the following are in place:		Compliance: • There are clinical guidelines in use covering the areas listed
E.04.A	All Ages	CUF	Analgesia and use of pain assessment tools for background and breakthrough pain	E	Evidence: • The clinical guidelines
E.04.B	All Ages	CUF	Analgesia or anaesthesia for painful procedures	E	
E.04.C	All Ages	CUF	Intravenous (IV) fluid resuscitation	E	
E.04.D	All Ages	CUF	Management of burn wound infections	E	
E.04.E	All Ages	CUF	Management of itch	E	
E.04.F	All Ages	CUF	Management of toxic shock syndrome (TSS)	E	
E.04.G	All Ages	CUF	Mental health problems including self-harm and substance misuse	E	
E.04.H	All Ages	CUF	Nutrition assessment and management	E	
E.04.I	All Ages	CUF	Recognition and management of the acutely unwell patient (including transfer to a higher level of care)	E	
E.04.J	All Ages	CUF	Self-Harm Injuries	E	
E.04.K	All Ages	CUF	Transition from children & young people's services to adult services (see A.08)	E	
E.04.L	All Ages	CUF	Wound assessment and initial management	E	

E.05			Psychological Care Guidelines Guidelines specifying the following are in place for both inpatient and outpatient care:		Compliance: • There is a guideline covering the assessment, monitoring and delivery of psychological care
E.05.A	All Ages	CUF	Assessment, monitoring and delivery of psychological care	E	Evidence: • The clinical guidelines
E.05.B	All Ages	CUF	Patients and family involvement in psychological aspects of care	E	

E.06	All Ages	CUF	Rehabilitation Guidelines Standards of Physiotherapy and Occupational Therapy Practice in the Management of Burn Injured Adults and Children are met ^[30] .	E	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/audits demonstrating compliance with the standards
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Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
E.07			Infection Prevention and Control (IPC) A policy is in place, specifying IPC precautions to be taken in the following situations:		Compliance: <ul style="list-style-type: none"> An IPC policy is in place Audits demonstrating staff awareness and compliance with this policy Evidence: <ul style="list-style-type: none"> The IPC policy <i>Note:</i> <i>The IPC policy can be in line with Trust policies or burns specific but must cover both sub-sections</i>
E.07.A	All Ages	CUF	Patients colonised with multi-drug resistant organisms (MDROs)	E	
E.07.B	All Ages	CUF	The admission of patients from overseas	E	
E.08			Transfer of Patients between Burn Care Services Transfer guidelines specifying the following are in place:		Compliance: <ul style="list-style-type: none"> There is a guideline referring to the transfer of care between Burn Care Services Evidence: <ul style="list-style-type: none"> The transfer guidelines
E.08.A	All Ages	CUF	Transfers are arranged in a timely manner according to clinical need	E	
E.08.B	All Ages	CUF	Transfer of Care documents are sent with the patient	E	
E.08.C	All Ages	CUF	The transferring service discusses the transfer with the patient and family	E	
E.08.D	All Ages	CUF	Communication with the patient's GP regarding the transfer	E	
E.08.E	All Ages	CUF	Communication with Social Services regarding the transfer, where there are safeguarding concerns	E	
E.08.F	All Ages	CUF	When relevant, the transferring service discusses recent microbiology culture reports, including MDROs, with the receiving hospital's infection control team (See E.07.A)	E	
E.08.G	All Ages	CUF	A named Consultant in the receiving Burn Care Service	E	
E.08.H	All Ages	CUF	A rehabilitation prescription of planned on-going care, as appropriate	E	

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
E.09			Discharge Guidelines Discharge guidelines specifying the following are in place:		Compliance: <ul style="list-style-type: none"> There are discharge guidelines specifying the points listed Evidence: <ul style="list-style-type: none"> The discharge guidelines.
E.09.A	All Ages	CUF	Information for patients, their families and/or carers (see A.05)	E	<i>Note:</i> E.09.A and E.09.B are included in the Rehabilitation Prescription and may be provided as a single document
E.09.B	All Ages	CUF	Information to be provided for the patient's GP. This must include <ul style="list-style-type: none"> contact details for the clinical team the plan of care, including current and future physical, nutritional, social and psychological care 	E	
E.10	All Ages	CUF	Rehabilitation Prescription (In-Patients) All patients who require on-going rehabilitation, after discharge or transfer to another Burn Care Service, have a Burns Rehabilitation Prescription	E	Compliance: <ul style="list-style-type: none"> All patients have a rehabilitation assessment All patients with an assessed rehabilitation need, for discharge or transfer, are provided with a Rehabilitation Prescription Evidence: <ul style="list-style-type: none"> Case notes and review of case notes <i>Note:</i> For a child, with an assessed rehabilitation need, their carers and where appropriate, the child, must be provided with a Rehabilitation Prescription
E.11	All Ages	CUF	End of Life Care There is an End of Life care pathway in line with that of the Trust and NICE guidelines [37] [38]	E	Compliance: <ul style="list-style-type: none"> A Trust approved End of Life care pathway is in use Evidence: <ul style="list-style-type: none"> The End of Life care pathway Case notes and review of case notes.

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
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E.12			<p>Burn Care Service Major Incident Plan (MIP)</p> <p>The Burn Care 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 ^[39] and the Burns Annex ^[40] for mass casualty and major incidents.</p> <p>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.</p> <p>The Service stages an MIP practice exercise at least once every 2 years.</p>		<p>Compliance:</p> <ul style="list-style-type: none"> • There is reference to the Burns Annex in the Burn Trusts' MIP • Each Burn Care Service should have burn service Action Cards linked to their Trust's MIP • BIRTs are identified and training has been completed • There is a plan regarding psychological support for staff in place
E.12.A	All Ages	CUF	The Burn Care Service should ensure there are burns specific Action Cards linked to their Trust's MIP	E	<p>Evidence:</p> <ul style="list-style-type: none"> • The Burn Care Service Action Cards are linked to the Trust MIP • List of BIRT team members and training records • The psychological support plan for staff • Record of participating in a MIP Exercise involving burns
E.12.B	All Ages	CUF	The Burn Care Service has participated in a MIP practice exercise within the last two years	E	
E.12.C	All Ages	CUF	The Burns MIP includes an Operational Policy for the management of whole families that have sustained burn injuries in a single incident	E	
E.12.D	All Ages	CU	The Burn Care Service has identified appropriate members of staff who can form a BIRT and keeps a detailed contact list	E	
E.12.E	All Ages	F	The Burn Care Service has identified appropriate members of staff who can form a BIRT and keeps a detailed contact list	D	
E.12.F	All Ages	CUF	Plans are in place regarding the provision of appropriate psychological support for members of the BIRT and wider burn care team post major incident	E	
E.12.G	All Ages	CUF	Plans are in place to ensure all members of a BIRT have completed the mandatory e-learning as detailed in the BIRT Information Pack	E	

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
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Section F: Clinical Governance

F.01	All Ages	CUF	<p>Active Involvement in the Specialised Burn Care Clinical Network</p> <p>The Burn Care Service operates as part of a Burn Care Network.</p> <p>The service is actively engaged in network activities, with representation from all disciplines of the burns MDT.</p> <p>This includes attendance at the Burn Care Network meetings and support for training, service development, audit and clinical events.</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> The service has representation from the MDT at Burn Care Network events/activities <p>Evidence:</p> <ul style="list-style-type: none"> Evidence of attendance and participation at network meetings and events
F.02	All Ages	CUF	<p>Research</p> <p>The Burn Care Service participates in local, regional, national or international research projects.</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> The Burn Care Service participates in research projects <p>Evidence:</p> <ul style="list-style-type: none"> List of research projects undertaken by the Service
F.03	All Ages	CUF	<p>Data Collection</p> <p>The service submits the agreed minimum dataset, to the approved national burns clinical data registry for all patients, within six weeks of discharge.</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> The Burn Care Service submits the minimum dataset to the approved national burns clinical data registry for all patients, within six weeks of discharge <p>Evidence:</p> <ul style="list-style-type: none"> Annual burns data registry reports

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
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F.04			<p>Activity Levels – Adult Burn Care</p> <p>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.</p> <p>The total minimum number of cases managed includes:</p> <ul style="list-style-type: none"> - Both IP and OP care, and; - Tele-referrals managed remotely by the service. 		<p>Compliance:</p> <ul style="list-style-type: none"> • Minimum activity achieved • Service activity report is provided to the Burn Care Network Board/Network Audit <p>Evidence:</p> <ul style="list-style-type: none"> • 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 service report is provided to the Burn Care Network Board/Network Audit, detailing the mitigations and action plan
F.04.A	Adults	C	<p>Adult Burn Centres manage a minimum of 100 acute burn patients (new referrals) annually:</p> <ul style="list-style-type: none"> - At least 30 require unit level care - At least 10 patients require centre level care 	E	
F.04.B	Adults	U	<p>Adult Burn Units admit a minimum of 100 acute burn patients (new referrals) annually:</p> <ul style="list-style-type: none"> - At least 30 require unit level care 	E	
F.04.C	All Ages	F	<p>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</p>	E	
F.04.D	Adults	CUF	<p>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 Burn Care Network Board and at the Network Audit meeting(s)</p>	E	
F.04.E	Adults	CUF	<p>All burn services utilise an assessment tool to monitor activity, outcomes and mortality, and can trigger an external review if concerns arise</p>	E	
F.04.F	Adults	CUF	<p>Services that do not meet the expected number of cases (F.04.A to C) inform the Burn Network and make arrangements for burns MDT members to maintain their clinical competencies (see B.36-38)</p>	E	

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
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F.05			<p>Activity Levels – Children’s Burn Care</p> <p>It is essential 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.</p> <p>The total minimum number of cases managed includes:</p> <ul style="list-style-type: none"> - Both IP and OP care, and; - Tele-referrals managed remotely by the service. 		<p>Compliance:</p> <ul style="list-style-type: none"> • Minimum activity achieved • Service activity report is provided to the Burn Care Network Board/Network Audit • Staff within the Paediatric Burn Centre MDT are collaborating with colleagues in an adult burn service (<i>see note below</i>) <p>Evidence:</p> <ul style="list-style-type: none"> • 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 service report is provided to the Burn Care Network Board/Network Audit, detailing the mitigations and action plan <p>Note: <i>With particular reference to the small number of children, with large or complex burns, it is vital that the skills and expertise of the clinical teams, caring for children with these types of burn injury, are maintained, and that measures are put in place to ensure equity of care nationally.</i></p> <p><i>Skills are best maintained if the team regularly care for such service users, rather than the management of a large and complex burn being an occasional event. This can be achieved by maximising the number of large and complex burns any specific team manages, by active involvement in the ‘hands-on’ management of service users, be they adults or children.</i></p>
F.05.A	Children	C	<p>Children’s Burn Centres manage a minimum of 100 acute burn patients (new referrals) annually:</p> <ul style="list-style-type: none"> - At least 30 require unit level care - At least six patients require centre level care 	E	
F.05.B	Children	U	<p>Children’s Burn Units manage a minimum of 100 acute burn patients (new referrals) annually:</p> <ul style="list-style-type: none"> - At least 30 require unit level care 	E	
F.05.C	Children	F	<p>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</p>	E	
F.05.D	Children	CUF	<p>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 Burn Care Network Board and at the Network Audit meeting(s)</p>	E	
F.05.E	Children	CUF	<p>All burn services utilise an assessment tool to monitor activity, outcomes and mortality, and can trigger an external review if concerns arise</p>	E	
F.05.F	Children	CUF	<p>Services that do not meet the expected number of cases (F.05.A to C) inform the Burn Care Network and to make arrangements for burns MDT members to maintain their clinical competencies (<i>see B.36-38</i>)</p>	E	

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
F.06			Audit The Burn Care Service has a programme of audit which includes:		Compliance: <ul style="list-style-type: none"> The Burn Care Service has a programme of audit in the areas listed There is a minimum of one morbidity and mortality meeting for the whole Burn Care Network held each year There is evidence that all centre level burns and burn deaths are reviewed within the Burn Care Network The Burn Care Service participates in the national mortality meeting, held annually Self-assessment (F.06.B) should be undertaken at least biennially (once every two years) or more frequently if required
F.06.A	All Ages	CUF	A self-assessment and review of compliance with Burn Care standards <i>See G.07</i>)	E	Evidence: <ul style="list-style-type: none"> The services audit programme with examples of completed audit cycles Minutes of audit meetings, showing named attendees
F.06.B	All Ages	CUF	Compliance with national Burn Care Referral Guidance ^[27]	E	
F.06.C	All Ages	CUF	Mortality, to include all deaths	E	
F.06.D	All Ages	CUF	Network and national M&M audit meetings (<i>See G.06</i>)	E	
F.06.E	All Ages	CUF	Unexpected survivors or positive outcomes	E	
F.07			Clinical Governance and 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: <ul style="list-style-type: none"> The Burn Care Service has a process for clinical governance, covering the topics A-G Evidence: <ul style="list-style-type: none"> Notes of meetings Relevant policies or procedures
F.07.A	All Ages	CUF	Clinical audit	E	
F.07.B	All Ages	CUF	Participation at Network and National Audit meetings	E	
F.07.C	All Ages	CUF	Review of complaints	E	
F.07.D	All Ages	CUF	Review of M&M	E	
F.07.E	All Ages	CUF	Review of patient feedback	E	
F.07.F	All Ages	CUF	Review of Serious Incidents (SIs) and trends	E	
F.07.G	All Ages	CUF	Review of staff feedback	E	

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
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F.08			Annual Service Report (ASR)		<p>Compliance:</p> <ul style="list-style-type: none"> The Burn Care Service produces an annual report that includes all aspects listed <p>Evidence:</p> <ul style="list-style-type: none"> The ASR
			<p>The service produces an ASR summarising activity, compliance with Burn Care Standards and clinical outcomes.</p> <p>The report includes patient experience and feedback, research activity, publications and presentations.</p> <p>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.</p>		
F.08.A	All Ages	CUF	The Burn Care Service produces an ASR, which forms part of the Burn Care Network Annual Report	E	
F.08.B	All Ages	CUF	The Annual report includes a forward view, covering the subsequent 3-5 years and aligned with the Burn Care Network	E	
F.08.C	All Ages	CUF	The Burn Care Service contributes to the Burn Care Network Annual Report	E	

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
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Section G: Network and National Arrangements

G.01		Network Guidelines and Protocols – Immediate Care		Compliance: <ul style="list-style-type: none"> There are agreed burn care guidelines or protocols for all areas identified in the standard The guidelines and protocols and available in electronic format, on the service/Trust or network website Evidence: <ul style="list-style-type: none"> The Guidelines or protocols, with evidence of dissemination
		The Burn Care Network has agreed and disseminated guidelines and protocols on immediate care of patients (adults & children) for use by pre-hospital care providers, ambulance, emergency department personnel and GPs covering the following:		
G.01.A	N	Contact details and thresholds for seeking advice from a Burn Care Service, including the assessment and management of patients with non-survivable burns ^[27]	E	
G.01.B	N	Airway and inhalation injury management (anaesthetic assessment prior to transfer)	E	
G.01.C	N	Fluid resuscitation	E	
G.01.D	N	Guidelines on referral to an appropriate Burn Care Service ^[27]	E	
G.01.E	N	Initial assessment and management of burn injured patients	E	
G.01.F	N	Need for surgery (escharotomy) prior to transfer	E	
G.01.G	N	Procedure to be followed if patient is not appropriate for admission or a bed is not available	E	
G.01.H	N	Transfer guideline including the resources required (equipment and staffing)	E	
G.01.I	N	Treatment of minor burns	E	
G.02	N	Network Guidelines and Protocols – Follow-on Care		Compliance: <ul style="list-style-type: none"> There are agreed burn care guidelines or protocols for all areas identified in the standard The guidelines and protocols and available in electronic format, on the service/Trust or network website Evidence: <ul style="list-style-type: none"> The Guidelines or protocols, with evidence of dissemination
		The Burn Care Network has agreed and disseminated guidelines and protocols on repatriation and step-down to another Burn Care Service (see A.10).		

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
G.03		N	<p>Major Incident and Mass Casualty Planning</p> <p>The Burn Care Network supports Burn Care Services and their host Trusts to integrate planning arrangements for major and/or mass casualty incidents involving burn injured casualties.</p> <p>Trust plans include reference to the most up-to-date NHSE Concept of Operations for Managing Mass Casualties ^[39] and the Burns Annex ^[40] for mass casualty and major incidents.</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> There is reference to the management of burn casualties in the Trust's Major Incident Plan that refers to the most up-to-date NHSE Burns Annex <p>Evidence:</p> <ul style="list-style-type: none"> Copies of the Burns Trusts MIPs complying with this standard
G.04		N	<p>Network and National Surge and Escalation</p> <p>The Burn Care Network should have in place a Standard Operating Procedure (SOP) for the management of surge and escalation in adult and paediatric burn critical care (adults & children).</p> <p>This should be in accordance with the NHSE policy for the Management of surge and escalation in critical care services ^[41].</p> <p>This SOP should be reviewed annually or sooner if national policy dictates.</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> The Burn Care Network is operating surge and escalation arrangements that are in accordance with NHSE Management of surge and escalation in critical care services: Standard operation procedure for adult and paediatric burn care services in England and Wales <p>Evidence:</p> <ul style="list-style-type: none"> Copy of the Burn Care Network Surge and Escalation Plan
G.05			<p>Network Strategies</p> <p>The Burn Care Network has developed network-wide strategies in the following areas:</p>		<p>Compliance:</p> <ul style="list-style-type: none"> The Burn Care Clinical Network has developed and published the necessary strategies <p>Evidence:</p> <ul style="list-style-type: none"> Strategies approved by the Burn Care Clinical Network Board
G.05.A		N	A Network Strategic Development Plan covering the subsequent 5 to 10 years. This links with the Service Development Plans (See F.07)	E	
G.05.B		N	Communications, including the Burn Care Network Website and other web-based resources	E	
G.05.C		N	Education and training for burns and non-burns healthcare professionals	E	
G.05.D		N	Public and Patient Engagement	E	

Section and Topic Number	Age Group	Level of Care	Burn Care Standard	Essential or Desirable E / D	Compliance and Evidence
G.06			<p>Mortality and Morbidity Audit</p> <p>The Burn Care Network 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.</p> <p>An action plan from these meetings is disseminated between all Burn Care Services.</p>		<p>Compliance:</p> <ul style="list-style-type: none"> • There is a minimum of one morbidity and mortality meeting for the whole network held each year • There is evidence that all deaths are reviewed within the network • Unexpected mortalities are identified <p>Evidence:</p> <ul style="list-style-type: none"> • The action plan / report from the network M&M meeting • Minutes of network wide mortality and morbidity meetings
G.06.A		N	The Burn Care Network conducts regular network-wide M&M Audit meetings	E	
G.06.B		N	The Burn Care Network participates in the annual National Mortality Audit meeting	E	
G.07		N	<p>Network Assessment of the Burn Care Standards</p> <p>The Burn Care Network must work with the Burn Care Services to conduct an assessment of compliance against the BBA Burn Care Standards, through a process of self-assessment. This should be undertaken biennially, or more often if required (See <i>F.06.A</i>).</p>	E	<p>Compliance:</p> <ul style="list-style-type: none"> • There is evidence of the network self-assessment process • A report must be provided to the Network Board <p>Evidence:</p> <ul style="list-style-type: none"> • Network Board Report

APPENDIX 1

BBA MEMBERS OF THE BURN STANDARDS REVIEW GROUP

▪ Amy Johnson	Senior Burns Nurse	▪ Kayvan Shokrollahi	Consultant Burns Surgeon
▪ Anna Turner	Clinical Psychologist	▪ Ken Dunn	Consultant Burns Surgeon
▪ Ascanio Tridente	Consultant Anaesthetist/Intensivist	▪ Laura Shepherd	Clinical Psychologist
▪ Brendan Sloan	Consultant Anaesthetist/Intensivist	▪ Liz Pounds-Cornish	Clinical Psychologist
▪ Catrin Pugh	Burns Physiotherapist	▪ Louise Campbell	Senior Burns Nurse
▪ Chidi Ekwobi	Consultant Burns Surgeon	▪ Louise Johnson	Senior Physiotherapist
▪ Clare Thomas	Senior Burns Nurse	▪ Mary Kennedy	Senior Burns Nurse
▪ David Barnes	Consultant Burns Surgeon	▪ Nicky Mackey	Senior Burns Nurse
▪ Elizabeth Chipp	Consultant Burns Surgeon	▪ Nicole Lee	Senior Burns Nurse
▪ Emma Hodgkinson	Clinical Psychologist	▪ Odhran Shelly	Consultant Burns Surgeon
▪ Emily Bridge	Senior Dietician	▪ Peter Siggers	Burn Care Network Manager
▪ Emily Huddleston	Advanced Burns Physiotherapist	▪ Peter Drew	Consultant Burns Surgeon
▪ Helen Watkins	Clinical Psychologist	▪ Peter Dziejewski	Consultant Burns Surgeon
▪ Ian Mackie	Consultant Burns Surgeon	▪ Polly Brooks	Patient Representation
▪ Jacky Edwards	Senior Burns Nurse	▪ Rachel Wiltshire	Senior Physiotherapist
▪ Janine Evans	Senior Occupational Therapist	▪ Sarah Gaskell	Clinical Psychologist
▪ Jo Myers	Patient Representation	▪ Tony Fletcher	Consultant Anaesthetist/Intensivist
▪ Karen Highway	Senior Burns Nurse	▪ Victoria Dudman	Burns Occupational Therapist

Additional support and advice from:

- Bridie Grant - Clinical Psychologist
- Mike Jepson - Consultant Paediatric Anaesthetist
- Joanne Gaffing – Burn Care Network Manager
- Rosie Burnett - Senior Dietician
- Sharon Standen - Burn Care Network Manager

BSRG TERMS OF REFERENCE

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

Burns Standards Review Group (BSRG) 2022
Terms of Reference (Final) Version 2



- 1 **Name of Group** Burns Standards Review Group (BSRG) 2022
- 2 **Accountability** The BSRG is accountable to the British Burns Association (BBA) Executive Committee.
- 3 **Aims and Purpose** To review the existing (2018) BBA standards and outcomes report, and to produce an updated revision for publication in 2023.
- 4 **Scope**

The scope of this review includes all burn care standards and outcomes related to the delivery of specialised burn care, at services identified as specialised providers in the NHS Specialised Commissioning Specifications for burn care (adults and children's care).

Not in scope are aspects of the care pathway provided by non-specialised service providers and standards related to work of the Operational Delivery Networks.
- 5 **Objectives and Responsibilities**

The BSRG will:

 - Review the existing BBA standards and 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 BBA Executive Committee, for final approval and publication.
- 6 **Membership**
 - Joint Chairs: Mr Peter Drew and Mr Odhran Shelley
 - 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)
 - The following individuals will be invited to be members of the BSRG:
 - Ken Dunn, Burns Surgeon and lead for IBID
 - Pete Sagggers (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.

- 7 **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)
- 8 **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.

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. All meetings will be conducted as virtual meetings, on MS Teams.
- 10 **Frequency of meetings**

Provisional dates are:

 - 1) 21 September 2022
 - 2) 19 October
 - 3) 9 November
 - 4) 30 November
 - 5) 21 December
 - 6) 18 January 2023

The meetings will start at 14.30 and aim to finish by 17.00 at the latest.

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Burns Standards Review Group (BSRG)

Pete Sagggers
 August 2022

APPENDIX 3

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.
HTA	Human Tissue Authority.
ICD10	International Statistical Classification of Disease and Related Health Problems (Version 10).
ICS	Intensive Care Society.
ICU	Intensive Care Unit. <i>May also be referred to as an Intensive Therapy Unit or Intensive Treatment Unit (ITU).</i>
ICNARC	Intensive Care National Audit and Research Centre.
IP	In-Patient.
IPC	Infection Prevention and Control.

ABBREVIATIONS *continued*

LSEBN	London and South East of England Burn Care Network.
M&M	Morbidity and Mortality.
MBCN	Midland Burn Care Network.
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.
NBCG	National Burn Care Group.
NBCR	National Burn Care Review.
NBCN	Northern Burn Care Network.
NHS	National Health Service.
NICE	National Institute for Health and Care Excellence.
OP	Outpatient.
OPCS4	Classification of Interventions and Procedures.
OT	Occupational Therapist/Occupational Therapy.
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/Physiotherapy
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.

ABBREVIATIONS *continued*

ST3	Surgical Trainee level/year 3.
SWBCN	South West UK Burns Network
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.
Tele-Referral and 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.

APPENDIX 4

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