

SCHEDULE 2 – THE SERVICES

A. Service Specifications

1. Service name	Specialist Burn Care Services (Children)
2. Service specification number	D06/S/a – 230501S
3. Date published	17/05/2023
4. Accountable Commissioner	NHS England Trauma PoC webpage

5.	Population and/or geography to be served
5.1	Population Covered This service specification relates to children up to the age of 16 years. Children aged between 16-18 years may be treated in a paediatric burn service and will be considered on a case-by-case basis.
5.2	Minimum population size Not Used
6.	Service aims and outcomes
6.1	Service aims The aim of the service is to deliver multi-disciplinary specialist care, to children and young people after burn injury, covering the whole patient pathway from referral to completion of care or transition to adult services. The above aim will be achieved by: <ul style="list-style-type: none">• Delivering treatment and care that conforms to national standards and published clinical guidelines• Being responsive to the psychological needs of paediatric service users and their families• Delivering care holistically, ensuring that all service users have access to a wide range of specialist multi-disciplinary services• Encouraging an environment in which the families of paediatric service users are able to make informed decisions about their treatment• Facilitating on-going care near to the service users own community where clinically appropriate

	<ul style="list-style-type: none"> • Where appropriate, supporting the return of the child to their pre-injury educational and social groups • Delivering the appropriate elements of specialist burn care treatment as part of a recognised managed clinical network • Ensuring equity of access to specialised burn care for paediatric service users • Responding effectively to major incidents involving paediatric burn casualties • Ensuring good quality and specialised burn care is delivered in both the inpatient and outpatient setting until the service user no longer requires specialised burn care. • Working with relevant agencies to support prevention initiatives. 																												
6.2	<p>Outcomes</p> <p><u>NHS Outcomes Framework Domains & Indicators</u></p> <table border="1" data-bbox="288 792 1430 1095"> <tr> <td>Domain 1</td> <td>Preventing people from dying prematurely</td> </tr> <tr> <td>Domain 2</td> <td>Enhancing quality of life for people with long-term conditions</td> </tr> <tr> <td>Domain 3</td> <td>Helping people to recover from episodes of ill-health or following injury</td> </tr> <tr> <td>Domain 4</td> <td>Ensuring people have a positive experience of care</td> </tr> <tr> <td>Domain 5</td> <td>Treating and caring for people in safe environment and protecting them from avoidable harm</td> </tr> </table> <p><u>Service defined outcomes/outputs</u></p> <p>The service will complete / update the nationally agreed Specialised Service Quality Dashboard for specialised burn care services, which includes the following clinical outcome measures and all quality metrics listed at {Weblink to be added}. Within this website the full version of the Burns Quality outcomes and Metrics, including the long descriptions of metrics and the numerators / denominators used to calculate certain outcomes can be viewed.</p> <table border="1" data-bbox="288 1494 1450 1809"> <thead> <tr> <th colspan="6">Clinical Outcome Metrics - quantitative data</th> </tr> </thead> <tbody> <tr> <td>110</td> <td>Centre Unit Facility</td> <td>Number of paediatric admissions who died and were calculated to be unexpected deaths</td> <td>IBID</td> <td>2,3,5</td> <td>Effective</td> </tr> <tr> <td>111</td> <td>Centre Unit Facility</td> <td>Number of paediatric admissions who survived calculated as being unexpected</td> <td>IBID</td> <td>2,3,5</td> <td>Effective</td> </tr> </tbody> </table>	Domain 1	Preventing people from dying prematurely	Domain 2	Enhancing quality of life for people with long-term conditions	Domain 3	Helping people to recover from episodes of ill-health or following injury	Domain 4	Ensuring people have a positive experience of care	Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Clinical Outcome Metrics - quantitative data						110	Centre Unit Facility	Number of paediatric admissions who died and were calculated to be unexpected deaths	IBID	2,3,5	Effective	111	Centre Unit Facility	Number of paediatric admissions who survived calculated as being unexpected	IBID	2,3,5	Effective
Domain 1	Preventing people from dying prematurely																												
Domain 2	Enhancing quality of life for people with long-term conditions																												
Domain 3	Helping people to recover from episodes of ill-health or following injury																												
Domain 4	Ensuring people have a positive experience of care																												
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm																												
Clinical Outcome Metrics - quantitative data																													
110	Centre Unit Facility	Number of paediatric admissions who died and were calculated to be unexpected deaths	IBID	2,3,5	Effective																								
111	Centre Unit Facility	Number of paediatric admissions who survived calculated as being unexpected	IBID	2,3,5	Effective																								
7.	Service description																												
7.1	Service model																												

	<p>The service is delivered through recognised specialised care providers, to ensure service users have equity of access and receive parity of service. Services providing specialised paediatric burn care must comply with the latest guidance and essential standards of care, for different aspects of the care pathway. These standards have been developed by burns and other healthcare professionals and describe how health care for children generally, and specialised burn care specifically, should be delivered.</p> <p>These standards cover:</p> <ul style="list-style-type: none"> • Patient centred care, covering the planning of burn care and the support that service users and families can expect to receive. This includes: <ul style="list-style-type: none"> ○ Information for service users, families and carers. ○ Discharge information and support resources. ○ Return to education. • The multi-disciplinary team (MDT), covering clinical leadership, access to surgeons, paediatric intensivists, anaesthetists, nurses, allied health professionals and other specialist clinical support professionals to provide the full range of physical and psychosocial care for burn service users. This includes: <ul style="list-style-type: none"> ○ Clinical leadership, staffing levels for nursing and medical staff. ○ Training and education. • Availability of specialist therapy staff, dietitians and psychology professionals. • Inter-reliant Services, indicating the wide range of clinical services required for each level of service, as described at Appendix 1. • Facilities, Resources and the Environment, describing the facilities, resources and the environment necessary to provide specialised burn care, including: <ul style="list-style-type: none"> ○ Acute care (emergency beds and theatres), follow-up facilities and rehabilitation. • Policies and Procedures, outlining the core policies and procedures necessary to provide effective burn care. This includes: <ul style="list-style-type: none"> ○ Operational policies ○ Major incident plans ○ Clinical guidelines for referring clinicians and burn care treatment. • Clinical Governance, referring to audit, research, data collection and analysis, necessary to formalise the distribution of current clinical guidelines and examples of best practice.
7.2	<p>Pathways</p> <p><u>Overall patient pathway</u></p> <p>Specialist paediatric burn care services include all paediatric burn care delivered by Burn Centres, Burn Units and Burn Facilities delivered as part of an Operational Delivery Network. This covers the whole pathway, including:</p> <ul style="list-style-type: none"> • Specialist assessment • Admission to a Centre, Unit or Facility

- Rehabilitation (within the burns service).
- Outpatients and Outreach

Burn Facilities

Provide acute care for people with less complex burns in line with National Burn Care Referral Guidance 2012 (<https://www.britishburnassociation.org/national-burn-care-referral-guidance/>) Burn Facilities refer service users to Burn Units and Centres for the treatment of more complex injuries (in line with national and local threshold guidance). Burn Facilities are an integral part of the patient pathway in the provision of a rehabilitation service for some of the service users from their local area who have more complex injuries.

Burn Units

Burn Units provide care for service users with a burn of moderate size and/or moderate severity in line with National Burn Care Referral Guidance 2012 (1). These services treat service users across a wider geographical area than Burn Facilities and provide treatment for patients requiring critical care (such as care in a high dependency unit). They also provide facility-level care for their more local population.

Burn Centres

Burn Centres provide care for service users with the most severe injuries and for those requiring the highest level of critical care in line with National Burn Care Referral Guidance 2012 (1). They also provide unit and facility-level care for their more local population.

Outpatient and Outreach

Specialised outpatients burn care is provided post discharge and may be required on an ongoing basis or at a future point dependent on individual service user needs. The service model also includes delivery of specialised burn care remotely from the recognised acute burn care setting. This is delivered as part of an outreach service.

NHS England also commissions services for service users with toxic epidermal necrolysis, severe staphylococcal scalded skin syndrome, necrotising fasciitis and other skin loss conditions when they are treated in a specialist burn care service. There is a separate service specification for these conditions (<https://www.england.nhs.uk/wp-content/uploads/2018/06/service-specification-stevens-johnson-syndrome-toxic-epidermal-necrolysis.pdf>)

Discharge Planning, Continuing Care and Rehabilitation

Service users will remain at the specialised burn service in which they have received their care until it is appropriate for either initiation of discharge or transfer to another appropriate specialised burn service (or a non-specialised service such as a local hospital) closer to home or to a specialised rehabilitation service.

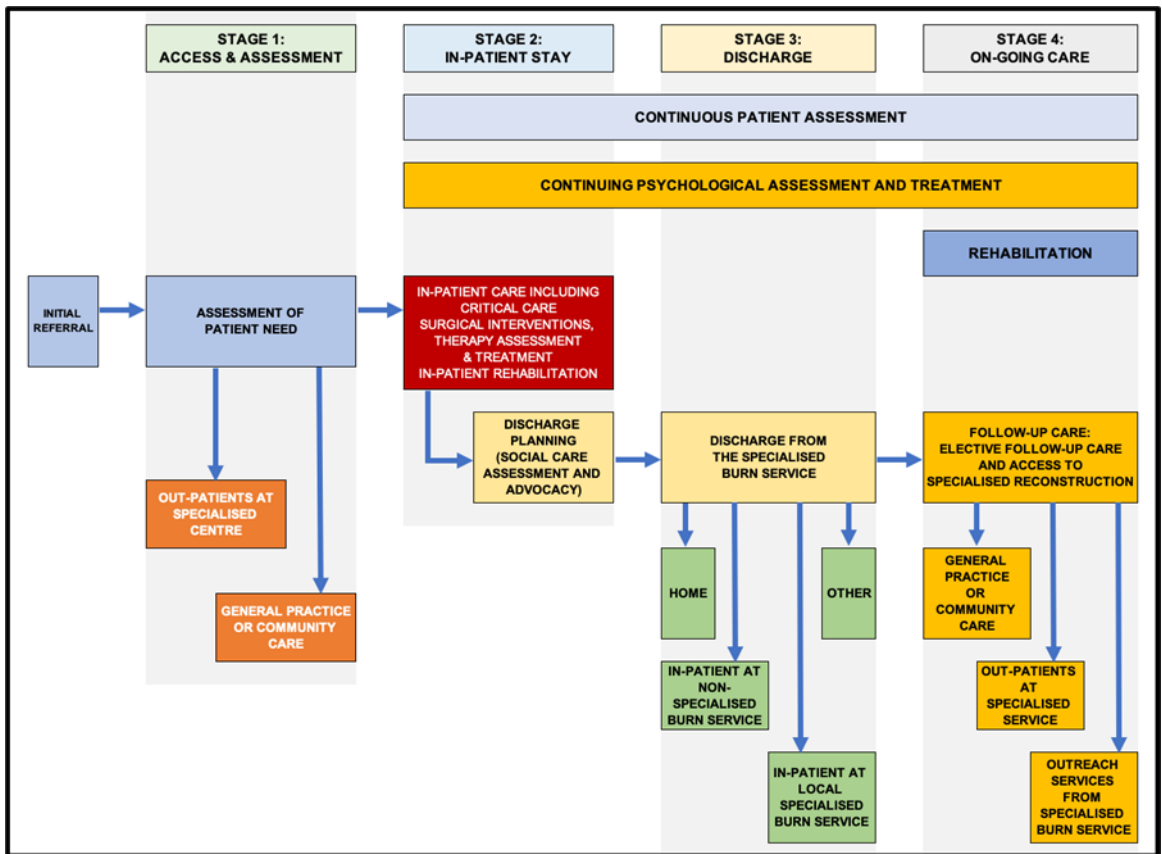
A Burns Rehabilitation Prescription should be produced for service users with a burn injury and requiring ongoing rehabilitation. A copy should be provided to:

- The organisation providing rehabilitation services
- The child, dependent on their age and understanding, and their parent or carer.

It should be noted that some aspects of the post-acute pathway might include continuing care provided at home or school (community care) and although this is not covered by specialised commissioning, it is an important element of the care pathway.

Specialised patient pathway

The Burn Care pathway can be illustrated as follows:



Shared care arrangements

Not applicable as the episode of care is undertaken within the one centre or unit.

7.3 Clinical Networks

	<p>There is a requirement for providers of this service to comply with the provisions of Schedule 2F (Clinical Networks) of the NHS Standard Contract 2022/23 The Particulars. This includes meeting the requirements of the relevant Specialised Services Clinical Network Specification.</p> <p>Paediatric specialised burn care services are delivered as part of a formal Burn Care Operational Delivery Network (ODN) arrangement to ensure individual service user care is delivered in accordance with agreed care pathways.</p> <p>All Providers will be required to participate in a networked model of care to enable services to be delivered as part of a co-ordinated, combined whole system approach.</p>
<p>7.4</p>	<p>Essential Staff Groups</p> <p>Specialised burn care services must be compliant with all of the essential standards of care, described in the following documents and reports, or the most recently revised version:</p> <ul style="list-style-type: none"> • British Burn Association Standards and Outcomes (2018), related to all phases and aspects of the delivery of care for children - https://www.britishburnassociation.org/standards/ ⁽²⁾ • Standards of Physiotherapy and Occupational Therapy Practice in the Management of Burn Injured Adults and Children 2017 - https://www.britishburnassociation.org/standards-of-physiotherapy-occupational-therapy-practice/ ⁽³⁾ • Facing the Future: Standards for acute general paediatric services - https://www.rcpch.ac.uk/resources/facing-future-standards-acute-general-paediatric-services ⁽⁴⁾ • Guidelines for the Provision of Anaesthesia Services (GPAS) and Guidelines for the Provision of Paediatric Anaesthesia Services 2020 - https://rcoa.ac.uk/gpas/chapter-10 ⁽⁵⁾ • Quality Standards for the Care of Critically Ill or Injured Children 2021 - https://pccsociety.uk/wp-content/uploads/2021/10/PCCS-Standards-2021.pdf ⁽⁶⁾ • Level 3 Paediatric Intensive Care Specification - https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/e07-sa-paed-inten-care.pdf ⁽⁷⁾ • The Paediatric Intensive Care Retrieval (Transport) Specification - https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/e07-spec-paedi-intens-care-retrvl-transp.pdf ⁽⁸⁾ • Paediatric High Dependency Care Specification - https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/eo7-sb-paed-hig-dep-care.pdf ⁽⁹⁾
<p>7.5</p>	<p>Essential equipment and/or facilities</p>

	<p>Specialised burn care services must be compliant with all of the essential standards of care, described in the following documents and reports, or the most recently revised version:</p> <ul style="list-style-type: none"> British Burn Association Standards and Outcomes (2018), related to all phases and aspects of the delivery of care for children ⁽²⁾ 																										
7.6	<p>Interdependent Service Components – Links with other NHS services</p> <p>Aligned to the British Burn Association (BBA) Standards and Outcomes (2018) ⁽²⁾, paediatric burn care services must be compliant with a series of essential co-located and / or interdependent services.</p> <p><i>The following services are available at all times, on the same site as the Burn Care Service:</i></p> <table border="1" data-bbox="288 779 1430 2029"> <thead> <tr> <th data-bbox="288 779 858 869">Level of Burn Care</th> <th data-bbox="858 779 1430 869">Co-location and co-dependent services</th> </tr> </thead> <tbody> <tr> <td data-bbox="288 869 858 958">Centre</td> <td data-bbox="858 869 1430 958">The Burn Care Service is co-located with a PICU and PHDU facilities.</td> </tr> <tr> <td data-bbox="288 958 858 1211">Unit</td> <td data-bbox="858 958 1430 1211">The burn service is co-located with PHDU facilities with support from Adult ICU for children requiring ventilatory support < 24hrs. Children requiring ventilatory support for > 24 hours are cared for in a PICU.</td> </tr> <tr> <td data-bbox="288 1211 858 1339">Facility</td> <td data-bbox="858 1211 1430 1339">The Burn Care Service does not require co-location with either PICU or PHDU.</td> </tr> <tr> <td data-bbox="288 1339 858 1467">All Levels</td> <td data-bbox="858 1339 1430 1467">The Burn Care Service admitting neonates has access to co-located NICU</td> </tr> <tr> <td data-bbox="288 1467 858 1556">All Levels</td> <td data-bbox="858 1467 1430 1556">The Burn Care Service is co-located with an MTU or an MTC.</td> </tr> <tr> <td data-bbox="288 1556 858 1601">All Levels</td> <td data-bbox="858 1556 1430 1601">Emergency Dept.</td> </tr> <tr> <td data-bbox="288 1601 858 1646">All Levels</td> <td data-bbox="858 1601 1430 1646">Paediatric Surgery</td> </tr> <tr> <td data-bbox="288 1646 858 1691">All Levels</td> <td data-bbox="858 1646 1430 1691">Paediatric Medicine</td> </tr> <tr> <td data-bbox="288 1691 858 1780">All Levels</td> <td data-bbox="858 1691 1430 1780">Paediatric Trauma and Orthopaedic Surgery.</td> </tr> <tr> <td data-bbox="288 1780 858 1908">Centres & Units</td> <td data-bbox="858 1780 1430 1908">Radiology with Advanced Scanning Facilities (e.g. Computed Tomography Scan (CT)).</td> </tr> <tr> <td data-bbox="288 1908 858 1953">Facility</td> <td data-bbox="858 1908 1430 1953">Radiology.</td> </tr> <tr> <td data-bbox="288 1953 858 2029">All Levels</td> <td data-bbox="858 1953 1430 2029">Integrated (Acute and Chronic) Paediatric Pain Service.</td> </tr> </tbody> </table>	Level of Burn Care	Co-location and co-dependent services	Centre	The Burn Care Service is co-located with a PICU and PHDU facilities.	Unit	The burn service is co-located with PHDU facilities with support from Adult ICU for children requiring ventilatory support < 24hrs. Children requiring ventilatory support for > 24 hours are cared for in a PICU.	Facility	The Burn Care Service does not require co-location with either PICU or PHDU.	All Levels	The Burn Care Service admitting neonates has access to co-located NICU	All Levels	The Burn Care Service is co-located with an MTU or an MTC.	All Levels	Emergency Dept.	All Levels	Paediatric Surgery	All Levels	Paediatric Medicine	All Levels	Paediatric Trauma and Orthopaedic Surgery.	Centres & Units	Radiology with Advanced Scanning Facilities (e.g. Computed Tomography Scan (CT)).	Facility	Radiology.	All Levels	Integrated (Acute and Chronic) Paediatric Pain Service.
Level of Burn Care	Co-location and co-dependent services																										
Centre	The Burn Care Service is co-located with a PICU and PHDU facilities.																										
Unit	The burn service is co-located with PHDU facilities with support from Adult ICU for children requiring ventilatory support < 24hrs. Children requiring ventilatory support for > 24 hours are cared for in a PICU.																										
Facility	The Burn Care Service does not require co-location with either PICU or PHDU.																										
All Levels	The Burn Care Service admitting neonates has access to co-located NICU																										
All Levels	The Burn Care Service is co-located with an MTU or an MTC.																										
All Levels	Emergency Dept.																										
All Levels	Paediatric Surgery																										
All Levels	Paediatric Medicine																										
All Levels	Paediatric Trauma and Orthopaedic Surgery.																										
Centres & Units	Radiology with Advanced Scanning Facilities (e.g. Computed Tomography Scan (CT)).																										
Facility	Radiology.																										
All Levels	Integrated (Acute and Chronic) Paediatric Pain Service.																										

	All Levels	Respiratory Physiotherapy Service.
	Centres & Units	Renal services (including replacement therapy that can support children)).
	All Levels	Infection Prevention and Control (IPC) Services.
	All Levels	CAMHS Service (Acute and Community).
	All Levels	Transfusion Service.
	All Levels	Biochemistry.
	All Levels	Haematology.
	<p>The following services must be available to the burn care service (children)in a timely manner:</p>	
	Level of Burn Care	Co-location and co-dependent services
	All Levels	Paediatric Neurology.
	All Levels	Paediatric Neurosurgery.
	All Levels	Paediatric Cardiothoracic surgery.
	All Levels	Paediatric Ophthalmology.
	All Levels	Paediatric Maxillofacial surgery.
	All Levels	Paediatric Dermatology.
	All Levels	Paediatric Speech and language therapy.
	All Levels	Paediatric ENT.
	All Levels	Medical illustration/photography.
7.7	<p>Additional requirements</p> <p>Collaborative arrangements and networking – Paediatric Centre-level care</p> <p>Around 4,000 children receive inpatient hospital treatment for a burn injury. Of this total number a very small percentage of children have large or complex injuries, requiring burn centre-level care and treatment in intensive care. Over the last 3 years, the number of children requiring centre-level care has steadily reduced and the latest figures (2019-20) suggest that the number of children, with large burn injuries (over 30% total body surface area) are fewer than 10 each year. There is also a small cohort of children with smaller but complex burn injuries who require intensive care, numbering around 20-25 each year.</p> <p>With such small numbers of these large or complex burns, it is vital that the skills and expertise of the clinical teams, caring for children with these types of burn</p>	

injury, are maintained, and that measures are put in place to ensure equity of care nationally.

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.

Consultant surgeons, working at a recognised paediatric burn centre, must work in close affiliation with an adult burn service, within the local ODN, which manages adults with major burn injuries. There must be evidence of surgeons in the MDT, having dedicated time allocated in job plans for:

- A regular clinical commitment at an adult burn service, including exposure to ward rounds, operative management and rehabilitation.
- Working collaboratively with other paediatric burn centres, across England, for peer support through joint audit and MDT.

All other staff working within the burns MDT at a recognised paediatric burn centre, including paediatric intensivists, must also work collaboratively with colleagues caring for adults with major burns. Staff must be given the opportunities for:

- Hands-on experience, through shadowing on ward rounds, operative management and rehabilitation,
- Shared education and training.
- Peer support through joint audit and MDT.

These, and other measures will help support the maintenance of skills and expertise and are aimed at achieving consistency and equity across all paediatric burn centres. To support these collaborative initiatives, specialised burn centres will adopt the following models of working:

- National Paediatric Centre-Level Clinical Network
- National Paediatric MDT and audit

National paediatric networking, MDT and Audit

All specialised burn care services are members of networks of care (ODNs). In addition to these local networks, all paediatric burn centres will collaborate in a national network, to form a virtual, national MDT.

This Paediatric Centre-Level MDT will provide a governance structure that will work seamlessly with the existing ODNs, to ensure that the current pathways of care are maintained and there is a focus on service improvement.

The Paediatric Centre-level MDT will be virtual and thus will be very efficient in terms of resources. The structural set up and co-ordination will be supported by the ODNs, by inclusion within the ODN Work Programme. Preparation for meetings and attendance by clinical teams will require dedicated time, which will be addressed via the annual job planning process within individual Trusts. It is

seen as a priority that protected time is granted to clinicians to allow their participation and to ensure there is an effective governance process for these cases within employing Trusts.

The purpose of the Paediatric Centre Level MDT is to support the clinical care of individual active paediatric cases and to offer 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. These MDT meetings will take place at a minimum once a month, or more frequently as dictated by the clinical need of the case(s). The National Paediatric Centre-Level Clinical MDT will have the following characteristics:

- Membership representation from all specialised paediatric burn centres and reflecting the whole burns MDT.
- Clinical and management leadership, from within existing Burns ODNs.
- The national MDT will be overseen and hosted by one of the existing Burn ODNs and will be accountable to each of the burn ODNs, through the National Burns ODN Group (NBODNG).
- The Terms of Reference and Work Programme will be approved by the Major Trauma and Burns CRG.

The function of the National Paediatric Centre-level Clinical MDT will be to:

- Carry out MDT review of current complex cases.
- Undertake retrospective National M&M audit, to support research and good practice.
- Support the ODNs to deliver improvements in care for service users and their families.

7.8 Commissioned providers

The list of commissioned providers for the services covered by this specification as at the date of publication of the specification are as follows:

Paediatric Burn Care Facilities

Trust	Hospital
Oxford University Hospitals NHS Foundation Trust	John Radcliffe Hospital, Oxford
South Tees Hospital NHS Foundation Trust	James Cook University Hospital, Middlesbrough
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary, Leicester
University Hospitals Plymouth NHS Trust	Derriford Hospital, Plymouth

Paediatric Burn Care Units

Trust	Hospital
-------	----------

	<table border="1"> <tr> <td>Buckinghamshire Healthcare NHS Trust</td> <td>Stoke Mandeville Hospital, Aylesbury</td> </tr> <tr> <td>Chelsea & Westminster Hospital NHS Foundation Trust</td> <td>Chelsea & Westminster Hospital, London</td> </tr> <tr> <td>The Mid Yorkshire Hospitals NHS Trust</td> <td>Pinderfields Hospital, Wakefield</td> </tr> <tr> <td>Nottingham University Hospitals NHS Trust</td> <td>Nottingham Queens Medical Centre, Nottingham</td> </tr> <tr> <td>Queen Victoria Hospital NHS Foundation Trust</td> <td>Queen Victoria Hospital, East Grinstead, Sussex</td> </tr> <tr> <td>Salisbury NHS Foundation Trust</td> <td>Salisbury District Hospital, Salisbury</td> </tr> <tr> <td>Sheffield Children's Hospital NHS Foundation Trust</td> <td>Sheffield Children's Hospital, Sheffield</td> </tr> <tr> <td>Swansea Bay University Health Board</td> <td>Morrison Hospital, Swansea</td> </tr> </table> <p><u>Paediatric Burn Care Centres</u></p> <table border="1"> <thead> <tr> <th>Trust</th> <th>Hospital</th> </tr> </thead> <tbody> <tr> <td>Alder Hey Children's NHS Foundation Trust</td> <td>Alder Hey Hospital, Liverpool</td> </tr> <tr> <td>Birmingham Women's and Children's NHS Foundation Trust</td> <td>Birmingham Children's Hospital, Birmingham</td> </tr> <tr> <td>Manchester University NHS Foundation Trust</td> <td>Royal Manchester Children's Hospital, Manchester</td> </tr> <tr> <td>Mid and South Essex Hospital Services NHS Trust</td> <td>Broomfield (St Andrews) Hospital, Chelmsford, Essex</td> </tr> <tr> <td>The Newcastle upon Tyne Hospitals NHS Foundation Trust</td> <td>Royal Victoria Infirmary, Newcastle-Upon-Tyne</td> </tr> <tr> <td>University Hospitals Bristol NHS Foundation Trust</td> <td>Bristol Royal Hospital for Children, Bristol</td> </tr> </tbody> </table>	Buckinghamshire Healthcare NHS Trust	Stoke Mandeville Hospital, Aylesbury	Chelsea & Westminster Hospital NHS Foundation Trust	Chelsea & Westminster Hospital, London	The Mid Yorkshire Hospitals NHS Trust	Pinderfields Hospital, Wakefield	Nottingham University Hospitals NHS Trust	Nottingham Queens Medical Centre, Nottingham	Queen Victoria Hospital NHS Foundation Trust	Queen Victoria Hospital, East Grinstead, Sussex	Salisbury NHS Foundation Trust	Salisbury District Hospital, Salisbury	Sheffield Children's Hospital NHS Foundation Trust	Sheffield Children's Hospital, Sheffield	Swansea Bay University Health Board	Morrison Hospital, Swansea	Trust	Hospital	Alder Hey Children's NHS Foundation Trust	Alder Hey Hospital, Liverpool	Birmingham Women's and Children's NHS Foundation Trust	Birmingham Children's Hospital, Birmingham	Manchester University NHS Foundation Trust	Royal Manchester Children's Hospital, Manchester	Mid and South Essex Hospital Services NHS Trust	Broomfield (St Andrews) Hospital, Chelmsford, Essex	The Newcastle upon Tyne Hospitals NHS Foundation Trust	Royal Victoria Infirmary, Newcastle-Upon-Tyne	University Hospitals Bristol NHS Foundation Trust	Bristol Royal Hospital for Children, Bristol
Buckinghamshire Healthcare NHS Trust	Stoke Mandeville Hospital, Aylesbury																														
Chelsea & Westminster Hospital NHS Foundation Trust	Chelsea & Westminster Hospital, London																														
The Mid Yorkshire Hospitals NHS Trust	Pinderfields Hospital, Wakefield																														
Nottingham University Hospitals NHS Trust	Nottingham Queens Medical Centre, Nottingham																														
Queen Victoria Hospital NHS Foundation Trust	Queen Victoria Hospital, East Grinstead, Sussex																														
Salisbury NHS Foundation Trust	Salisbury District Hospital, Salisbury																														
Sheffield Children's Hospital NHS Foundation Trust	Sheffield Children's Hospital, Sheffield																														
Swansea Bay University Health Board	Morrison Hospital, Swansea																														
Trust	Hospital																														
Alder Hey Children's NHS Foundation Trust	Alder Hey Hospital, Liverpool																														
Birmingham Women's and Children's NHS Foundation Trust	Birmingham Children's Hospital, Birmingham																														
Manchester University NHS Foundation Trust	Royal Manchester Children's Hospital, Manchester																														
Mid and South Essex Hospital Services NHS Trust	Broomfield (St Andrews) Hospital, Chelmsford, Essex																														
The Newcastle upon Tyne Hospitals NHS Foundation Trust	Royal Victoria Infirmary, Newcastle-Upon-Tyne																														
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Hospital for Children, Bristol																														
7.9	<p>Links to other key documents</p> <p>Please refer to the Prescribed Specialised Services Manual for information on how the services covered by this specification are commissioned and contracted for.</p> <p>Please refer to the Identification Rules tool for information on how the activity associated with the service is identified and paid for. NHS England Directly commissioned services service codes can be found here</p> <p>Please refer to the relevant Clinical Reference Group webpages for NHS England Commissioning Policies which define access to a service for a particular group of service users.</p> <table border="1"> <tr> <td>1</td> <td>National Network for Burn Care, Burn Care Referral Guidelines 2012</td> </tr> </table>	1	National Network for Burn Care, Burn Care Referral Guidelines 2012																												
1	National Network for Burn Care, Burn Care Referral Guidelines 2012																														

	https://www.britishburnassociation.org/national-burn-care-referral-guidance/
2	British Burn Association National Standards for Provision and Outcomes in Adult and Paediatric Burn Care 1st Edition. 2018 https://www.britishburnassociation.org/standards/
3	British Burn Association Standards of Physiotherapy and Occupational Therapy Practice in the Management of Burn Injured Adults and Children 2017 https://www.britishburnassociation.org/standards-of-physiotherapy-occupational-therapy-practice/
4	Facing the Future: Standards for acute general paediatric services. Revised 2015. https://www.rcpch.ac.uk/resources/facing-future-standards-acute-general-paediatric-services
5	Guidelines for the Provision of Anaesthesia Services (GPAS) and Guidelines for the Provision of Paediatric Anaesthesia Services 2020 https://rcoa.ac.uk/gpas/chapter-10
6	Paediatric Critical Care Society, Quality Standards for the Care of Critically Ill or Injured Children, October 2021 https://pccsociety.uk/wp-content/uploads/2021/10/PCCS-Standards-2021.pdf
7	Level 3 Paediatric Intensive Care Specification https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/e07-sa-paed-inten-care.pdf
8	Paediatric Intensive Care Retrieval (Transport) Specification https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/e07-spec-paedi-intens-care-retrvl-transp.pdf
9	Paediatric High Dependency Care Specification https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/eo7-sb-paed-hiq-dep-care.pdf
10	Ericsson, K. A. (2006) The influence of experience and deliberate practice on the development of superior expert performance, in: K. A. Ericsson, N. Charness, P. Feltovich & R. Hoffman (Eds) Cambridge handbook of expertise and expert performance (Cambridge, UK, Cambridge University Press), 685–706 https://www.cambridge.org/core/books/abs/cambridge-handbook-of-expertise-and-expert-performance/influence-of-experience-and-deliberate-practice-on-the-development-of-superior-expert-performance/C56EDDE9E57B259825916E061B025A72

Additionally, services must comply with the formally recognised process to facilitate the transition of children and young people to the adult burn care service. This is based on NICE Guidance and follows local policies and procedures.

Applicable Obligatory National Standards

- National Institute for Health and Care Excellence (NICE) Technical Appraisal Guidance
- Mandatory accreditation requirements.