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NHS England

Burns Clinical Network Specification

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Contents

Executive Summary

Burns Clinical Networks support the delivery of high-quality care for all burn patients from the point of admission to full recovery, and support the end to end pathway to help ensure patients are treated with the right care, to the right level, in the right places, at the right time through:

- Education and training (supporting local, regional and national training);
- Cross-organisational working and collaboration;
- Consistency in approach to, and implementation of, referrals, transfers and repatriation of patients;
- Clinical assurance through shared protocols, standards, clinical guidelines, performance and quality audits, clinical dashboards and other tools; and
- Promotion of research and development initiatives.

Burns networks play a vital role in Emergency Preparedness, Resilience and Response (EPRR) planning for times of surge/escalation and mass/major incidents at a local and national level and playing an important part when such events arise.

Burns networks support work on prevention initiatives to reduce the number of burn injuries and are involved in public and patient engagement and education.

NHS England works in partnership with burns networks in the delivery of their commissioning functions: supporting peer review, assisting in service redesign, delivery and quality improvement initiatives and providing the local knowledge to support funding models and commissioning intentions inherent in their annual plans.

1. Clinical Networks

Specialised services Clinical Networks[1] are a vehicle for specialty level collaboration between patients, providers and commissioners. The network will be accountable to NHS England via the retained services governance process, with Integrated Care Board (ICB) input via this route, to ensure local ownership, alignment and a local mandate.

All networks have an important role in delivering the triple aim, supporting:

- better health and wellbeing of everyone,
- the quality of care for all patients, and
- the sustainable use of NHS resources

[1] While some specialised services Clinical Networks have previously been described as Operational Delivery Networks (ODNs), the range of activity undertaken is now significantly beyond that envisaged for ODNs, reaching into non-specialised services, and in some cases primary and community care and prevention. Some are jointly funded as part of national transformation programmes and have accountabilities outside as well as within specialised services. As a result, as a group they are now referred to as specialised services 'Clinical Networks'.

This specification sets out the appropriate scope for the work of burns clinical networks. This will inform the development of the annual workplans developed in conjunction with the network's commissioners. No network will, or could, focus on all aspects of the scope described, at one time.

In describing the appropriate scope for networks, these specifications refer to the work of the network board and the network's members, supported by the network team. Networks are not expected to assume the legitimate accountabilities and responsibilities of providers who are accountable for meeting the needs of the Service Specification. However, network responsibilities inevitably overlap with those of providers, because networks aim to improve the ways in which services are delivered operationally and shape how they develop and because providers are members of networks.

2. Burns Strategic Context

The complexity and rarity of burn injuries makes delivering burn care a high cost low volume service.

Approximately 120,000 people with burn injuries visit Emergency Departments (ED) each year and approximately 8,000 are admitted to hospital. Of these, approximately 350 are admitted to hospital with severe burn injuries which require fluid-resuscitation. Approximately half of these are children under 16 years of age. The majority of cases referred to specialised burn services will fall towards the lower end of the severity spectrum. Such injuries still require specialised care to achieve good outcomes, reduce long-term scarring and prevent other on-going problems.

Burn care activity is predominantly driven by emergency admissions but the pathway includes rehabilitation, surgical reconstruction and ongoing community care to maximise recovery, as well as immediate assessment, treatment and acute care.

In England and Wales burn care is organised using a tiered model of care, that provides a balance between easy access to local care for most patients and highly specialised, centralised services for those with more severe injuries:

Burn Centres provide care for patients with the most severe injuries and for those requiring the highest level of critical care.

Burn Units provide care for patients with a burn of moderate size and/or moderate severity. These services treat patients across a wider area than Burn Facilities and provide treatment for patients requiring critical care (such as care in a high dependency unit).

Burn Facilities provide acute care for people with less complex burns. These services form part of a plastic surgery service. Burn Facilities also provide a rehabilitation service for patients from their local area who have more complex injuries.

The configuration of burn care services within a given network is to be agreed by NHS England.

For each specialised burn care service within the network NHS England will agree:

- the level of service provided (facility, unit or centre),
- the age of patients admitted,
- the Trust and Hospital from which the service is to be provided, location/s of any outpatient and dressings clinics,
- Emergency Departments that fall within the services normal catchment.

National Referral Guidance[2] describes what types of burn injuries need referral to which level of burn service.

3. Network Scope

3.1 Scope

In scope

Burn care is delivered through a networked delivery model which includes all providers of specialised burn care. The Burns Clinical Network supports all services delivering care to burns patients within the geographical area covered by the network. The geographical boundaries of the networks are based around pathways of care for burn injuries, taking account of the three-tier service model.

The specialised element of the service is described in detail in the following Service Specifications:

- Specialised Burns Care (all ages) – D06/S/a - 230501S
- Specialised Burns Care (Children) - D06/S/a - 230501S

Burns Clinical Network include both adult and paediatric burn care.

Care for children and young people between 0 and 16 years will normally be within paediatric burn services, but arrangements vary for young people over 16 years. Each network should work with the relevant providers within their network footprint to agree a policy on developmentally appropriate care arrangements for children and young people 16-18 (and beyond 18 years where this is appropriate, for example those with learning disabilities) cared for outside a specific child or young person's service. The network should also have an agreed transition protocol which includes these issues, in line with NICE guidance 'Transition from children's to adults' services for young people using health or social care services'[3].

These arrangements should cover normal operating conditions and also appropriate flex at times of great pressure within either paediatric or adult burn care. This should be signed off by all members in a joint network Memorandum of Understanding (MOU).

[2] National Burn Care Referral Guidance, NHS Specialised Services, 2012 available here: https://www.britishburnassociation.org/wp-content/uploads/2018/02/National-Burn-Care-Referral-Guidance-2012.pdf

[3] Guideline NG43 Transition from children's to adults' services for young people using health or social care services, NICE, 2016 available here: https://www.nice.org.uk/guidance/ng43

Not in scope

- Burn care in hospitals not providing specialised burn care
- Plastic surgery / Planned reconstructive surgery
- Continuing post-acute care

3.2 Population Covered

All providers of burn services in England will be required to be part of one of four burns clinical networks which cover the country and are coterminous with NHSE regions. Every network must include at least one burns centre, for adults and children. The networks are:

NORTH EAST AND YORKSHIRE
NORTH WEST
Northern

MIDLANDS
Midlands

EAST OF ENGLAND
LONDON
SOUTH EAST
London and South East

SOUTH WEST
South West

Wales: While services in Wales are commissioned separately by NHS Wales, all children resident in Wales and adults in North Wales receive their burn centre care in England. Additionally, adult residents of south west England receive burn centre care in Wales (Swansea). For these reasons hospitals in Wales are also part of this system of networks.

Scotland: While some residents of Scotland receive their care in England, hospitals in this country are not part of these networks. Networks in England will work with colleagues in Scotland to offer mutual aid as appropriate at times of service pressure.

Crown Dependencies: Residents of the Channel Islands and the Isle of Man receive their care in England and for this reason hospitals in these territories are also part of these networks.

Northern Ireland: While some residents of Northern Ireland receive their care in England, hospitals in Northern Ireland are not part of these networks.

4. Network Aims and Objectives

4.1 Network Vision and Aims

The aim of a burns clinical network is to:

- Ensure equitable access to high quality burns care for all burn injured patients.
- Improve quality of care, outcomes and experience for burns patients in their catchment population.
- Ensure efficient pathways of care which demonstrate value for money.
- Respond to local or larger scale incidents where demand outstrips supply.
- Support service sustainability and resilience.

4.2 Network Objectives

The main objectives of burn care networks are to:

- To achieve greater system resilience, including major incident planning.
- To improve outcomes, quality of care and patient and family experience across the whole care pathway.
- To ensure that as much care and treatment is provided as close as possible to home with effective clinical flows through the provider system.
- To reduce variation by developing, agreeing and implementing standardised pathways of care across the network.
- To promote greater collaboration within the network and sharing learning between networks.
- To support greater equity of access and reducing health inequalities.
- To support increasing productivity / efficiency of services.

4.3 Network Functions

Service delivery: *the network's role in planning and managing capacity and demand*

- Ensure efficient and appropriate flow of patients along agreed pathways of care through clinical collaboration of networked provision of services.
- Plan capacity with collaborative forecasting of demand.
- Monitor demand and available capacity across the network.
- Work with network member organisations to identify and offer network wide solutions where capacity and demand are not in equilibrium, with oversight across the pathways of care and providers.
- Plan for capacity management at times of increased demand, including mutual aid within and between networks.
- Agree and work to an agreed escalation plan (with agreed thresholds for escalation triggers) to ensure services are able to respond effectively to major incidents involving burn injured patients and other surges in demand.
- Advise commissioners about priorities, service development needs and the risks associated with delivering specialist burn care.
- Approve and ensure the utilisation of an electronic telemedicine/tele-referral system, capable of supporting:
  - referrals from referring hospitals
  - specialist advice to referring hospitals

Resources: *the network's role in stewardship of resources across whole pathway and minimising unwarranted variation*

- Assure consistency of pathways and processes reduce unwarranted variation and inefficiencies.
- Work with other related networks, flexing use of resources to find efficiencies, target resources for best effect and share insight and experience.

Workforce*: the network's role in ensuring flexible, skilled, resilient staffing*

- Assess future workforce needs for provision of burns services across the network taking into account projected demand.
- Support providers to develop and implement innovative and extended roles for non-medical staff groups, through training and development and network wide policies and procedures.
- Assess training needs for the network (including baseline skills audit and network maturity assessment).
- Develop and agree a network education and training strategy that meets the needs of the network both in the delivery of care and in the functioning of the network.
- Agree with commissioners and providers how the planned training will be resourced and delivered.
- Monitor delivery and assess the effectiveness of the agreed training.
- Enable the movement of staff through the implementation of a staff passport.
- Promote workforce resilience through:
  - mutual aid agreements;
  - health and wellbeing support for staff.

***Quality:** the network's role in improving quality, safety, experience and outcomes*

- Develop, agree and implement common referral, care and transfer pathways and other policies, protocols, and procedures across the network, to reduce variation in service delivery.
- Ensure that services meet the service specification and national standards.
- Improve the collection, analysis and reporting of data on outcomes, quality of care and patient and family experience.
- Monitor quality of care in line with the current service specification and British Burn Association Standards and Outcomes[4].
- Conduct regular network-wide Mortality & Morbidity (M&M) Audit meetings.
- Deliver an annual audit programme agreed with members, outcomes will be reported in the annual report.
- Provide local information, data and intelligence to support monitoring of the network i.e. Burns Registry, process measures, key performance and quality indicators, audit outcomes, workforce data.
- Undertake self-assessment and assurance of providers.
- Participate in peer review of burns services working with NHS England quality teams.
- Manage risks to the delivery of the network's annual work programme.
- Identify service issues and risks and ensure they are managed through regional and system quality structures following agreed escalation processes. Providers or commissioners may ask networks to facilitate the response to risks, but providers and commissioners remain accountable for their services' risks.
- Ensure the provision of high-quality information for patients, families, staff and commissioners, standardised across the network.

***Collaboration:** the network's role in promoting working together across organisations at local, system and national level*

[4] Available here: https://www.britishburnassociation.org/standards/

- Work collaboratively to share learning, experiences, knowledge, skills and best practice for the benefit of all within the network.
- Share best practice with the other Burns Clinical Networks.
- Work collaboratively with all other Burns Clinical Networks to agree and achieve national goals.
- Participate in the nationally aligned National Burn Network Group (NBNG)
- Work collaboratively with trauma and critical care networks, as and when appropriate and within the catchment area of the burns network.
- Link with regional resilience fora and national Emergency Preparedness, Resilience and Response (EPRR) arrangements.
- Develop and implement a Public and Patient Voice (PPV) strategy.

Transformation: *the network's role in planning sustainable services that meet the needs of all patients*

- Regularly review network configuration, capacity and compliance with standards, advising and agreeing a plan with commissioners to assure sustainable services that meet the needs of all patients.
- Promote research and development initiatives undertaken by burns professionals across the Burns Clinical Network.
- Support the early and systematic adoption of innovation and research across the network.
- Implement nationally agreed commissioning policies and products.

Population health: *the network's role in assessing need, improving inequalities in health, access, experience and outcomes*

- Work with commissioners to understand the needs of the population for burns services.
- Review service delivery across network against need and identify gaps and variation in services and develop specific proposals that reduce variation and fragmentation across the care pathway.
- Improve access and equity of access to burn care services.
- Support the development and implementation of injury prevention programmes.

4.4 Annual workplan

The network board will agree an annual workplan with its commissioners (NHSE and/or ICBs). This will reflect national, regional and local priorities, taking account of the resources available to support delivery. The workplan will describe its expected deliverables and benefits.

The network board will publish an annual report detailing its activities, accounts and delivery against the agreed annual plan.

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5. Governance

5.1 Accountability

Hosting

The network will be hosted by a named organisation within the network geography determined by the network's commissioners, but will operate at arm's length, for the benefit of the network and not the host organisation.

Accountability and responsibility

Network footprints reflect patient flows, provider scale and catchments so will often cut across commissioner boundaries (ICB and regional). Governance arrangements must provide clear accountability to commissioners for both network delivery and commissioning responsibilities. Arrangements to achieve this should be clearly documented within the network's terms of reference.

Networks will be responsible to commissioners for the management of local pathways and delivery of locally agreed targets. This should be set out in the MOU between commissioners, providers and the network.

A single network plan and deliverables should be agreed for each network, agreed with commissioners. The network will be accountable to NHS England via the retained services governance process, with ICB input via this route. A single network plan and deliverables should be agreed for each network with their commissioners. Networks will be expected to provide regular reports and have regular reviews with their commissioners.

The network's authority to act on behalf of its commissioners and members will be set out clearly within the MOU and where necessary clarified within the agreed annual workplan.

5.2 Network governance and architecture

Members and stakeholders

Networks are required to have a formally constituted governing body or board, which is accountable to the network's commissioners for delivery of the network's agreed programme.

Network boards should include balanced representation from member organisations and other relevant stakeholders, including patient representatives and third sector organisations.

Clinical representation should cover the whole multi-disciplinary team and pathway of care.

The network should develop an approach to working with patients and families that ensures patient views inform its whole work programme and ensure optimal service provision for patients.

The board

The board should meet on a regular basis and operate under the oversight of a suitable chair with agreed terms of reference.

The chair will be an appropriately experienced, impartial leader who is credible across the whole network and will be appointed through a fair and open process.

- The chair should not be the network clinical lead, and ideally should not have the same main employer as the Network Clinical Lead in order to mitigate the risk of (real or perceived) conflicts of interest.
- They could be a board member or senior clinician from one of the provider organisations in the network (ideally not the host, to underpin the collective nature of these arrangements) or a patient representative where a suitable candidate is available.

5.3 Risk Management and risk sharing

Networks do not manage risk independently but within a system of national, regional and system level arrangements. Networks support risk identification, assessment, mitigation and may facilitate any agreed response.

Specific local risk management arrangements and governance processes should be managed locally through MOUs/ SOPs etc which are clear and signed off. Escalation processes for risks within a system should be clear and explicit, with any quality concerns escalated through agreed systems and regional processes.

5.4 Interdependent Relationships

Burns clinical networks need to ensure effective pathways of care with:

- Ambulance Services (including pre-hospital helicopter and other car services)
- Emergency Departments
- Major Trauma centres (MTCs) and Trauma Units (TUs),
- Local hospital and community rehabilitation services
- Community Services
- Primary care
- Social care
- Voluntary support services

Other clinical networks such as trauma and critical care.

6. Resources

Network funding provided to the host is ring-fenced for the network programme of work.

Each network should have a team to support its work that provides clinical leadership, management and administrative support. Networks should also have arrangements for analytical and business intelligence support. Commissioners must ensure as part of the annual planning process that the scale of resource made available to networks is sufficient to

support the agreed programme of work. The capacity of the network to deliver its programme of work does not reside solely in the network team but also in the support of all network members including its commissioners.

As part of the annual planning process, commissioners must ensure that:

- the scale of resource made available to networks is sufficient to support the agreed programme of work
- networks have access to the data they need and the analytical capacity and capability to turn this into actionable improvement programmes

Roles such as administration, network management and analytical support may be appropriately combined across networks, with further opportunities to increase the value from these investments, share learning across networks and improve the sustainability of networks through the provision of a pool of staff to support specialised services Clinical Networks across a region.

7. Deliverables, Service Indicators & Outcomes

Indicators and metrics of network performance come from three principal sources:

1. Generic indicators of a well set up, well-functioning network
    - There is an appropriate network management team in post with the skills to deliver the specification
    - The network board meets at least three times per year, is quorate, and minutes, actions and risks are recorded
    - As appropriate to the network specification, there are regular network specialist Multi-Disciplinary Team (MDT) meetings (or equivalent)
    - There are IT facilities in place that enable communication across the network, supporting image transfer and remote participation in the MDT
    - There is an annual workplan agreed with the network's commissioners
    - There is an agreed plan for PPV engagement
    - There is an analysis of the service needs of the population served by the network, a gap analysis and a plan, agreed with the network's commissioners to meet those needs
    - There are network agreed patient pathways, procedures and protocols
    - There is an analysis of workforce requirements and a plan, agreed with network members to meet these requirements
    - There are arrangements (for example passporting) that enable workforce flexibility between providers within the network.
    - There is an analysis of training needs, and an annual network training plan agreed with network members
    - There is an analysis of the networks data and information needs and a plan, agreed with network members to meet these requirements
    - The annual workplan includes at least one quality improvement initiative
    - An annual report is produced, summarising the work of the network and its outcomes. The report includes a financial statement
    - The network participates in the national network of networks (NNBC).

2. Nationally agreed indicators and outcomes for all networks of this specialty, for example as defined by a national transformation programme, or included in the service specification and delegated to network leadership.

The Burns Clinical Network has agreed and disseminated guidelines and protocols on immediate care of patients (adults and children) for use by pre-hospital care providers, ambulance, emergency department personnel and GPs covering at least:

- Contact details and thresholds for seeking advice from a Burn Care Service, including the assessment and management of patients with non-survivable burns
- Guidelines on referral to an appropriate Burn Care Service.
- Procedure to be followed if patient is not appropriate for admission or a bed is not available
- Airway and inhalation injury management (anaesthetic assessment prior to transfer).
- Fluid resuscitation.
- Initial assessment and management of burn injured patients
- Treatment of minor burns
- Need for surgery (escharotomy) prior to transfer
- Transfer policy including the resources required (equipment and staffing).

The Burns Clinical Network has agreed and disseminated guidelines and protocols on:

- Transition from children/young people's services to adult services
- Repatriation and step-down to another burns service
- Discharge information and arrangements for patients and families following admission or attendance

3. The network's individual locally agreed annual workplan, which should build in metrics and indicators for each element.

The network board will agree an annual workplan with its commissioners which will include the expected in year deliverables along with the indicators that will demonstrate effective network operation.

8. Further support and information

British Burn Association: Burn Care Standards and Outcomes available here: https://www.britishburnassociation.org/standards/

The full suite of materials covering what clinical networks do, commissioning of specialised services clinical networks and the clinical networks operating model together with model materials for use by networks and their commissioners can be found on the Future NHS website here: https://future.nhs.uk/NationalSpecialisedCommissioning/view?objectID=34094320

Access requires membership of the site and permission to access the workspace. This is straightforward for all NHS employees.