

LSEBN ODN Board
Thursday 23rd June 2022

Invited:

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| David Barnes – St Andrews Chair and Clinical Lead | Nicole Lee – Network Lead Nurse |
| Joanne Lloyd – Network Advisor | Joanne Atkins – Chelsea & Westminster |
| Vicky Dudman – Network Lead Therapist | Gareth Teakle – Chelsea & Westminster |
| Alexandra Murray – Stoke Mandeville | Hannah Coyle – NHSE East of England |
| Liz Pounds-Cornish – Stoke Mandeville | Pete Saggars – ODN Manager |
| Jane Hubert – NHSE South East | Claire Clarke – NHSE East of England |
| Pete Saggars – ODN Manager | |

NOTES

1 Chair's introduction and apologies

Apologies from:

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| Sara Atkins – John Radcliffe Hospital | Paul Drake – Queen Victoria Hospital |
| Lisa Williams – Network Lead Psychosocial Care | Sadaf Dhalabhoj – NHSE South East |
| Michael Charalambous – Patient Representative | Kathy Brennan – NHSE London |
| Joanne Pope – NHSE East of England | Gail Murray – NHSE East of England |
| Victoria Osborne-Smith – NHSE London | Lorraine Sime – NHSE South East |

2 Notes of the previous meeting

- ODN Board March 2022
PS reported on the previous meeting and issues to follow-up. The following was discussed:
 - Nexobrid; NL spoke about the Survey Monkey questionnaire, that will be sent to all burns services (nationally)
 - Website and webhost; PS noted the on-going difficulties with the invoice payment for the web site host (MySurgery). GT noted the complexity of the NHS audit requirements and there was a suggestion that the Trust Credit Card could be used to quickly resolve the issue.
 - Pathways DOS; PS noted that the move to the PowerBI dashboard had been very successfully rolled-out across the LSEBN. There are no reported problems with the nursing teams completing the new DOS Grids.
 - QVH mitigations; Unfortunately, no one from QVH was at today's meeting.
 - Safer Nursing; NL spoke about meetings with NHSE to take this forward and to include critical care staff.
 - Network LSEBN; PS noted that the 2020-21 annual report has now been published on the LSEBN website. Arrangements for the 2021-2022 report will be compatible with the network quality assurance process (see 3 below).

3 Matters arising, not on the agenda

LSEBN Quality Assurance

HC joined the meeting to update members on the format and timetable for the forthcoming quality assurance programme. A "plan on a page" was discussed and a copy will be circulated to members after the meeting. The following main issues were discussed:

- Pre-meetings at all services have taken place and after sign-off at today's ODN Board, the process will now move ahead, with an expected timeline of October and November.

- HC will make contact with service leads, to speak individually about the dates and administrative content of the process
- Work is required to establish the external visiting team, including public/patient representation.
- Commissioner pre-meetings and pre-meets with the service providers will take place.
- The visit report will include structure and process, clinical outcomes and patient experience, significant achievements, risks and action plans.

HC has prepared a series of documents and templates that will be used in the QA Process. These will be circulated to services. The LSEBN “self-assessment” template, grading BBA Standards compliance as a simple Yes or No will be used for the QA Process 2022. Where the response is “No”, a note will be required to explain the mitigating actions.

Services will need to provide a SOP or an Operational Procedure for the burn service, describing how and where services are provided and how the operating model works. This should be linked with the report on standards and compliance and any areas where services are not compliant, these should be mentioned in the service “work plan” for future action. It is expected that the actual visits will occur in late October or November. All of this is explained in the template documents and HC will circulate these to the clinical leads.

Action:

- ❖ **PS will send the draft paperwork and documentation to service leads.**
- ❖ **PS will provide HC with a contacts list for service clinical leads and service lead nurses, so that HC can make contact with them, to discuss the days / dates for visits and answer any questions about the necessary paperwork.**

Standing Item: Network Performance Reports

4 LSEBN Performance (Quarter 4 2021-2022)

- Issues Log (ODN Risk Register)
 - The document has been updated since the previous meeting. The two issues related to SMH have now been resolved and they can be removed from the log.
 - The meeting discussed the TRIPS issue, noting that national discussions continue to favour a single national system for tele-referrals. DB suggested that the issue related to TRIPS is was not actually a risk within the network. It was agreed to remove this topic from the issues log, and to hold the subject in abeyance, until such time as a push for a national system becomes more urgent.
 - The group also discussed the situation at Royal London. DB updated the group on proposals for an outreach service from St Andrews, but this has proved to be a long process. The financial aspects are largely resolved at St Andrews but need to be approved at RLH. DB thought that if the financial issues were resolved, there was no reason why the outreach service could not move forwards. PS noted that the new commissioning arrangements from April 2023, with a population based funding model, should help with the situation.
- Quality Dashboard (SSQD)
 - The IBID Q4 dashboard figures were provided for discussion. There are a number of recurring issues noted, including the indicator for paediatric pain score at St Andrews. There is a known problem in the way that IBID manages pain scores within the database (a pain score of zero seems to be registering as no pain score recorded) and this is being discussed with IBID. In Q4, a similar issue has arisen at Stoke Mandeville for psychosocial screening. This spurious record is also being followed-up with the team at IBID.
 - DB expressed concerns that the IBID Dashboard report is available publicly and the un-validated figures reflect badly on services. HC confirmed that the reports are publicly available and AM asked if this issue should be placed on the issues log.

- PS noted that the IBID report includes “unexpected” deaths, calculated in an IBID algorithm. This had been discussed at the NBODNG yesterday and concerns raised about the calculation. DB said that a better description might be “mortalities requiring further audit” but this needed a national agreement.
- HC suggested that the four networks should collaborate to determine whether the issues raised today were being experienced across the other burns networks and then collectively, raise the issue with NHSE and IBID / MDSAS.

Action:

- ❖ **PS will liaise with the other ODN Managers, to examine the SSQD figures and to establish a dialogue with MDSAS / IBID.**

- Centre-Level Care Refusals (Referrals turned away)
 - PS has provided a report for the centre-level care refusals at St Andrews and ChelWest, for cases since April 2021. A small number of cases were discussed and DB asked if the analysis could be extended, to include outcome information about the cases who were transferred out of the network (died, survived, repatriated).
 - This topic was discussed again, later in the meeting, and it was agreed that the services should routinely follow-up cases that had moved out of the network, to see what happened to the patient and whether they were eventually repatriated to the L&SE network area. It is the responsibility of the services to follow-up the cases and to provide an update to the referring hospital. DB suggested that this might be a good addition to the BBA Standards.
 - It was agreed that QVH and Stoke Mandeville would also be added to the report. NL and AM confirmed that the “refused” cases are recorded at the units and they can begin submitting the figures on a monthly basis.
- Pathways DOS Sit-Rep Bed Availability, OPEL Status and Occupancy
 - The final Q4 figures for the DOS Sitrep were provided, giving a view of the whole year 2021-2022. Linked to the discussion about refusals, DB raised the issue of bed availability and the number of days that services are declared at OPEL 2. DB also asked if the table could include the rolling “mean” number of days that services were indicated at OPEL 2. PS said that it was possible to provide this additional analysis.
 - PS explained that the new Burns Dashboard provides a new format for the data reports taken from Pathways DOS. It is provided in a new and different format and will take time to convert to the format used in the ODN reports. This can also include new data fields provided on the DOS grid (including for example, the reason why a service has declared OPEL 2).

Action:

- ❖ **PS will continue to provide this report for future ODN Board meetings and include new analysis from the revised DOS Pathways Dashboard.**

- ODN Team Budget
 - PS provided the M12 out-turn for 2021-22 and the draft budget for the 2022-23.
 - The ODN budget is broadly at a break-even for M12 2022, with a small number of changes yet to be made in the expenditure. NHS London have made provision for genuine underspends to be carried forward into 2022-23.
 - Training and Education spend in 2021-22 was reported, with services using most of the allocation to support the burns modules at University of the West of England and the new LSEBN course, in partnership with UEA. NL and AM confirmed that the Oxford allocation was being used for the UEA module and training videos.
 - The baseline budget for 2022-2023 has been confirmed by NHSE London, as £174,300.
 - The non-pay budget will hold a new allocation to support the quality assurance programme (£4,000) to cover travel expenses and accommodation. PS suggested that this would probably be larger than absolutely necessary, but it provided a good basis for planning the meetings.

- The budget for training and education in 2022-23 will be £46,000 and because of issues related to the UEA funding, with an adjustment between Mid & South Essex Trust and ChelWest. £12,500 funding had initially been given to St Andrews, for the host partnership arrangements with UEA, but due to delays in approval, the arrangement was switched to ChelWest.
- DB strongly called for this adjustment to be moved from the 2022-23 budget, and as a matter of principle, for it to be dealt with between the two Trust finance departments. This issue effectively becomes a debt and invoices would need to be arranged. GT said that he was happy to take this forward and potentially escalate through the Trust finance departments.
- As a result of this discussion it was agreed that this matter would become an issue between the two Trusts, and the ODN Training and Education allocation would not be adjusted. The Training and Education budget for 2022-2023 is confirmed as:

ODN Education & Training - 2022-2023 Approved June 2022

| £50,000 | Level | Share | Amount |
|---------------------------|----------|-----------|---------------|
| Quality Assurance Process | | - | 4,000 |
| St Andrews | Centre | 3 | 12,545 |
| ChelWest | Centre | 3 | 12,545 |
| Queen Victoria | Unit | 2 | 8,364 |
| Stoke Mandeville | Unit | 2 | 8,364 |
| John Radcliffe Oxford | Facility | 1 | 4,182 |
| | | 11 | 50,000 |

Action:

- ❖ **PS will write to M&SE, to confirm that the funding for the UEA Module would be pursued within the finance system, with ChelWest raising an invoice to recover the £12,500 funding in 2018-2020.**

5 Burn Service Update

This standing item is intended to enable service leads to talk about local delivery issues, related to activity, performance and staffing.

St Andrews

- DB spoke about current activity, noting that there had been a number of instances where the ICU has needed to close, due to occupancy/staffing. The rehab ward remains open, despite higher than normal levels of staff absence. No other issues were noted.

Chelsea & Westminster

- JA spoke about the challenges that the service had experienced earlier in the year, particularly related to staffing in the paediatric unit, but management initiatives have largely brought this under control and the service is open, business as usual at the moment.

Stoke Mandeville

- AM spoke about the improved situation with nursing and recruitment and thanked NL for her help with this. Additional roles are under discussion and AM will provide a further update at the next meeting. Dan Markeson is leaving the Trust to join the team at QVH and his post will be advertised. Refurbishment of the burns unit is nearing completion. The new paediatric area is also nearing completion and once ready, this will improve access and care for children in the catchment area.
- AM also that discussions and negotiations are on-going with the local CCG about an uplift of funding for burn services; the work undertaken by NL on Safe Care for nursing has been a great help. It is expected that the Quality Assurance review would also provide support for uplifted funding.

Queen Victoria Hospital

- Unfortunately, the QVH was not represented at the meeting.
- DB recognised that due to clinical and management commitments, it wasn't always possible for people to join our meetings. However, DB suggested that on these occasions, it was not unreasonable for anyone not able to join the meeting in person, providing the ODN Manager with an update that could be reported at the meeting. This was supported unanimously.

Action:

- ❖ **PS will write to Clinical Leads, to ask for a short written “service update”, by email, for those occasions when they are not able to attend the meetings in person.**

Items of business for action

6 Optimising psychological well-being: CARE Scales – PROMS

LW was not able to attend the meeting and Liz Pounds-Cornish, to discuss CARE Scales and PROMS. This has been discussed within the network psychology sub-group, related to a PROM measure developed by the Centre for Appearance Research, as a PhD project. There are four different scales, for four patient groups: adults, teenager, Young Child and parents. The toolkit is multi-disciplinary, with aspects related to scar, pain, function and psychological aspects. It has been piloted at SMH at the follow-up OP scar clinics. The system is free to use, but operates on a standalone platform, that has a licence fee (Qualtrics). Using the system also has local resource (manpower) consequences, as someone in the MDT will need to lead on the use of the PROM in each service.

The question for today is whether there is an appetite for this across the ODN and whether funding would be available to support the roll-out.

The following issues were discussed:

- PROMS feature in the essential standards (BBA) for burns. Although it is mentioned in the BBA Standards, most services have yet to develop a robust system for PROM collection.
- Attempts have been made at C&W for a psychology assessment, six months post discharge, but the response rate was low (around 40%), suggesting that if services were being assessed for success with PROMS, it would need to be on what was sent out, rather than what was received in response.
- The potential to IBID, rather than a separate platform for PROMS.
- What happens with the reported outcomes and how do they impact on the future improvements in the delivery of care.
- Other local systems for feedback are available.
- The difference between PREMS (experience) and PROMS (outcomes).

PS confirmed that the ODN could provide “start-up” funding for the Qualtrics license, but it seemed like a wider discussion was needed about whether all services could give the appropriate local manpower resources to lead and work with the system.

- DB asked if, through the psychology sub-group, the psychology leads for each service could provide their local team with information about the system and what it entails, and let each of the services assess whether or not it was supportive of moving ahead.
- AM offered the suggestion that the SMH team could provide a briefing to all services, to help the other services make a decision.

PS asked if the commissioners could offer their view on this subject.

- JH said that PROMS formed an intrinsic part of the quality assurance process and it was almost a “must-do” as part of the specification. It was accepted that PROMS offer a subjective view of “outcome”, which might be different to an objective clinical outcome measure.

Action:

- ❖ **PS will make contact with LP-C and AM, to discuss how this might be communicated to the other burn services / MDT.**

7 CEMBIC Report 2022

PS noted that work on the CEMBIC report were nearing completion. It is expected that the report will be provided first to NHSE National team and they will want to have an action plan, that addresses issues noted in the report, related to:

- any recommendations for improvement in aspects of the care pathway that have been resolved in the period since the case studies were undertaken and
- any recommendations for improvement that remain unresolved and what mitigations are in place.

DB asked if the burns clinicians who contributed to the study and report would receive an acknowledgement, either in the report itself or in the NSHE response. PS said that this was likely.

8 Network and National Audit Programme 2023

- National Audit programme
 - Adult burn care
 - Paediatric Burn Care

The 8th annual national audit meeting was held in April 2022 and this will be the final all-ages meeting. For 2023, there will be an adult meeting and a separate paediatric M&M meeting. This meets the requirement of the new paediatric burn specification for a national paediatric MDT and audit process. PS mentioned that a paediatric M&M meeting is being held on 12th July 2022 and services are encouraged to allow members of the MDT to attend. The meeting will be the first opportunity to discuss the new arrangements for the paediatric MDT and audit process.

- Network Audit
 - Frequency and methodology

PS raised the issue of the network audit and asked if there was an appetite to increase the frequency of the network M&M meetings to a quarterly event (currently held twice a year). The benefit of quarterly would be that the cases would be “fresher” and this would make it easier to remember some of the clinical details (rather than trawling through the patients notes) and also it might allow a longer discussion of cases; JA noted that sometimes, it seems that cases discussions are rushed, due to time constraints.

DB noted that although there are benefits of holding the meetings more frequently, and recognising that holding the meetings on MS Teams has improved / increased attendance, there was however significant pressures on clinical time and holding two additional long meetings would pose difficulties.

Although there was some support and recognition of benefits from a quarterly audit meeting, there was no agreement to change the frequency of the ODN M&M audit meetings.

9 LSEBN Network Team

- Work Programme 2022-2023
PS had circulated a copy of the final draft work plan for the network team. The key themes are:
 - Adult Specification
 - CEMBIC
 - Quality Assurance programme

PS asked for comments, either written or verbal, so that the document could be signed off. VD noted that the topic related to the rehab prescription was an issue for the whole MDT, rather than just therapies, but was happy to remain as the lead for the work.

10 Future Commissioning Model Programme

- Roadmap for integrating specialised services within Integrated Care Systems

The “roadmap” for specialised service commissioning in the new integrated care systems has now been published. It sets out the way that specialised services will be commissioned from April 2023. The road map confirms that the commissioning model for specialised burn care remains largely unchanged, with responsibility remaining with NHSE national and regional teams. There are associated planned changes to the funding mechanism.

DB reflected on the commission for TENS, and an emerging issue of treatment with immunoglobulin, and looking at the evidence base more closely. PS mentioned the “roadmap” and noted that whilst burn care is remaining at a national/regional level, specialised dermatology is being devolved to the new ICS’s. This means that treatment for TENS will be covered by both arrangements, depending on where the treatment takes place.

Action:

- ❖ **PS will make contact with Carolyn Young, to raise concerns about the arrangements for TENS.**

Items of business for information

11 Commissioning Issues

- Major Trauma CRG Agenda - April 2022
PS had circulated a copy of the most recent CRG meeting and spoke about the new CRG arrangements. Rob Bentley has moved to a new role and the CRG will appoint a new chair and a new membership, for future meetings. The Chair will be one of the new National Specialty Advisors, either for burns or trauma. Both will be members of the CRG. The NSA posts and other clinical roles are currently out to advert.

12 Other business, not on the agenda

- Jane Hubert gave a short briefing on the current position with QVH and the transformation / reconfiguration work stream. The SE commissioners have been working with ICS colleagues, to consider the historic service compliance issues with the adult burns service and are planning to go out with a “Prior Information Notice” and to start a process for patient engagement.

JH mentioned that there is also a proposed merger of QVH and UHSx (Brighton) trusts. The two trust Medical Directors are leading a Clinical service review evaluation and there has been a request for burns to be included. Furthermore, the request suggests that this is undertaken first, before further NHSE / ICS work is done for the strategic configuration. This request is being considered by the SE Director of Commissioning, and further discussions are planned.

DB noted that the quality assurance process is being planned to start in September and asked if this fitted with the timeline for the work being undertaken locally. JH said that the QA work was a pivotal element of the work and is welcomed by the commissioners and Trusts.

- NL reported on progress with a number of work projects:
 - The UEA course is progressing well, and new dates are to be released shortly.
 - With regard to Patient Engagement, NL noted that MC had not been able to attend recent meetings, due to a change in circumstance at work. NL said that she knew a number of other people who might be interested in taking a role, and NL / PS will discuss this outside of the meeting.
 - SIM module is now written, with a projected start date in September 2022, and the course events will be held in London and Chelmsford locations.
 - Work on updating the Infant “acceptance” criteria is necessary, as the current version was first written in 2012-13.
 - NL noted the rise in patients with nitrous oxide burns.
 - Proposed audit of longer stay patients, who have long-standing healing difficulties.

Date of next ODN Board meeting(s)

Confirmed dates

- ❖ *LSEBN ODN Board (Main Group) and M&M Audit Tuesday 20th September 2022
(M&M Audit period (6 months) January to June 2022)*
- ❖ *LSEBN ODN Board (Core Group) Wednesday 11th January 2023*