

**LSEBN ODN Board**  
**Thursday 5<sup>th</sup> October 2023**

**In attendance:**

David Barnes – St Andrews (Chair and Clinical Lead)

Joanne Lloyd – Network Advisor

Vicky Dudman – Network Lead Therapies

Alexandra Murray – Stoke Mandeville

Joanne Pope – NHSE East of England

Konstantinos Tsormpatzidis – NHSE London

Breezy Brown – Chelsea & Westminster

Lisa Williams – Network Lead Psychosocial Care

Nicole Lee – Network Lead Nurse

Joanne Atkins – Chelsea & Westminster

Gail Murray – NHSE East of England

Sam Lee – NHSE South East

Pete Saggars – ODN Manager

**Notes**

**1 Chair's introduction**

*Apologies received from: Paul Drake, Sara Atkins, Victoria Osborne-Smith, Sadaf Dhalabhoj, Kathy Brennan, Lorraine Sime, Osian Powell*

**2 Notes of the previous meeting July 2023**

PS briefly ran through the notes of the previous meeting. The notes of the meeting in July were approved, without amendment. The following issues were noted:

- **QA Visits and peer review:** As an action from the meeting in March, PS had written to HC about concerns raised at the meeting and accuracy of the reports. There had been no reply and JP had taken the matter up in the EoE team. HC has now responded, but has stated that the issues were discussed by the visiting teams and the content of the final reports had been approved by the visiting team(s). They could therefore not be changed. JP spoke about the actions being taken by the commissioners, seeking to take forward pragmatic discussions with the Trusts and burn services. DB suggested that the network team (PS) should write to each of the host Trusts, to note the discomfort with the final reports, but to emphasise the good points and describe the positive dialogue with the NHSE commissioners moving forwards. DB reiterated that the services and network are supportive of peer review but remain disappointed by the process that was adopted and the accuracy of the final reports.

❖ **Action:**

***PS to draft a letter to Trust CE's and Medical Directors***

- **TRIPS and MDSAS:** PD was not able to join the meeting today, so there was no report about progress with the development of TRIPS. NL confirmed that contact had been made with Rob Hollingsworth and talks had started about a trial scheme for the MDSAS system. PS confirmed that the trial should go ahead as planned. NL noted that staff from St Andrews would also participate. DB asked about the procurement process, should the network decide to look for an alternative tele-medicine provider. PS responded to say that he would be looking for external advice and support for the process, probably from C&W, as host for the team.

**3 Matters arising, not on the agenda**

**St Andrews Paediatric Matrix**

At the July meeting, the proposed paediatric matrix describing the referral and acceptance criteria for children at St Andrews was agreed in principle, but with a small amendment to be included. JL described the changes made in the referral procedure, to include a little more detail about the decision process for instigating the protocol.

JP noted that the commissioners are very content with the new matrix. PS suggested that the new document should also be shared with the Major Trauma & Burns CRG, as they had been involved in the original work in 2014-15. JP stated that it would also go through the EoE Board, for the same reason.

❖ **Action:**

***PS to write to Isabel Jones, National Speciality Advisor, to describe the revised arrangements and to ask that the MT CRG sign-off the new matrix.***

### **QVH Thresholds & Acceptance Criteria**

The proposal for the upper threshold for injury severity around 20%TBSA had been discussed in July and approved in principle. The network Board had asked for this to be put into a formal document and to be approved by the Trust Board and signed-off by commissioners. SL noted that she wasn't aware of any conversations within the SE team, but would take the issue back for discussion. PS noted that there was a dialogue between SE and London commissioners, about a transfer of resources to take account of the change in referral routes for children. Both DB and JA noted that the number of SE children coming up to London and Chelmsford is significant. NL confirmed that C&W are keen to see the official paperwork from QVH, so that formal capacity planning could be undertaken, to look at the impact of the changed referral pathway. NL also noted that although the number of cases is small, they are "expensive" ICU cases. The following issues were raised:

- JA noted that the current block contract at C&W doesn't allow for variation in numbers, meaning that C&W aren't being "paid" for the extra cases coming out of the SE. A formal statement from QVH would be helpful in getting the baselines changed.
- DB asked about the trauma pathway and where do EDs send the first notification of the need for a referral. NL expressed concerns about the capacity of QVH to respond to a referral (expertise and knowledge).

❖ **Action:**

***PS to write again to the QVH Medical Director (TC), copying the SE Commissioners, to ask for a progress report and to seek assurance that the existing network referral guideline for referring emergency departments, is safe.***

## **4 Burn Service Update - Issues related to activity, performance and staffing**

### **4.1 St Andrews**

- DB noted that the activity has been reasonable steady and the ICU is currently open for new admissions. The service is looking at how DOS Pathways is used, particularly how the decision to close (OPEL 2 status) is agreed and how it is recorded.
- There have been improvements in the staff/skill mix on the adult rehab ward, meaning that the team is able to look after more complicated patients on the ward (large sedated dressing changes).

### **4.2 Chelsea & Westminster**

- JA and NL spoke for C&W. There has been some major building works for the burns unit, but this coincided with a "quiet" period for referrals into the ICU area, so the disruption has been managed and minimal.
- Staffing within the adult ward is in a "good place", although the paediatric ward is less good. They have a smaller cohort of staff and this leaves the service vulnerable to periods of absence (sickness and/or annual leave).
- NL noted that the C&W service is working with St Andrews to introduce CUSUM analysis for the major burns.
- LW echoed the praise for the planned refurbishment in the burns IP area, although there was an impact on the OP services, with patients being seen outside of the burns unit. This was sub-optimal but has been managed well by the psychology team.
- LW also noted that there was a business plan with the Trust management team, seeking to improve the delivery of psychology and psychosocial care in burns. This is awaiting approval by the C&W managers.

#### 4.3 Stoke Mandeville Hospital

- AM reported that SMH is also in a “good place” with staffing. This has been a good outcome from the previous situation, reported last year. The regional SIM course is running, with ED & ICU staff and junior doctors taking the course.
- A new psychiatrist has been appointed by the Trust and AM said that there was a plan to have some programmed time for burns, in the job plan. LW suggested that the new postholder could link-up and collaborate with the C&W team.
- The main issue at SMH is data. A new IBID data analyst has been in post for almost a year, but there is quite a backlog to be worked on. AM also suggested that the new network data & informatics person might be in a position to support the local teams.
- Not much to report for the Oxford service. The activity continues to focus on the smaller burn injuries.

#### Queen Victoria Hospital

- There was no representation from QVH at today’s meeting.

### 5 **LSEBN Performance (Quarter 4 2021-2022)**

#### 5.1 **Issues Log** / Network Risk Register

PS asked if the topic related to St Andrews PICU has now been resolved to a point where the issue can be removed from the “risk” register. JP confirmed that the position was satisfactorily resolved as far as the commissioners are concerned, and that the topic can be removed.

❖ **Action:**

***PS will amend the Issues Log report to remove item 2.***

DB confirmed that conversations continue with regard to the development of a facility at Royal London Hospital in Whitechapel.

#### 5.2 **Quality Dashboard**

PS described the most recent iteration of the Specialised Service Quality Dashboard (SSQD). This report is derived from IBID data and published through the NHSE website. The following was discussed:

- PS noted that the report continues to provide some erroneous figures and that the Stoke Mandeville figures are impacted by a delay in filling the vacant data manager position and difficulties accessing the system. This is now resolved but it will take time for the service to catch-up.
- AM noted that the service (Trust) is moving towards an entirely electronic patient record and this will help with future work.
- DB repeated concerns about the veracity and accuracy of the report.
- PS added that the report is available to the general public, although it is difficult to locate. However, because it is available, it is important that the report is accurate.

#### 5.3 **Refusals** / Referrals turned away

The 2023-24 refusals report had been circulated with the agenda. It provides analysis of cases “refused” at each of the services (none recorded for Stoke Mandeville), split by age group, with a note to indicate where the patient was transferred to (within or outside of the network).

#### 5.4 **Pathways DOS Sit-Rep** Bed Availability, OPEL Status and Occupancy

This report is derived from the Pathways DOS figures submitted by burn services each day and recorded in the new National Commissioning Data Repository (NCDR), with reports available via an on line toolkit. The report provided to the network meeting has been developed locally to provide an overview of patient activity, related specifically to bed occupancy and capability. The report also analyses the daily OPEL status for services and the network as a whole.

## 5.5 **Network Team Budget**

PS had provided a summary of the network team budget, based on Month 5 August 2023. The following issues were noted:

- The annual budget is broadly on track, compared to the statement provided by C&W.
- The funding for training and education in 2023-24 has been agreed at £32,000. This sum is available for services to invoice C&W Trust.
- A further amount, around £30k is also available as a non-recurring sum in 2023-24. This is caused by monies carried forward from previous years and a likely shortfall in “pay” spending on two new team members (full year effect from 2024). This money could be made available on a “shared” basis, in the same way as the training & education budget, or as a single, one-off contribution to a specific service improvement scheme.
- DB spoke briefly about an outline proposal for a mobile burns “bus”, as part of an extended outreach service. There was a discussion about using revenue allocations for capital developments. JP confirmed that it was generally OK for small amounts to be used for capital schemes. There is some potential for Dan’s Fund to contribute funding towards the scheme, and there was general agreement that the concept of a “burns bus” was a good idea.
- NL spoke about the concept of “virtual” wards and new technology.
- KT noted that the figures in the finance papers for item 6 and item 9 have discrepancies in the “totals”, but this can be discussed after the meeting.

## 6 **BBA Standards 2023 Network Self-Assessment**

PS presented a proposal for assessment of compliance with the new BBA standards. Two MS Workbooks have been provided as a tool for services to provide a self-assessment of each BBA Standard. Compliance will be assessed as a simple “Yes” or “No”. There is also the opportunity to add a note or commentary to the Y/N assessment. The spreadsheet tool needs to be considered alongside the BBA Standards document, to see a description of the evidence necessary to show compliance.

Section G in the BBA Standards document relates to the Burn Care Network and there will be a separate process for network standards and compliance. The initial focus of attention will be the network standards and a plan to ensure that all of the network guidelines and protocols are up to date and available.

### ❖ **Action:**

***PS will circulate the Service Assessment tool***

## 7 **NHSE London Mid-Year Progress Report & Budget Report**

PS briefly described the NHSE London mid-year reports on the work programme and budget. The following issues were discussed:

- The report reviews the network workplan, and includes issues following on from the 2022 QA visits and reports.
- The need for a network Training & Education Strategy was discussed and PS asked for support from the NHSE Commissioners, to see how other networks have developed their education strategies.
- The adult psychosocial training pack is complete and is now moving to the publication phase, to create a well-designed, printable PDF version.
- There are a couple of issues related to national programmes, including the response to the CEMBIC report and work on the Rehabilitation Prescription.
- There was a discussion about the LSEBN website and the opportunity to redesign the format and content on the site. We might also consider the utility of the platform / host. It was agreed that this might be something that would benefit from some one-off funding from the network budget.

## 8 Other issues raised for discussion:

- JA asked for a discussion in the resus figures in the M&M audit template. Concerns were expressed about the difficulty in collecting the figures and the usefulness of the data collected and how it impacts on patient care. The following issues were discussed:
  - PS confirmed that the data collection was started after discussions and agreement, at one of the national audit meetings. The intention was to identify “outliers” and potential links with mortality.
  - DB spoke about the lack of automation and a need for manual data collection. This is symptomatic of a wider NHS problem with simple data gathering and IT. JL said that the s/sheet used to record the cases and fluid levels did include some pre-calculated fields, to help with the reporting.
  - Poor quality of data collected by services from ED and pre-admission care. This leads to potentially meaningless or misleading numbers and analytics. It was noted that if the dataset is incomplete, it is difficult to make sensible conclusions about whether or not the patients received adequate fluid resuscitation.
  - There are issues related to “maintenance vs resuscitation” fluid input.
  - JA reported that there are issues with the individual patients and context of their injuries, and the impact on fluid i/o.
  - There needs to be improvement in the information collected from pre-admission providers. This could be a specific national project.
  - There was agreement that comments should be fed back to the national group.
  - AM noted the need to understand what is the planned quality improvement objective, that this work is leading to. This needs to be agreed, so that there is a measurable quality output as a result of collecting the figures and filling in the s/sheet.
  - AM spoke about a possible new project to bring together the pre-hospital fluid resus analysis and the transfer study. Reconstructive Surgical Trials Network

### ❖ Action:

***PS will return to the national audit presentations (2023) and send the resus s/sheets to JL.***

***The issue will be included on the agenda for the next national burns group meeting (NBNG November 2023)***

- NL brought up the issue raised in the network Senior Nurse Forum, related to the availability of defib paddles, routinely used in burn care. NL said that there would probably need to be an SOP written for burns and the continued use of defib paddles.

## 9 Commissioning Issues

No additional topics reported.

### **Date of next LSEBN Network meeting(s)**

#### Confirmed dates

#### **Tuesday 9<sup>th</sup> January 2024**

- LSEBN Network Board (MS Teams)

#### **Wednesday 27<sup>th</sup> March 2024 (In-person meetings – Venue TBC)**

- LSEBN Network Board 10:00 to 12.30
- LSEBN M&M Audit 13:00 to 16.30