

LSEBN ODN Board and Winter MDT Audit

Tuesday 10th December 2019

In attendance (ODN Board):

Alexandra Murray	Burns Consultant	- Stoke Mandeville Hospital
David Barnes	Burns Consultant	- Broomfield Hospital (St Andrews)
Nicole Lee	Senior Nurse	- Broomfield Hospital (St Andrews)
Rachel Wiltshire	Physiotherapist	- Broomfield Hospital (St Andrews)
Lisa Williams	Clinical Psychologist	- Chelsea & Westminster Hospital
Nora Nugent	Burns Consultant	- Queen Victoria Hospital
Isabel Jones	Burns Consultant	- Chelsea & Westminster Hospital
Sarah Tucker	Burns Consultant	- Oxford, John Radcliffe Hospital
Ioannis Goutos	Burns Surgeon	- Royal London Hospital, Whitechapel
Tony Fletcher	Burns Anaesthetist	- Nottingham University Hospitals
Victoria Osborne-Smith	Programme Manager	- NHS England London
Pete Siggers	LSEBN ODN Manager	

Apologies received from Jorge Leon-Villapalos, Bruno Botelho & Gareth Teakle (Chelsea & Westminster - ODN Host Trust) and the following NHS England Commissioners: Su Woollard, Heather Moore, Jane Hubert, Joanne Pope, Paul Carter, Rachel Lundy, Selena Riggs, Richard McDonald, Kathy Brennan.

LSEBN ODN BOARD Notes

1 Chairs introduction and apologies

AM welcomed all to the meeting and introduced Dr Tony Fletcher, who is attending as an observer, in advance of the Audit meeting, later in the day.

2 Notes of the previous meeting

The notes of the meeting held on 18th September 2019 were noted and approved.

3 Matters arising, not on the agenda

- ODN Risk Register Q3
The Quarter 3 report was presented to the meeting. It has been amended to reflect the discussion at the previous ODN meeting. PS drew attention to the situation at RLH Whitechapel. It was agreed that action must be taken to clarify the commissioning position for the burns facility in East London.

Action:

❖ **PS to raise the issue with Kathy Brennan at the earliest opportunity.**

- ODN Work Programme

The 2019-2020 ODN work programme was presented to reflect the small changes that had been discussed at the previous meeting. These are mainly related to issues arising from the self-assessment results. The revised document was approved for publication and will be placed onto the ODN website.

- ODN funding for 2019-2020

PS reported that all the necessary paperwork had been provided to the NHS London commissioners to allow the second tranche of funding to be provided to the host Trust (Chelsea & Westminster)

- EPRR: Burns Annex and Surge & Escalation SOP
PS confirmed that the Burns Surge and Escalation SOP has now been approved by the Trauma CRG and will be operationalised at the very earliest opportunity. The new SOP includes a new definition for escalation (B-OPEL) and a revised Pathways DOS burns page for services to use. Both of these measures will also feature in the EPRR Mass Casualty Burns Annex and it is expected that the annex will be signed-off by the EPRR CRG in January 2020.
- Self-Assessment and GIRFT
Since the last meeting, there has been a series of emails about the prescribed methodology for self-assessment and GIRFT. There has been a discussion across the four burn ODNs as to whether or not the ODN process should have been adopted by GIRFT. The GIRFT methodology is considerably different to the ODN process, meaning that services had to undertake a self-assessment process twice. The meeting discussed the value of measuring compliance as part of the wider GIRFT agenda and it was agreed that it would be good if Ken Dunn, the NHS-I Clinical GIRFT Lead for Plastic and Hand surgery and Burn Care, were to be invited to come to a future ODN meeting to give a presentation on GIRFT and to encourage a formal Q&A session with service clinicians and commissioners.

Action:

- ❖ **PS to write to KD, to invite him to attend the March 2020 ODN meeting.**

Items of business ODN Board

4 Memorandum of Understanding Draft MOU and Terms of Reference

As discussed at the previous meeting, London-based ODNs have been asked to develop a MOU. A draft has been circulated to ODN members. The MOU describes the relationships between the host Trust, burn services and their Trusts, commissioners, and the ODN team, and includes the Terms of Reference for the ODN Board. The MOU is intended to improve engagement and help ensure that there is “buy-in” to issues related to service delivery and outcomes. The draft document was approved by ODN members and will now be circulated to the CEOs of burn service Trusts, for formal sign-off at each Trust Board.

Action:

- ❖ **PS to circulate the MOU to the Chief Executives of the five principle burn services, for formal approval and signature.**

5 Triage processes for patients suffering with smoke inhalation

Feedback from meeting with LAS / London Major Trauma

At the June 2019 ODN Board, an incident was reported to the meeting, regarding a house fire, patient /casualty distribution and inhalation injuries. The incident had resulted in two children with a SII but no dermal burn, being referred and transferred to C&W. Because C&W do not have a co-located paediatric ICU, the two children required a second transfer to St Mary'. The case brought into question the London Ambulance referral pathway for trauma and burns, which does not currently include mention of a SII and the subsequent requirement for transfer to a trauma service with an age-appropriate ICU.

PS and NL had attended a meeting in November, with representatives from LAS, London Major Trauma, St Mary's PIC and NHS England London. This meeting quickly agreed that cases with a smoke inhalation injury (adult and paediatric) should be transferred to a major trauma centre. The LAS representative, Tim Lightfoot, is looking to see how this could be incorporated into LAS pathways, without changing the trauma triage tool at this point. At the meeting, NL agreed that as a result of this change in the pathway, she would ensure that there was an update for all paramedic training from the LSEBN, along with the offer of an update training to the ambulance crews as required.

NL also agreed to follow-up the matter with the regional independent air ambulance crew to make them aware of the change. Further meetings are planned for January 2020, to confirm the formal arrangements for the new pathway.

PS reported that during the meeting, mention had also been made about the recently published report *Saving Lives Is Not Enough*. The report from Krissie Stiles and David Wales, is a proposal for integrated approach between ambulance services and fire & rescue services (FRS), when responding to an incident. Tim Lightfoot in conversation with NL, expressed serious concerns about this report, and specifically, proposals for potential FRS treatment interventions at the scene of an incident. Whilst the report includes a disclaimer that the views and opinions expressed ... are those of the authors and may not reflect the official policy or position of any organisation or contributors, the report has been endorsed by the British Burns Association. It was agreed that the SLINE report is not a formal policy or SOP and is not endorsed by the Trauma CRG. However, a google search for this subject, finds that the SLINE report was presented at the 2019 ANZBA meeting and the abstract includes an association to the LSEBN (<http://www.anzbaasm.com/1637>). The LSEBN does not endorse the proposals outlined in the report and it was agreed that this matter should be discussed at the next National Burns ODN meeting, in January 2020, with a view to reaching a consensus view across England and Wales.

6 ODN Budget and financial arrangements

Service Development funding 2018-2019

PS had prepared a short summary analysis, of the utilisation of the 2018-2019 service development funding, provided to services in the previous financial year.

Budget and Proposals for service development and training

PS had prepared a second report, providing detail for the LSEBN team budget and I&E position for 2019-2020. Included within this report were the proposals for service development funding for the current financial year. As discussed at previous meetings, the £20k funding in 2019-2020 will be made available (50:50) to Chelsea & Westminster and Queen Victoria Hospitals.

On a general theme, comments were made about the use of the phrase “surplus” in both finance reports. It was agreed that this money should be seen as a true development budget for the LSEBN and not as an annual, non-recurring surplus. It was further agreed that the ODN should possibly be more strategic in considering how the money might be utilised, with reference to the long-term objectives of the network and more generally, the NHS Plan.

7 ODN Work Plan 2019-2020 Progress

The Q3 report was provided to ODN members in advance of the meeting and there were no questions or matters raised during the meeting.

8 EU-Exit: Disruption to burns referrals / transfers Proposal to provide burns outreach

PS and NL reported on an NHS London stakeholder meeting, held in October 2019, to discuss winter pressures and the UK exiting the EU. During the meeting, a specific issue related to delayed transfers from the Kent and Sussex area into London major trauma centres. caused by a no-Deal Brexit road disruption. During this part of the meeting, the possibility of deploying a Burns Incident Response Team (BIRT) was briefly discussed and it was agreed that further work should be undertaken, to explore the potential for a burn service response to a referral, where the patient requiring care at a MTC, might be inappropriately delayed in a local trauma unit. PS followed this up in further discussions between the service clinical leads, resulting in a proposal for an outreach service from QVH, with a detailed protocol explaining the circumstances for an outreach service to be provided.

The protocol is only likely to be required in the event that the UK leaves the EU without a trade deal and in the subsequent circumstance of major road disruption between London and the Channel ports. It would be part of a planned response to disruption and would be coordinated by NHS England EPRR, with a 24/7 Tactical Command team, as part of a process to prioritise patients for time-critical transfers.

9 Other service delivery issues

David Barnes, Clinical Lead for the St Andrews Burn Service gave two short presentations, on the following subjects:

- St Andrews Paediatric Burns Matrix and the collaboration with Birmingham Children's Hospital; an analysis of the process and activity over a five-year period.
- St Andrews SJS / TENS protocol; a retrospective audit over a five-year period, to October 2019. The audit was undertaken in response to an issue raised through the Burns Standards Self-Assessment.

Baljit Dheansa, former Clinical Lead for the LSEBN, gave a short briefing on the potential benefits of developing the QVH TRIPS telemedicine system into a secure mobile-phone application. Whilst the meeting was unanimous in agreeing that there was a need for a real-time telemedicine app, it was also agreed that there should be a move to secure national agreement for the single application, that would be operated across the whole country. This is certainly an issue raised by NHS England during the development of the Burns Surge & Escalation SOP and the Burns Annex to the EPRR Concept of Operations for Mass Casualties.

10 Patient and Public Voices

PS reported that the previous attempt to develop an operational PPV process had not worked as planned. For a number of reasons, it has not been possible to integrate the PPV members into the work of the ODN, and it is perhaps time for a rethink on the process. NHS England and NHS Improvement are keen to see PPV working properly in networks, and there is an opportunity to receive some help from them. NL has also been contacted by an individual, who is a burns survivor and interested in supporting the work of the ODN. It was agreed that NL and PS would meet (with the individual mentioned above) and discuss how this matter might be taken forward.

11 Commissioning Issues

LSEBN Mid-Year Review

- PS had circulated the reports and paperwork provided to NHS England as part of the mid-year review.

Major Trauma CRG

- VOS and IJ gave a short briefing on the most recent CRG meeting. It was noted that work on the paediatric specification is now complete. The document and a covering note will be presented to the NHSE Clinical Panel for approval in the early new year.
- There was a brief discussion about the CEMBIC audit from 2011; Chris Moran will be writing to Cardiff University to ask for confirmation of the publication date.
- VOS announced that she was leaving her current post, for a new role in NHS England, and her role would be taken by Carolyn Young, who is the trauma POC in NHS England East. In future, CY will lead on the Trauma CRG and will hopefully be able to attend the LSEBN ODN meetings.

Date of next ODN Board meeting(s)

- ❖ **ODN Core Group:** Wednesday 11th March 2020 (venue TBC)
- ❖ **ODN Main Group and Summer Audit & MDT:** Thursday 28th May 2020 (Venue TBC)
- ❖ **ODN Core Group:** Wednesday 20th September 2020

LSEBN ODN WINTER M&M AUDIT

External Chair: Dr Anthony Fletcher

Consultant Anaesthetist & Nottingham University Hospitals Lead for Burns

In attendance (Network M&M Audit)

Abdanle Lawal	Physiotherapist	- Queen Victoria Hospital
Alexandra Murray	Burns Consultant	- Stoke Mandeville Hospital
Baljit Dheansa	Burns Consultant	- Queen Victoria Hospital
Beth Angell	Assistant Psychologist	- Stoke Mandeville Hospital
Catherine Henn	Outreach Nurse	- Queen Victoria Hospital
Chris Lockie	ICU Consultant	- Chelsea & Westminster
Clara Upson	Physiotherapist	- Stoke Mandeville Hospital
Dave Booth	Physiotherapist	- Queen Victoria Hospital
David Barnes	Burns Consultant	- Broomfield Hospital (St Andrews)
Denise Lancaster	Informatics Lead	- Queen Victoria Hospital
Eloise Lucas	Clinical Educator	- Queen Victoria Hospital
Fadi Issa	Burns Consultant	- Stoke Mandeville Hospital
Ian King	Spr Plastics	- Royal London Hospital, Whitechapel
Ioannis Goutos	Burns Surgeon	- Royal London Hospital, Whitechapel
Isabel Jones	Burns Consultant	- Chelsea & Westminster Hospital
Jill Ratoff	Burns Matron	- Queen Victoria Hospital
Julie Baker	Paediatric Matron	- Queen Victoria Hospital
Kaneka Bernard	Plastics Registrar	- Stoke Mandeville Hospital
Kate Atrill	Physiotherapist	- Chelsea & Westminster Hospital
Lisa Williams	Clinical Psychologist	- Chelsea & Westminster Hospital
Liz Pounds-Cornish	Clinical Psychologist	- Stoke Mandeville Hospital
Louise Rodgers	Occupational Therapist	- Queen Victoria Hospital
Michael Wiseman	Informatics Lead	- Broomfield Hospital (St Andrews)
Nicole Lee	Senior Nurse	- Broomfield Hospital (St Andrews)
Nora Nugent	Burns Consultant	- Queen Victoria Hospital
Paul Drake	Burns Consultant	- Queen Victoria Hospital
Penny Clarke	Admin Manager	- Broomfield Hospital (St Andrews)
Pete Saggars	ODN Manager	- LSEBN ODN
Rachel Wiltshire	Physiotherapist	- Broomfield Hospital (St Andrews)
Rhoxanne Menchu T Salinas	QVH -Burns	- Queen Victoria Hospital
Sarah Tucker	Burns Consultant	- Oxford, John Radcliffe Hospital
Siji Joseph	Senior Nurse	- Oxford, John Radcliffe Hospital
Simon Booth	Burns Research Nurse	- Queen Victoria Hospital
Tania Gibson	Clinical Educator	- Queen Victoria Hospital
Tony Fletcher	Burns Anaesthetist	- Nottingham University Hospitals
Will Cobb	Spr Plastics	- Oxford, John Radcliffe Hospital

12 Chairs Introduction

TF welcomed everyone to this part of the meeting...

Process

Each service is required to present activity and cases analysis, for the period April 2019 to September 2019, using a nationally approved template. The presentation includes:

- A summary of referred activity
- An analysis of paediatric resus cases
- All Serious Incidents (SIs),
- All mortalities and;
- One morbidity / non-mortality case.

This audit peer-review process is intended to identify those cases that would be of interest to a wider audience at the national audit meeting. It is expected that the cases presented to the national audit meeting will be mortality cases with a low Revised Baux score or cases that have interesting or unusual clinical aspects.

Note of the discussion:

The LSEBN M&M audit is a closed meeting, where no formal minutes are taken, to provide a suitable 'space' for openness and honesty for clinicians to share and learn. M&M audit is a requirement of the NHS England service and network specification and all burn services are required to present all mortality cases and all serious incidents.

All of the cases have been discussed previously at service and Trust audit meetings. The purpose of the audit is to add an additional layer of governance and scrutiny to the existing service audit function, and to support services across the whole network in sharing experiences and good practice, with the aim of improving patient outcomes and quality of care.

The key points of note, from the audit of mortalities were:

- **No individual cases were identified as requiring further action or investigation.**
- **A small number of cases were selected to go forwards to the national audit meeting.**

14 Additional audit issues 2019 - Nottingham – Burns Morbidity and Nexobrid.

TF gave a presentation on a Nottingham adult case and the use of Nexobrid. A copy of the PPT will be shared with the LSEBN service clinical leads.

17 Confirmation of cases for National Audit meeting (2020)

From the service presentations, six cases will go forward to the national audit meeting, held in June 2020.

Date of next audit meeting(s)

- ❖ **ODN Main Group and Summer Audit & MDT: Thursday 28th May 2020 (Venue TBC)**
- ❖ **National Mortality Audit: Tuesday 30th June 2020 (QE Hospital Birmingham)**
- ❖ **ODN Main Group and Winter Audit & MDT: Thursday 10th December 2020**