LSEBN ODN Board and Summer MDT Audit Meeting
Thursday 13th June 2019

In attendance:

Alexandra Murray (Co-Chair and Clinical Lead)
Nora Nugent (Queen Victoria Hospital)
Andrew Williams (Chelsea & Westminster)
David Barnes (St Andrews)
Ioannis Goutos (RLH Whitechapel)
Sara Atkins (JR Oxford)
Suzie Whiting (Stoke Mandeville)
Catherine Spoors (St Andrews)
Harish Bangalore (GOSH / St Andrews)
Bilal Rafique (St Andrews)
Denise Lancaster (Queen Victoria)
Hodan Abdi (Chelsea & Westminster)
Michael Wiseman (St Andrews)
Victoria Osborne-Smith (NHS England National)
Kathy Brennan (NHS England London)
Stuart Rowe (NHS England London)
Jane Hubert (NHS England South East)
Nicole Lee (ODN Lead Nurse)
Rachel Wiltshire (ODN Lead Therapist)
Pete Saggers (ODN Manager)

Apologies from:
Jorge Leon-Villapalos, Lisa Williams, Bruno Botelho, Richard McDonald, Joanne Pope, Su Woollard, Sarah Tucker, Liz Pounds-Cornish, Julie Baker, Liz Blackburn, Mandy Giles, Sabrina Jones, Teresa Tredoux, Jo Myers, Emma Bell, Peter Berry, Kate Attrill, Barbara Weatherell

NOTES

LSEBN ODN BOARD

1 Chairs introduction and apologies
PS welcomed all to the meeting.

2 Notes of the previous meeting (March 2019)
Then notes of the previous meeting were approved as accurate. Many of the issues discussed at the previous meeting feature on today's agenda.

3 Matters arising, not on the agenda
- EPRR Mass Casualty and the burns Annex
- EPRR National Burns Strategic Clinical Lead
- EPRR Surge and Escalation SOP

PS noted that the national project to develop an annex to the National Mass Casualty Concept of Operations document was nearing completion. The work will lead to new processes for managing major incidents, including the deployment of BIRTs and an increase of bed capacity and capability across all services. Once the work is completed, a network operational document will be produced by the ODN team, to support services in integrating the national annex into local hospital and service incident plans.

It is also expected that the ODN will hold a London and South East stakeholder conference, with service managers and clinicians, commissioners and representation from ambulance services and the trauma and critical care networks. This is likely to take place in the Autumn.

The meeting also discussed the application and appointment process for the Burns Strategic Clinical Lead. This post will be an important part of the management of a mass casualty incident involving burn injured casualties and the person will sit within the "clinical cell", who will be responsible for managing the incident. The post holder will be a burns consultant (surgeon, intensivist or nurse) with experience and expertise and, effectively, will be one of a number of similar people on a contacts list, held by the NHS England National EPRR team.

This is not an "on-call" list or rota. In the event of an incident requiring a burns strategic clinical lead, calls will be made to people on the list, until someone is found to be available. PS had circulated the person specification and application form to the service clinical leads in early May and this will be resent to all on the ODN Board.

- ***Action:***
  PS to re-circulate the Burns Strategic Clinical Lead application form to all clinical members of the ODN Board.

4 BBA Standards and Outcomes Self-Assessment

Burns service summary report

In advance of the meeting, PS had circulated a summary analysis of the self-assessment results for the four principle services. This summary analyses the areas of non-compliance and provides a "count" of the number of services that are not compliant in each area. The analysis does focus on areas of non-compliance and this version does not show the majority of burn care standards, that services are compliant with. VOS and KB commented on the summary analysis provided to the meeting and asked that a more formal report was prepared for NHS England and the Quality Surveillance Team. PS undertook to do this at the earliest opportunity.

The meeting discussed the potential of creating a sub-set of standards, reviewing the "essential" standards and classifying which ones were *absolutely* essential. This was not agreed at the meeting, as it would compromise the BBA document, but it was agreed that it was important to prioritise the areas of non-compliance that needed to be tackled first. The formal report will, therefore, highlight the many areas of compliance and will include proposals for a workplan that will seek to address areas of non-compliance in priority areas.

- ***Action:***
  AW agreed to take the analysis back to ChelWest and, working with colleagues, seek to identify, from within the analysis, those areas of non-compliance that are "critical" and need to be addressed first.

Burns ODN report

Section G of the BBA standards document relates to the form and function of the ODN team. PS had circulated a summary analysis and short briefing report of proposed actions. In almost all cases, the non-compliant areas are new in 2018, and were not part of the old Burn Care Standards from 2012. Many are related to the need to have a new Memorandum of Understanding in place for the ODN, describing the governance arrangements for the ODN team, and the relationships for stakeholders (team members, host Trust, service provider Trusts and commissioners). This issue is being addressed in the proposed work programme for 2019-2020 and will be discussed later in the meeting. In addition to the MOU, there are number of other areas of non-compliance, such as network-wide clinical policies and protocols, and these will be discussed by the team in the coming weeks.

GIRFT

The meeting briefly discussed a request from the GIRFT Plastics and Burns team (Richard Lamb) to have information from the ODN related to the work plan, risk register and self-assessment results. It was agreed that the self-assessment reports and ODN Work Plan should be shared.

- ***Action:***
  PS to respond to Richard Lamb, with the information requested and approved for release.

5 NHSE London and South East Burns Review

VOS gave a brief update on progress with the burns review. The draft report is currently sitting with the NHS London senior management team and there is further work required for the public health sections (needs and demand assessment) and an impact assessment related to the various potential options noted in the draft report. It was also commented that the South East and East of England commissioning teams also needed to indicate their support for the general direction of travel. PS noted that it was important to recognise that the review was relevant to the whole of London and the south east of England and that it couldn't be "just" a London review.

The meeting noted that the L&SE review was complimentary to the LSEBN Strategic Vision report of 2017. This vision statement was principally focused on the possible future configuration of burn centre-level care but did not say anything specific about the rest of the network of care, other than note the need for improved 'facilities' and outreach. It is clear that if there were to be a fundamental review of the centre-level service, and this led to a planned fully-compliant service in central London, this would have a profound impact on all existing services. The ODN will continue to support this work as it progresses.

6 Queen Victoria Hospital

Proposals for paediatric in-patient care

NN noted that the QVH have now informed commissioners and the burn services of the intention to suspend, temporarily, paediatric in-patient care, whilst discussions about a future transfer of the IP service to Brighton are concluded. It is expected that patients will instead be seen at Chelsea & Westminster or St Andrews, dependant on the patient's home postcode.

The formal arrangement requires commissioner approval and VOS and JH asked for confirmation of the activity numbers. NN confirmed that if she received a written request, outlining precisely what information was still required, she would ensure that this request was acted upon urgently.

- ***Action:***
  JH to write to NN to ask for confirmation of the following:
  - ***the numbers of paediatric patients that will be affected by a short term move from QVH to London;***
  - ***the numbers of paediatric patients who are already going direct to London providers as a result of the QVH threshold for transfer reducing over the last couple of years;***
  - ***other patient activity projections related to the long-term move of both paediatric and adult IP care to Brighton.***

There was a brief discussion about the potential need for a public consultation on the temporary move of patients away from QVH. It was assumed at the meeting that the reason for the proposed move related to clinical risk, and as a consequence, there must not be any need for a consultation. Furthermore, the topic of a proposed transfer of patient activity from QVH to Brighton had long been in the public domain and a formal consultation process about the long-term arrangements may be appropriate at a future time

Upper Threshold for Adult in-patient care

In early PS had received a question from Nicky Reeves (Deputy Director of Nursing at QVH) related to the upper threshold for IP care at QVH. In response PS has stated that there was no written evidence that the ODN had *"ever recorded just exactly what the QVH threshold is"*.

The purpose of this discussion today was to establish what the threshold is and / or what it should be in the future, for as long as the service is situated on the East Grinstead site.

NN explained that the current position is for the service to accept adult cases as follows:

- All adult cases within the facility and unit thresholds (NBCG National Guidelines 2012);
- Up to 60% TBSA, mixed depth, with no other injuries or comorbidities, and;
- Up to 50% full thickness, with no other injuries or comorbidities.

This position has previously been supported by the ODN, in a letter from the then ODN Chair, Mike Tyler, to NHS England Surrey and Sussex (copied attached to the minutes) in 2014.

The meeting discusses whether this position was sustainable in the short, medium and long term, whilst the service was located at East Grinstead. The self-assessment review results were noted, as was the potential for a peer review to be undertaken. NN argued that this may be necessary in the future but that, in the short term, it was best to wait until the ongoing discussions with Brighton were concluded and a decision has been made.

The meeting noted that the current discussion is looking at 2021 for the adults to move to Brighton, followed later by the children's service.

10 Commissioning Issues

- NHSE ODN Funding 2019-2020
  It has been confirmed that the ODN funding will be made through NHS England London for 2019-2020. Proposals for new, national arrangements will be announced later this year.

- Triage processes for patients suffering with smoke inhalation
  A question has arisen about the appropriateness of triage and the major trauma pathway for patients suffering with an isolated smoke inhalation injury. Members noted the need to work closely with the trauma ODN on this and other issues. It was agreed that the Major Trauma triage tool must be amended by including:
  - smoke inhalation injury (no physical burn injury)
  - burns without an inhalation injury (at or above an agreed percentage) TBSA, and;
  - burn injury with an inhalation injury.

A copy of the London Ambulance Trauma Major Trauma triage tool is attached to these notes. KB undertook to liaise between the burns and trauma ODNs to establish a way forward.

NOTE:
Due to time constraints, the following three items were not discussed in any detail.

7 ODN Budget and financial arrangements for 2019-2020

- Budget 2019
- Proposals for service development and training

PS briefly noted that the budget for 2019 had been prepared for the C&W finance team and the M1 statement has been received. With regard to the budget for 2019-20, £20,000 has been allocated for service developments and training at C&W and QVH. This issue will be discussed with the two services directly and a report will be prepared for the ODN Board in September.

8 ODN Work Plan 2018-2019

- Year-end Q4 report

The Q4 work programme had been circulated to all ODN Board members in advance of the meeting.

9 ODN Work Plan 2019-2020

- Final draft document for discussion / approval

The draft work programme had been circulated to all ODN Board members in advance of the meeting. PS asked the meeting to approve this as the final version. There may need to be a small number of new topics added, to take account of the self-assessment results and any additional requirements of NHS England

LSEBN ODN SUMMER M&M AUDIT

10 Chairs Introduction

11 Network M&M Audit

- Aims and Objectives
- Actions and next steps

Items of business Network Audit

Each service will present all deaths and all Serious Incidents (SIs), for the period October 2018 to March 2019 and one MORBIDITY/non-mortality case for the same period.

12 Network Mortality & Morbidity Audit 2018

- Chelsea & Westminster
- St Andrews
- Queen Victoria Hospital
- Stoke Mandeville
- Oxford John Radcliffe

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. 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.

- *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.*

13 Other Audit topics:

Discussion:
TRIPS; Safeguarding / NAI / Self harm
A question has arisen as to whether or not the TRIPS tele-referral system should include a section (y/n tick box) to indicate whether the patient being referred has any safeguarding/self-harm/NAI concerns. If the system is to be amended, there would be a financial cost which would need to be met. The issue was discussed in detail and it was agreed that the current system already had sufficient flexibility (free text boxes) for services to record safeguarding concerns on receipt of the referral. It was agreed that no further action was needed.

Presentations:

The meeting received three presentations (copies to be circulated with these notes):

- Therapy Audit (RW)
- Delayed discharges (PS)
- Patient Transfers (AM)

The delayed discharge report needs to be finalised, to include patients from St Andrews. The draft results show that there is a significant impact on services (unnecessary occupied bed days) for patients who no longer require specialised in-patient burn care, but who are unable to be transferred or discharged.

The patient transfer audit will be presented at the national audit meeting in July.

14 Future Audit topics

Network / professional groups

The 2019-2020 work programme includes two new topics that fall within the audit programme:

- Workforce: As follow-up to Service Self-Assessment process, review the availability of medical and psychiatric cover for burn patients, and;
- To explore potential for joint or cross-site procurement and standardisation for expensive dressings / products.

Close of meeting 3.30pm

Date of next meeting(s)

- *Confirmed **National Mortality Audit**: Monday 1st July 2019 (QE Hospital Birmingham)*
- *Confirmed Date **ODN Core Group**: Wednesday 18th September 2019 (venue TBC)*
- *Confirmed Date **ODN Main Group and Winter Audit & MDT**: Tuesday 10th December 2019 (Venue TBC)*

Appendix 1 Copy of letter from MPH Tyler to NHS England Surrey and Sussex, dated October 2014

Safe & compassionate care, every time

Buckinghamshire Healthcare NHS
NHS Trust

DEPARTMENT OF PLASTIC, RECONSTRUCTIVE, HAND AND BURNS SURGERY

Mr MPH Tyler
Consultant Plastic and Reconstructive Surgeon

Direct line: 01296 316639
Direct fax: 01296 315183

Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL
Tel: 01296 315000
www.buckshealthcare.nhs.uk

MT/GF/250914
17th October 2014

Dr Brijender Rana
Consultant in Public Health Medicine
NHS England
Surrey and Sussex Area Team

Dear Dr Rana

Further to the request at the LSEBN Board meeting on the 23rd September, I write with regards to the position of LSEBN as to the derogation of the Burns Unit at East Grinstead.

1. The derogation of East Grinstead has been known about and has been discussed and the points that lead to its derogation have been noted elsewhere in the past.
2. The position of the LSEBN discussed at the board meeting on 23rd September 2014 is as follows:
    a. East Grinstead has a long history of providing burns care at the highest standards
    b. The corporate knowledge of burns care within East Grinstead is of the highest quality and well established
    c. The interest in burns care within the hospital structure is evident and apparent at every LSEBN meeting from the management, consultant, nursing and allied specialities respective. This interest in burns throughout the strata of staff at East Grinstead has led to a history of innovation, notably the use of TRIPPS in order to allow them to provide a very effective and efficient burns service across their extremely large area which they serve.
    d. They have a consultants' on-call rota, which is specialised, thus allowing any acute admission to have the highest standards of care immediately.
    e. They submit CQUIN data and data to inform the dashboard which can be viewed by commissioners.
    f. They have an annual submission of data of all admissions of unit and centre level criteria and the morbidity and mortality are discussed at the annual LSEBN audit.
    g. They have a history of cooperation with this process.

There is a recognition within LSEBN that they provide an absolute, necessary and crucial level of redundancy for ventilated patients when in the region and due to their geographical isolation the acceptance of burns up to 60% total body surface area has on occasions prevented such patients travelling a long distance when Chelsea and Westminster and Chelmsford have been full, and the level of care provided to this significant total body surface area burns to date is scrutinised and not been found wanting at the audit meetings.

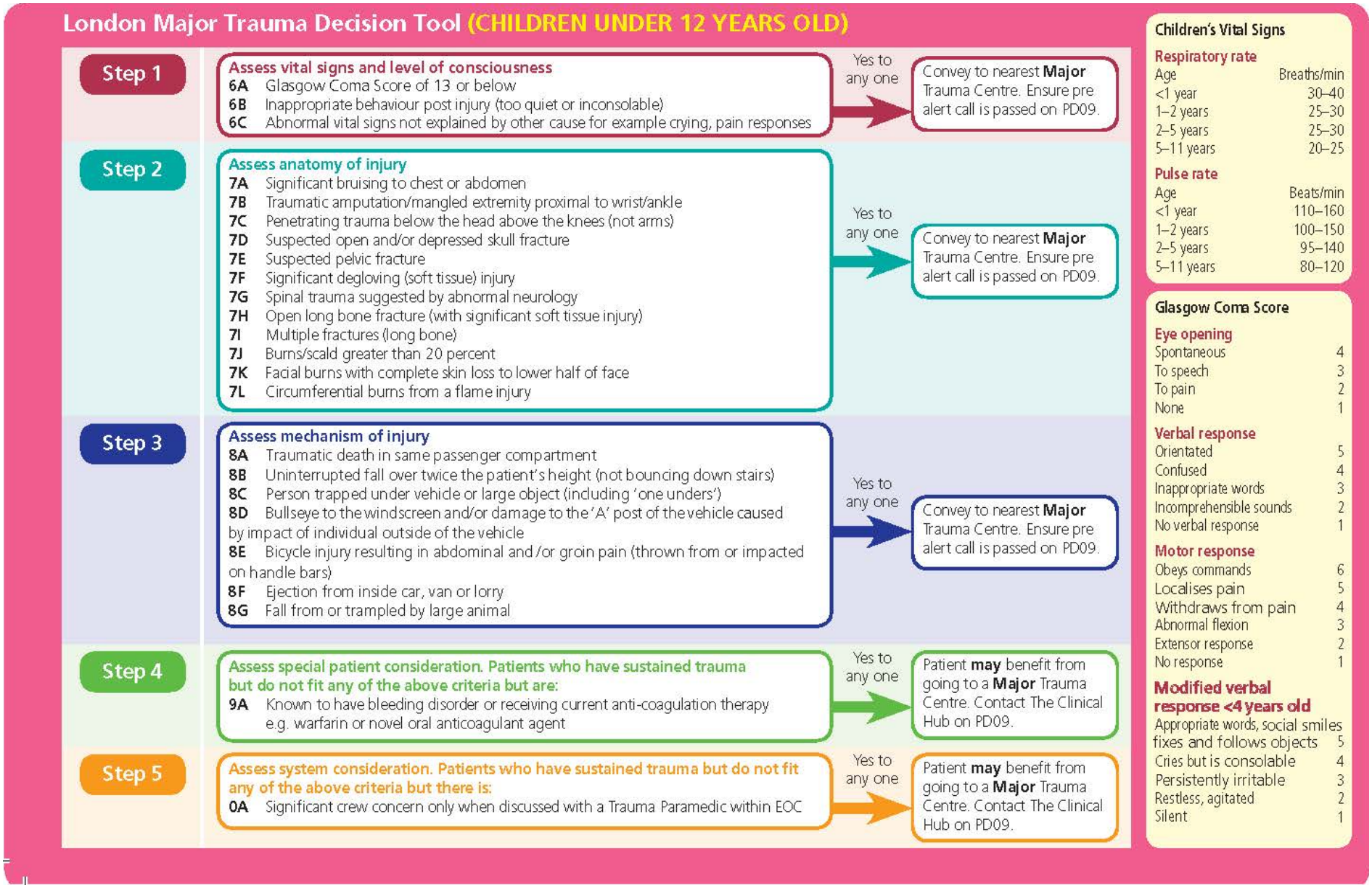
The LSEBN therefore are very happy to reassure commissioners that in their opinion the level of care provided by East Grinstead with the burns that they admit from serious to minor is of the highest level and commiserate with the standards expected anywhere in this country. It is therefore very reasonable in the absence of a further set up that East Grinstead continue to treat burns and the derogation of some of the standards is safe.

Kind regards

Pete Saggers
LSEBN Network Manager

On behalf of Mr MPH Tyler

Appendix 2 London Ambulance Service - Major Trauma Triage (children & Adults)



London Major Trauma Decision Tool (ADULTS & CHILDREN 12–18 YEARS OLD)

Step 1

Assess vital signs and level of consciousness

- **1A** Glasgow Coma Score of 13 or below
- **1B** Sustained systolic blood pressure less than 90mmHg
- **1C** Respiratory rate less than 10 or greater than 29bpm

Yes to any one → Convey to nearest **Major** Trauma Centre. Ensure pre alert call is passed on PD09.

Step 2

Assess anatomy of injury

- **2A** Chest injury with altered physiology
- **2B** Traumatic amputation/mangled extremity proximal to wrist/ankle
- **2C** Penetrating trauma below the head above the knees (not arms)
- **2D** Suspected open and/or depressed skull fracture
- **2E** Suspected pelvic fracture
- **2F** Spinal trauma suggested by abnormal neurology
- **2G** Open fracture of the lower limb proximal to the ankle
- **2H** Burns/scald greater than 30 percent
- **2I** Facial burns with complete skin loss to lower half of face
- **2J** Circumferential burns from a flame injury

Yes to any one → Convey to nearest **Major** Trauma Centre. Ensure pre alert call is passed on PD09.

Step 3

Assess mechanism of injury

- **3A** Traumatic death in same passenger compartment
- **3B** Falls >20 ft (two storeys)
- **3C** Person trapped under vehicle or large object (including 'one unders')
- **3D** Bullseye to the windscreen and/or damage to the 'A' post of the vehicle caused by impact of individual outside of the vehicle

Yes to any one → Convey to nearest **Major** Trauma Centre. Ensure pre alert call is passed on PD09.

Step 4

Assess special patient consideration. Patients who have sustained trauma but do not fit any of the above criteria but are:

- **4A** Older patients (>55years)
- **4B** Pregnant (>20 weeks)
- **4C** Known to have bleeding disorder or receiving current anti-coagulation therapy e.g. warfarin or novel oral anticoagulant agent
- **4D** Morbidly obese

Yes to any one → Patient **may** benefit from going to a **Major** Trauma Centre. Contact The Clinical Hub on PD09.

Step 5

Assess system consideration. Patients who have sustained trauma but do not fit any of the above criteria but there is:

- **5A** Significant crew concern only when discussed with a Trauma Paramedic within EOC

Yes to any one → Patient **may** benefit from going to a **Major** Trauma Centre. Contact The Clinical Hub on PD09.

Should the airway become compromised and cannot be managed consider conveying /diverting to the nearest Trauma Unit

Handover and pre-alert call

- **C** CAD
- **A** Age of patient
- **T** Time of injury
- **M** Mechanism of injury
- **I** Injuries found and suspected
- **S** Signs (vital)
- **T** Treatment given or required

Only patients triggering the trauma tool should be taken to a Major Trauma Centre, unless the patient is within the normal catchment of that emergency department. In this case you note LT in the trauma tool trigger box on the PRF.

Is your patient at risk of significant bleeding?
Signs of Shock (diaphoretic)?
Consider Tranexamic Acid.
Do not delay on scene.

Sponsored by an educational grant from Prometheus Medical, supplier of trauma equipment to the London Ambulance Service NHS Trust.