

**LSEBN ODN Board (Main Group)**  
**Tuesday 16<sup>th</sup> March 2021**

**In attendance:**

- David Barnes – St Andrews
- Alexandra Murray – Stoke Mandeville
- Joanne Atkins – Chelsea & Westminster
- Isabel Jones – Chelsea & Westminster
- Paul Drake – Queen Victoria Hospital
- Kathy Brennan – NHSE London
- Joanne Pope – NHSE EoE
- Victoria Osborne-Smith – NHS London
- Gail Murray – NHS EoE
- Julie Hales – NHSE South East
- Gareth Teakle – Chelsea & Westminster
- Lisa Williams – ChelWest (Network Team)
- Victoria Dudman – St Andrews (Network Team)
- Nicole Lee – Queen Victoria (Network Team)
- Pete Saggars – Network Manager

*Apologies from: Nora Nugent, Jorge Leon-Villapalos*

**Notes**

**1 Chair's introduction and apologies**

PS gave apologies for NN and JLV, both of whom were unable to join the meeting today. This was due to be JLVs final meeting as Chair and Clinical Lead for the ODN and PS warmly thanked JLV for his support and professionalism throughout his tenure. Mr David Barnes is re-joining the ODN team in 2021 and will work alongside NN for the next 12 months.

Due to neither NN nor JLV being at the meeting today, PS invited DB to act as clinical chair for today's meeting.

**2 Notes of the previous meeting**

- ODN Board December 2020  
The notes of the previous meeting were approved.

**3 Matters arising from the previous meeting, not on the agenda**

- EU-Exit: Disruption to burns referrals / transfers  
It was noted that the 31<sup>st</sup> December deadline for the UK leaving the EU passed without incident and plans to support burns patients in local hospitals were not made operational.
- Annual Report 2019-2020  
PS noted that progress with the 2020 Annual Report was not moving as planned and suggested that it might be sensible to move to the 2020-2021 Report. It was agreed that it would be preferable to have a 2019-2020 report and the services agreed to ensure that their contributions were prepared at the earliest opportunity.

- ❖ **Action:**  
**PS will write to contributing stakeholders, about the sections of the report that remain incomplete.**

- Coronavirus (Covid-19) – Reflection on National and Network issues

The meeting acknowledged that the most recent surge in Covid cases was beginning to ease and that it was important for members of the MDT to take time to reflect on their experiences and to think about aspects of care that has altered during the pandemic period. LW noted that the Psychosocial work plan for 2021 included a review of best practice in psychology and psychosocial care, including adaptations made to provide continuity of service during the pandemic. It was agreed that this might be a piece of work that would be helpful across the wider MDT.

❖ **Action**

***PS will convene a MS Teams meeting with LW, NL and VD to discuss this topic.***

#### **4 Network Tele-referral System**

##### **To consider the adoption of the MDSAS Telemedicine system**

PS introduced this item. The ODN Board have received a presentation from the MDSAS system and further discussions with service clinical leads have indicated support *in principle* for the MDSAS system. It has been agreed that each service would “pilot” the MDSAS system in the summer and PS has spoken with Rob Hollingsworth about this.

Since the last meeting, it has become apparent that whilst the MDSAS tele-referral system is “free” for burns referrals, deploying the system might attract additional costs if it is used for other speciality referrals. It is not known precisely what the additional costs might be.

Paul Drake joined the meeting to update members on the QVH TRIPS system. A copy of the PPT will be made available to the members. In brief, PD explained that there was considerable potential to enhance the existing TRIPS system to provide a modern and sustainable tele-referral system. This would include the capability to use a mobile phone device for image transfers and it could very likely include the capability to use the mobile device itself for the referrals, using a secure cloud-based interface.

There was general consensus across the meeting that the potential enhanced TRIPS system was, in the way described, a further step beyond the current MDSAS. However, there are a number of issues that need to be clarified or have further discussion, before any decisions can be made:

1. It was agreed that the existing funding mechanism for TRIPS needs to be explored and understood. Confirmation of funding made available directly (through commissioning and contracts) and indirectly (invoices and payments from HUB services) to QVH.
2. A formal outline business case for the potential TRIPS system should be developed. This should include likely timescales, deliverables and cost / funding requirements).
3. An acknowledgement of the potential procurement process that may need to be followed.
4. An acknowledgement that the NHSE EPRR team have previously pursued an ambition to see one single tele-referral system for burns across all of England.

❖ **Actions: The following was agreed:**

- ***JH will make enquiries in NHSE SE to establish what monies is included within the QVH contract / tariff for burns, that relates to TRIPS.***
- ***PD will work on developing a more detailed outline business case for an enhanced TRIPS, including timescales and financial information.***
- ***PS will invite PD to give a presentation to the next National Burns ODN Group (due Wednesday 21<sup>st</sup> April at 10.30am).***

## 5 Burns Critical Care SOP for Surge & Escalation

- Implementation and operationalisation

PS informed the meeting that further work has been done with the draft SOP. The NHSE national POC group have asked for a very significant edit of the final draft report, that was approved by the CRG. This has involved removing a considerable amount of narrative in the body of the report but has not required any changes to the Action Cards and other appendices. Carolyn Young is coordinating the final sign-off and PS will inform all stakeholders as soon as approval is given.

- Maintaining a record of refusals / referrals turned-away

PS put forward a proposal for a network-wide report for patients “refused” on referral. Currently, both burn care centres keep a register of patients refused (C&W) or “turned away” (St Andrews) and much of the information recorded is common across all services. PS suggested that a network report would need only a small extract of the information, including the following:

- Date (Of Referral)
- Patient Initials / Identifier
- Age
- TBSA
- Inhalation Injury (Yes / No)
- Reason for refusal / Turn Away
- NBBB Called (Yes / No)
- Transferred To

Additionally, if feasible, information about repatriation would be helpful (knowing whether or not the patient who was refused and was treated out of the network, has subsequently returned to a local service). It was agreed that this proposed network report should be piloted for centre-level referrals and a first report provided for the next ODN Board meeting (June 2021)

❖ **Action:**

***PS will work with C&W (Sara Boylin) and St Andrews (Judith Harriott) to develop a template that can be shared with network team.***

## 6 Service delivery issues

- Peer Review of burn services

PS informed the meeting that proposals for the LSEBN Peer Review to be supported by the Quality Surveillance team was now not likely to happen. Changes in the QST management arrangements, nationally and regionally, meant that this work stream would now move forward as a collaboration between the NHSE Commissioners in the East of England (on behalf of EoE, London and South East) and the ODN Team. The network team will help organise the process but will not participate in the review “visits” or have any involvement in the visit reports.

KB noted that the North East London trauma networks (Hannah Kosuge) had developed an “app-based” approach for the peer review of trauma units, and this might be an appropriate tool for us to use in the burns peer review

❖ **Action:**

- ***PS will make contact with HK, to explore the potential for the app to be used for burns.***
- ***In addition, PS will look at the assessment tools used in previous peer-reviews for burns and trauma.***

- Update on proposals for specialised burn care at RLH Whitechapel

DB appraised the meeting on the on-going discussion with the clinical and management team at RLH Whitechapel. It is proposed that the St Andrews and Whitechapel teams work collaboratively to develop an “outreach” service on the Whitechapel site. The aim would be to have a fully functioning burns facility, caring for the population of East and North East London. The conversation is at an early stage, with one meeting between the two teams and the burns network manager, taking place in February, to establish the current situation and begin work on planning for the future. As a first step “gap-analysis”, PS has provided the RLH team with the BBA Standards & Outcomes Self-Assessment toolkit.

It was agreed that commissioning and funding arrangements will be a priority to resolve and this will require both London and East of England involvement. VO-S and GM will be the first point of contact for this initiative.

- ❖ **Action**

- PS to send the notes of the meeting (held 11 February 2021) to VO-S and GM and will ensure they are included in future meetings.***

- HEMS Referral Pathways

DB reported that he had been approached by Dr Jawaid Saad, a HEMS doctor with East Anglian and MAGPAS air ambulance service, and making proposals for direct transfers to burns, rather than via a major trauma centre. DB made the suggestion that this issue needed to be discussed across the whole of the LSE network and after subsequent communications (calls and email), Dr Saad has drafted a referral flowchart.

DB noted that this draft referral protocol needs further detail and any change to the pathways would need to be approved by the relevant major trauma networks and ambulance services.

It was agreed that this new draft pathway needed to be agreed by the St Andrews and ChelWest burn services, and their hospital ED clinicians in the first instance. Once that agreement had been reached, the next phase would be to engage in a discussion with the wider trauma networks (initially, London and EoE) to seek formal approval.

- ❖ **Action**

- ***DB will work with JA / JLV to amend the draft protocol and engage with ED clinicians at Broomfield and C&W.***
  - ***When a final draft referral pathway has been agreed, PS will make arrangements for joint meetings with the NHSE Commissioners and MT Networks for London & EoE.***

- Update on proposals for QVH > Brighton

PS gave a short update on the proposed reconfiguration of burn care in South East, involving QVH and Brighton. NHSE Commissioners have approved a proposal from QVH to develop a shared care arrangement between QVH and BSUH with the move of inpatient activity (including associated critical care) to the Royal Sussex County Hospital. The service at Brighton would need to meet the requirements in the Specialised Burns Care Service Specification.

A steering group is to be established and the ODN Team will be a stakeholder in the group. PS noted that he hoped that one of the early discussions would be consensus on the level of burn care that would be provided from the Brighton site.

- Staff Digital Passport

PS spoke briefly about the plans to introduce the electronic staff “passport”. This will enable members of the burns MDT to work outside of their own “home” Trust. It provides a legal framework for staff to be deployed into other NHS organisations. The MTCRG Chair has offered support from the same team that worked across the London major trauma system in 2020, as part of the NHSE/I response to the pandemic. Daniel Elkins is the lead manager, and he will support and enable all the arrangements for HR at the home and “receiving” trusts.

In the first instance, it has been suggested that all burns consultant surgeons and a small number of senior nurses, are invited to sign-up to the scheme. PS has written to the clinical leads asking for names / email addresses of the relevant staff. Arrangements will be put in place to link these staff with a) all other burn services in the LSEBN area and b) with the appropriate major trauma centres. Additionally, staff who work in the burns outreach team will also be invited to join the scheme. They will be linked with any acute hospital setting, that forms part of their catchment. PS also stated that signing-up for the digital passport did not mean that staff would be compelled to work elsewhere. It is a scheme that enables staff to work outside of their home organisations, when it is desirable and only when the member of staff agrees.

❖ **Action**

- ***PS will continue to collect names / contact details for burns staff who are joining the scheme and will liaise with DE in further aspects of this work.***
- ***PS will add Great Ormond Street Hospital to the list of hospitals that staff from St Andrews may be deployed.***

## 7 ODN Work Plan 2020 National and Network projects

PS presented the summary report for the proposed 2021-2022 Work Plan for the network team. There are 14 topic areas, including network and national projects. The work includes:

National

- T&F Group working on the paediatric burn’s specification (lead)
- National Mortality Audit (lead) and Network M&M Audit
- Major Incident exercise (South West ODN lead for the T&FG)
- Burns Annex and BIRT teams, including psychosocial support for staff, post incident.
- National PREMS (South West ODN lead for the T&FG)

Network:

- ODN Performance report (including activity, the Quality Dashboard and Refusals).
- SOP Surge and Escalation – Test and Exercise.
- Clinical audit – validating frailty scores and assessing links between transfer times and outcomes.
- A review of clinical competencies in burn therapy staff.
- Further work on the regionally accredited burn care course (collaborating with UEA).

The proposed work plan was approved by the ODN Board. During the discussion about the proposed workplan, the meeting talked about the “performance report” and whether it would be helpful to include “waiting times” for non-elective cases. It was noted that all of the acute Trusts were working within their regional ICS / STP teams and agreeing a common approach might not be feasible. However, having a network-wide picture of the situation might be helpful.

❖ **Action:**

***PS will develop a template “survey” of P1 – P4 procedures in burns and plastic surgery, and categorising case numbers into “date” bands.***

## Quality Dashboard 2020-2021 Quarters 2 and 3 Dashboard Reports

PS reported that for the first time, the ODN Board was receiving a Quality Dashboard Report, with the emphasis on the figures collected via Quality Surveillance Team and IBID. The reports show the figures achieved each quarter by the four main burns services, highlighting any areas where the target is not being reached. The report includes graphs and tables and are intended to stimulate a discussion at the ODN meeting. DB noted that the Oxford burns facility does not feature on the Dashboard report. This is because to date, the IBID system has not been provided to the Trust / Service

❖ **Action:**

**PS will urgently contact Ken Dunn to ask that the IBID system is made available to the Oxford (via communication with the clinical lead for burns).**

With regard to the Dashboard itself, concerns were raised about the figures and the difficulty that services have in validating the results. It is thought that discrepancies occur because:

- There are inconsistencies in how IBID data fields are defined used by the services, such as the pain score.
- There is a lack of understanding about underlying algorithms, such as the one used to calculate unexpected mortalities.

With specific regard to the Q3 report, the following was noted:

- QVH children's IP service is currently closed, and the Q. Dashboard shows "no record".
- BRN04P – Daily pain scoring at St Andrews is taking place, often more than twice daily. There is an issue with the recording of zero, as a pain score, which IBID seems to be interpreting as "no pain score recorded". The service has taken up this matter with IBID.
- BRN07/08 – Functional morbidity and psychosocial morbidity are highlighted as an issue at Stoke Mandeville. AM reported that due to the large number of days cases and short lengths of stay, it is not always possible for patients to see a therapist. There are issues with documentation and manpower and the service / Trust are working to address this.
- BRN10 – There is a record of four unexpected mortalities in Q3.

*Post meeting note:*

*All deaths were discussed at the ODN M&M Audit meeting, which took place later in the afternoon. There is no correlation between the evidence presented at audit and the Dashboard record of unexpected deaths. It would seem as if the IBID system doesn't reference frailty or co-morbidities as contributing factors. This particular issue will be taken up with IBID and the other burns networks.*

❖ **Action:**

**PS will urgently contact Ken Dunn, to ask for a comprehensive explanation of the Dashboard output figures, including:**

- **For each data field used by the dashboard, a clear definition for each.**
- **For single-point numerators / denominators, a clear definition of the intended input and output.**
- **For any dashboard topic area, that used multiple data fields, a clear explanation of the algorithm that is used to determine the output, in particular, the method of calculating excess mortalities and survivors.**

*Post meeting note:*

*At the afternoon audit meeting, the "new" Dashboard for 2021-22 was discussed. Concerns were raised about the content and how certain indicators vary from the burn care standards and also, why certain indicators are reflected as "numbers" rather than "percentages". PS noted that this "new" Dashboard was unlikely to be in place of Quarter 1. Although it was signed-off by the Trauma CRG, the NHSE national team have not yet approved it. PS will circulate the new dashboard to service clinical leads.*

**9 Network ODN Issues for information:**

- ODN Risk Register
- Bed Availability, OPEL Status and Occupancy - April 2020 to February 2021

Both reports were circulated to members, but not discussed in detail.

**10 ODN Budget and Financial Issues 2020  
ODN Team Budget: Month 10 and forecast outturn**

The team budget was briefly discussed. KB confirmed that any underspend on the budget would not be recovered by NHSE London and could be carried forward into 2021-22. PS will speak with GT and the C&W finance team about this.

**11 Commissioning Issues**

- Major Trauma CRG
- Other Strategic or Delivery issues

There were no issues raised or discussed.

**Date of next ODN Board meeting(s)**

*Confirmed dates*

❖ **NBODNG National M Audit: 26<sup>th</sup> April 2021**

❖ **LSEBN ODN Board (Core Group) Wednesday 9th June 2021**

❖ **LSEBN ODN Board (Main Group) and M&M Audit Thursday 7th October 2021**

❖ **LSEBN ODN Board (Core Group) Tuesday 7<sup>th</sup> December 2020**

❖ **LSEBN ODN Board (Main Group) and M&M Audit Wednesday 16<sup>th</sup> March 2022**