

**Notes of the LSEBN ODN Board (Main Group) and
LSEBN Clinical Governance Group – Network Mortality Audit 2017
June 2017**

In attendance:

- David Barnes (Chair) - St Andrews
- Alexandra Murray – Stoke Mandeville
- Baljit Dheansa - QVH
- Nora Nugent - QVH
- Jorge Leon Villapalos - ChelWest
- Bruno Botelho - ChelWest
- Lorna Donegan - NHS England London
- Konstantinos Tsormpatzidis - NHS England London
- Ioannis Goutos - Royal London Whitechapel
- Darren Edwards - Royal London Whitechapel
- Rachel Wiltshire - St Andrews
- Lisa Williams - ChelWest
- Krissie Stiles - QVH
- Michael Wiseman - St Andrews
- Richard McDonald – NHS England (M&E)
- Pete Saggars - LSEBN

1 Chairs Welcome and Introduction

DB welcomed members to the meeting. This is DB's first as network lead and Chair of the ODN Board. DB also welcomed Alexandra Murray as Deputy Chair for 2017-2018. AM will take the lead role in 2018-2019. Apologies for the meeting received from:

Sarah Tucker (Oxford), Sian Summers (NHS England South), Kat Young (NHS England National)

2 Notes of the previous meeting March 2017

The notes of the previous meeting were approved as accurate.

3 Matters and actions arising

The following issues from the previous meeting were noted:

- ODN team budget: This issue is addressed on today's agenda.
- EPRR Mass Casualty: PS reported on progress with the EPRR Task & Finish Group. This group is developing an Annex for burns to the National Concept of Operations document (ConOps). A number of meetings have been held and at least one further meeting is planned at the end of June. It is expected that the Annex will cover aspects of the burns pathway that are different to the main trauma system recorded in the main ConOps document.
- Facility level care: This issue is addressed on today's agenda. It was noted however that the two new facilities needed continued support from the established services, to ensure good governance. Regular meetings between Stoke Mandeville & Oxford, and RLH Whitechapel and St Andrews have already started.
- Network Configuration: The meeting reflected on the previous discussion at the March meeting and agreed that some further serious thought should be given to this matter. LD noted that the planned paediatric burns review was currently "in purdah" due to the general election, but this review should link with any work that the network considered necessary. After further discussion, the following action was agreed:

Action

- ❖ ***PS will write to each service, to ask Trusts and Burn Services to prepare a statement, describing their vision for their service, describing briefly what the current position is for the service, what actions have already been agreed.***

4 **Facility Level Care - Royal London Hospital Whitechapel**

IG gave a short presentation to the meeting on progress with the RLH service. The following issues were covered:

- Team/facilities
- Referral pathway
- Patient/injury related statistics
- Intra/inter-trust bonding
- Online/social media participation
- Public outreach events
- Challenges/future horizon

A copy of the presentation will be circulated with these notes. IG reported that the development was progressing well, with over 50 referrals in the first four months. Most referrals were coming through the RLH ED, but a small proportion was being directed through Newham and Whipps Cross Hospitals. IG confirmed that the service was providing OP and dressings clinics and would not move to full facility operational levels until an assessment had been completed on the capacity and infrastructure requirements. Members congratulated IG and the RLH team for the progress made.

5 **Burns Pathway – Queen Victoria Hospital**

BD described discussions with South East Coast Ambulance (SECAmb) regarding the pre-hospital and trauma pathway for burns. Currently, parts of the catchment for QVH are included within the south London trauma system and the QVH service is experiencing difficulties in ensuring that patients with a burn are transferred appropriately to the right hospital, especially those patients living in East and South Kent. Essentially, patients with burns, but without other trauma injuries, are being moved to one of the London trauma centres and later transferred to QVH. BD spoke about the SECAmb “critical care desk” that would support the assessment and decision about the primary transfer, and would ensure that patients who were appropriate for QVH were transferred directly to QVH or through one of the local trauma units in Kent or Surrey.

JLV and DB agreed that this was a sensible proposal and DB confirmed that a similar arrangement was already in place for St Andrews with the East Anglian Ambulance service. LD confirmed that this sounded like a sensible arrangement.

The following was agreed:

- The LSEBN supports the proposal made by QVH to vary the trauma pathway for casualties with burn injuries, in the SECAmb area;
- QVH will support local trauma units with focused education sessions;
- The revised pathway will be trialled and audited for an initial 12-month period.

Action

- ❖ ***PS will write to the NHS England (London) ODN lead and to the Major Trauma Network leads to confirm the LSEBN’s support for the revised pathway.***

6 **Patient Information Leaflets**

KS described the work undertaken to develop a new series of patient information leaflets for minor burns and first aid. The work has had great support and input from charities and the PPE representatives. The Minor Burns leaflets are as comprehensive as the size allows and is compliant with the BBA work on the same subject. The leaflet will be circulated to EDs but will be updated if the BBA work concludes with different advice. BD offered congratulations for the hard work to get to this stage.

The document will not include the contact details for each of the four main services, but can be provided as a MS Word document, and amended at a local level to include local services. RMc asked how the document would be circulated and KS confirmed that it would be distributed to MTNs, EDs and through the LSEBN website.

Action

- ❖ ***PS will upload the documents in PDF form to the LSEBN website.***

7 LSEBN Work Programme 2017-2018

The final Work Plan for 2017 was approved by the members. A quarterly update will be provided at each PDN meeting.

PS spoke briefly about the proposed work on reviewing and revising the National Burns Standards. This work will be a joint venture between the BBA and the four burns ODNs. Further details will be circulated, after a first scoping meeting later in June.

8 TRIPS Telemedicine

DB spoke about the Telephone advice and recording activity. The St Andrews service is increasingly being asked for telephone advice on managing smaller burns, leading to a reduction in face-to-face contacts and for those cases that don't come to the service, there is an erosion of income. A teleconference call was recently held between members of the burns team at St Andrews, PS and Gary Taylor (QVH TRIPS lead) and it was reported that the TRIPS system could be altered to enable further data fields to be incorporated, but there would be a cost to any changes. BD noted that QVH were looking at options for funding the updated system, including the potential to use charitable sources and a charge to services using the system. Further details and options will be provided at the next meeting.

8 LSEBN Finance

PS introduced a short report on the 2016-2017 financial position, reporting the year-end expenditure report and an analysis of the funding provided to burn services for training and education. Further work is necessary to finalise the expenditure, although it is predicted that a small surplus will result.

A second report showed the planned budget for 2017-2018. The report provides analysis of the pay and non-pay budgets for the team and includes a management overhead for the C&W Trust, and a small amount set aside for service developments. This sum amounts to £6,000 and is not as high an amount as was thought at the previous ODN meeting in March.

As a result, the proposal to consider "bids" from burn services, to utilise the development budget, was deferred until the next meeting.

Arrangements for the Children's Burns Camp were confirmed. The LSEBN has provided funding for children's places, and children from across the whole network should have equal access, based on need, to places. Funding for the Children's Burn Club was approved in 2013 for St Andrews and the although the service model has altered due to the reduced funding available to the Trust, the Burns Club continues, providing residential camps, days out, workshops and parties. The Children's Burn Club is a registered charity under the umbrella of the Mid Essex Hospital Trust; the hospital funds all staffing costs.

10 Update on matters arising from recent national meetings

- Trauma CRG / National Burns ODN Group
There was no discussion about the CRG. The NBODN has not met since the last meeting and the next meeting will be held in October.
- EPRR Task and Finish – Mass Casualty Incident Plan
PS reported briefly on the work of the T&F group. Three meetings have been held and considerable progress has been made. It is expected that the work will be concluded in early September.

11 NHS England

LD noted that EPRR work remains the highest priority for NHS England, No further discussion on other national work streams was appropriate, as the DH / NHS England in “in purdah” due to the general election.

12 Any other business

DB raised a question about the liaison and links to ED's, Ambulance and Trauma systems. This will be discussed at the next meeting.

13 Date(s) of next meetings

Thursday 14th September 2017

- ODN Board (Core group) 10.00 to 12.30

Tuesday 12th December 2017

- ODN Board (Main Group) – 9.30 to 11.00
- Clinical Governance Group (Winter MDT) – 11.15 to 15.30

LSEBN Clinical Governance Group – Network Mortality Audit 2017

- 14 It is the responsibility of all Burns Operational Delivery Networks in England and Wales to conduct regular mortality and morbidity audits. All Burns ODNs hold an M&M audit meeting at least once each year. M&M audit is a requirement of the NHS England service and network specification and network audit is the mandatory, upper level of audit for burns and all burn services should present all mortality cases.

Services present all mortality cases for peer review, using a common template. The template includes the following detail:

- Analysis / Overview of activity, highlighting the number of cases referred to each service, the number of cases at the highest level of complexity (at or above the centre-level threshold);
- A summary analysis of all deaths, indicating the key demographics (age, gender, and %TBSA etc) and the modified Baux score for each case. The modified Baux score is a predictor of survival, and is calculated from the age of the person, plus the size of the burn injury (% TBSA), with an additional modification if an inhalation injury has occurred. Patients with a high Baux score are less likely to survive a burn injury;

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- For each mortality case:
 - An overview of the patient at the time of referral, including pre-medical history and condition on arrival
 - The time-line of key events and interventions during the patient's hospital episode, and;
 - Key lessons learned from the case.

15 For 2017-2018, and as in previous years, the full analysis of cases will not be recorded in these notes. A summary analysis for all services in the LSEBN area, for the period April 2016 to March 2017, indicates:

Total Adult Referrals	Total Cases at ≥40 % TBSA	Total Adult Deaths	Total Children's Referrals	Total Cases at ≥30% TBSA	Total Children's Deaths
5131	28	23	4044	3	0

16 In addition to the network audit meeting, the LSEBN participates in the National Burns Mortality audit. The national audit meeting is not mandatory but all Burns ODNs have agreed that this additional tier of scrutiny is an excellent example of good clinical governance and a tremendous learning opportunity for burns professionals.

The meeting is attended by staff from across the whole of the burns MDT. It is the responsibility of burns services to collect and collate the information necessary for presentation at network and national audit.

The selection of cases that move up to the national audit is made by senior burns clinicians at the mandated Network M&M Clinical Audit meeting. The presentation will be given by a senior burns consultant. 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.

From the cases reviewed at the network meeting, six were selected to go forward to the national meeting, due to be held in July 2017.

17 The audit meeting discussed a number of additional matters:

CRG Inhalation Project:

At the national meeting of burns service clinical leads and the Chair of the Trauma CRG (Chris Moran), held in November 2016, a National Audit project for inhalation injuries was discussed. Professor Peter Dzielwski, from the St Andrews burns service, was charged with developing a national protocol. The aim of developing the audit standards is to set good principles of care, and they should enable clinical teams to review practice and drive service improvement.

A first draft was provided for the meeting and the concept was agreed by all services. Further small changes were captured and will be included into the next draft.

Action

- ❖ ***DB will write to Professor Dzielwski to confirm the current status for the project and likely timeline for completion.***

Since the meeting in November, the IBID team have resurrected an old "Burns CRG" project, requiring services to complete an additional data set within the IBID system. It was agreed that this additional audit did not have the support of the new Trauma CRG and it was not a network priority. Although individual services may wish to participate in the IBID project, the LSEBN ODN Board recommends that services do not participate.

IBID national review:

Also discussed at the meeting in November was the proposal to conduct a national review of the requirement for, and the delivery of a burns database. This work has not progressed to any great extent and IBID continues to produce activity reports and the burns Quality Dashboard.

BD noted that new reports have been circulated by the IBID team but they are not accurate and/or consistent with local analysis. At previous LSEBN meetings, members have discussed the potential to develop a local / network version, deploying a locally agreed minimum dataset for IBID. MW confirmed that work was progressing well, but that there was further work needed to ensure that all services were using the same definitions for each data field in the local MDS.

Therapy Standards:

RW confirmed that work has started on an audit of the new, national therapy standards. A questionnaire has been developed and this will be used nationally.

- 18 DB thanked everybody for attending the meeting. It was agreed that the CGG meeting had been a good event and a good process. The next meeting is:

Tuesday 12th December 2017

- **Clinical Governance Group (Winter MDT) – 11.15 to 15.30**

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