

## **LSEBN ODN Board – Wednesday 11<sup>th</sup> January 2023**

### **Attended:**

David Barnes – St Andrews (Chair and Clinical Lead)  
Joanne Lloyd – Network Advisor  
Vicky Dudman – Network Lead Therapies  
Alexandra Murray – Stoke Mandeville  
Sara Atkins – John Radcliffe Hospital  
Judith Harriott – St Andrews  
Lorraine Sime – NHSE South East  
Victoria Osborne-Smith – NHSE London  
Joanne Pope – NHSE East of England  
Gail Murray – NHSE East of England  
Pete Saggars – ODN Manager

Lisa Williams – Network Lead Psychosocial Care  
Nicole Lee – Network Lead Nurse  
Joanne Atkins – Chelsea & Westminster  
Gareth Teakle – Chelsea & Westminster  
Paul Drake – Queen Victoria Hospital  
Sadaf Dhalabhoy – NHSE South East  
Kathy Brennan – NHSE London  
Hannah Coyle – NHSE East of England  
Claire Clarke – NHSE East of England

### **NOTES**

#### **1 Chair's introduction and apologies**

Apologies from: Konstantinos Tsormpatzidis, Sara Atkins, Michelle Dubber, Debbie Turvey

#### **2 Notes of the previous meeting ODN Board September 2022**

PS described the notes of the meeting in September. Most of the topics discussed last meeting are on the agenda for today. The notes were approved. PS also noted the September audit meeting; these notes will be circulated to all who attended.

#### **3 Matters arising, not on the agenda – CEMBIC**

PS spoke briefly about the NHSE action plan for the CEMBIC report, published last year. It is intended that a new CRG T&F group will be established; the group will:

- Review and respond to the findings and recommendations made in the CEMBIC Report.
- Identify areas of concern, highlighted in the CEMBIC report, that have been addressed, since the report was concluded in 2016.
- Identify areas highlighted in the CEMBIC report that require further actions.

The T&F group will initially comprise of the clinical leads for the paediatric burn centres; DB will represent St Andrews. It is expected that other members of the MDT will be added to the group.

#### **4 LSEBN Infant Acceptance Guideline Revised guidelines 2022**

DB and JL spoke about the proposed guideline. The guideline is intended for use by burns clinicians, to help the decision process for which referrals can be accepted by the service. Potential referrals cover children under 6 months of age or under 6kg in weight. This is an acceptance guideline, rather than a referral guideline.

DB explained that cases are categorised by the requirement for ventilation (yes / no); children in this age/weight category who require ventilation must be referred to a paediatric centre with a collocated PICU. Referrals for children who do not require ventilation are then categorised by the level of injury, and this determines which cases can remain in the LSEBN area and which cases need to go to a paediatric centre with a collocated PICU.

### **Action**

- ❖ ***The LSEBN Infant Acceptance Guideline was unanimously approved and will be circulated to all services in the LSEBN.***

## 5 Quality Assurance visits and report – To discuss the NHSE QA Peer Review report 2022

PS gave a brief introduction to this item. The QA visits have now been completed and a report has been provided for each of the services. PS provided a combined, summary analysis of the reports, indicating areas of non-compliance and the service report recommendations. HC joined the meeting, to talk about the visits and reports and take questions from the meeting.

HC noted the following:

- The review team was consistent across all visits, with the accompaniment of the relevant NHSE commissioners.
- The measurement of compliance relates to all aspects of the individual topic area. Because this often relates to more than one single burn care standard, when a service isn't compliant with one aspect, then it is assessed as not compliant with the entire topic. The areas where compliance has been missed, are highlighted in the report.
- There are a number of topics that requires action across the entire network.
- It is expected that the reports will result in a series of action plans, including the areas that require action by the network team. NHSE London, as the host of the network, will be responsible for ensuring that the action plans for the network issues, are robust and achievable.

In response, service members commented as follows:

- DB and NL noted that the reports have a number of 'factual' inaccuracies;
- NL commented on the process, before and during the visit;
- JA spoke about the amount of work that had been put into the process and that perhaps the service hadn't understood precisely what was required, in terms of evidence on the day. This was probably because of the imperfect communications between the visiting team and the service & Trust. JA added that she had read the report with some surprise at the content and comments and is pleased to hear that there is room for amending the report, before it is made 'public'. JA spoke about the potential for the reports to be made available through FOI.
- AM thanked the review team for their work, but also noted the amount of time and effort that the burns team had put in. AM asked what the longer-term goal was from the QA review process and how would it be followed-up in the future.
- HC again spoke about how compliance was measured on the day, and that all aspects of a single topic need to be evidenced, otherwise the whole topic is measured as non-compliant. In terms of follow-up actions, it will be for the network and the commissioners to be assured that any areas marked as non-compliant, are followed up in an action plan, and the action is taken and evidenced, that the required standards are being met.
- PS suggested that for the next steps to be agreed, each of the services needs to work alongside their local NHSE regional commissioning team, reviewing the report to agree:
  - Factual inaccuracies or misunderstandings, that could be simply amended;
  - Remedial actions required by the service and/or Trust
  - Actions required by the network, to enable the service to be compliant.
- JP noted that the report is a 'tool' to be used for service improvement and it was absolutely right for the services and commissioners to work together on the next steps.
- DB suggested that there was enough time today, to take a quick sweep through the report summary and take comments on each topic. The group discussed the following issues:

**301:** The service is part of an agreed network.

All services assessed as compliant.

**302:** There are clinical leaders in place.

StokeM and Oxford indicated as not compliant.

- AM spoke about the allocation of PA's being shared between trauma and audit.
- **Action:** To be discussed at NHSE / Trust/Service meeting.

**303:** There should be specialist multidisciplinary team.

StokeM indicated as not compliant.

- AM also noted that the allocation of ring-fenced time for the dietician. As above, this is not an issue of input to the delivery of care, but more about programmed time in the job plan.
- **Action:** *To be discussed at NHSE / Trust/Service meeting.*

**304:** Refusals to the service.

St Andrews and QVH indicated as not compliant.

- Evidence claimed not to be provided on the day, although this was contested by the burn services. The ODN Board does receive a report each meeting with the 'refusals' report and this includes the location of the service that the patient is transferred to.
- **Action:** *To be discussed at NHSE / Trust/Service meeting.*

**305:** The service has implemented the network training and education strategy.

All services indicated as not compliant.

- The network has not *written* a training and education strategy. However, education burn support in house, external regionally and on a national level is provided by staff from the service. This should be commended but also documented by the network as part of their developing strategy.
- **Action:** *To be discussed at NHSE and Network Team meeting.*

**306:** There is a multidisciplinary treatment and management meeting.

ChelWest and St Andrews indicated as non-compliant.

- All services conduct MDT meetings, but record keeping should be improved, including keeping this topic in the service annual report. DB said that attendance records hadn't been requested on the day and could have easily been provided.
- **Action:** *To be discussed at NHSE / Trust/Service meeting.*
- **Action:** *Format of the Annual Report to be discussed at NHSE and Network Team meeting.*

**307:** There is a burns care outreach service.

ChelWest, St Andrews and QVH indicated as non-compliant.

- Questions related to "support and training is available for community health care professionals working with burn injured patients".
- **Action:** *To be discussed at NHSE and Network Team meeting. Likely to be included in Network Training & Education strategy (including service-led Burn Care Advisors).*

**308:** There is access to specialist services

ChelWest and QVH indicated as non-compliant.

- QVH and access to other services
- ChelWest not documented.
- **Action:** *To be discussed at NHSE & Trust/Service meeting. Learning from St Andrews paperwork.*

<p><b>309:</b> The service has the specialist requirements for burns patients (wards).</p>	<p>ChelWest, StokeM and Oxford indicated as non-compliant.</p> <ul style="list-style-type: none"> <li>• Oxford should be indicated compliant, as a burns facility.</li> <li>• <b>Action:</b> <i>To be discussed at NHSE &amp; Trust/Service meeting.</i></li> </ul>
<p><b>310:</b> The service has the specialist requirements for burns patients (theatres).</p>	<p>All services assessed as compliant.</p>
<p><b>311:</b> There are specialist burns rehabilitation services.</p>	<p>ChelWest, St Andrews, StokeM and Oxford indicated as non-compliant.</p> <ul style="list-style-type: none"> <li>• Related to off-site facilities for rehab. No mention of access to rehab at QVH.</li> <li>• Perhaps need to have a network guideline / protocol.</li> <li>• <b>Action:</b> <i>To be discussed at NHSE and Network Team meeting.</i></li> </ul>
<p><b>312:</b> There is a 24/7 network wide telemedicine system.</p>	<p>All services assessed as compliant.</p>
<p><b>313:</b> There are network agreed clinical guidelines in place.</p>	<p>All services assessed as non-compliant.</p> <ul style="list-style-type: none"> <li>• There are network guidelines.</li> <li>• Requirement to have a written service/network operational policy, signed off by the ODN Board.</li> <li>• <b>Action:</b> <i>To be discussed at NHSE and Network Team meeting.</i></li> </ul>
<p><b>314:</b> There are network agreed pathways in place.</p>	<p>All services assessed as non-compliant.</p> <ul style="list-style-type: none"> <li>• There are network guidelines.</li> <li>• Requirement to have a written service/network operational policy, signed off by the ODN Board.</li> <li>• <b>Action:</b> <i>To be discussed at NHSE and Network Team meeting.</i></li> </ul>
<p><b>315:</b> There is an agreed transition pathway between paediatric and adult services.</p>	<p>All services assessed as non-compliant.</p> <ul style="list-style-type: none"> <li>• It is recommended that a network wide guideline be produced which can be locally adapted to meet with local policies and procedures for transition, in-line with NICE guidelines.</li> <li>• <b>Action:</b> <i>To be discussed at NHSE and Network Team meeting.</i></li> </ul>
<p><b>316:</b> There is a guideline for return to education, employment, independent living.</p>	<p>All services assessed as non-compliant.</p> <ul style="list-style-type: none"> <li>• It is recommended that a network wide guideline be produced which can be locally adapted to meet with local policies and procedures for transition.</li> <li>• Network therapy group has written guidelines but will need to check whether this fits entirely with the standard.</li> <li>• <b>Action:</b> <i>To be discussed at NHSE and Network Team meeting.</i></li> </ul>
<p><b>317:</b> The Burn Care Service provides access to a Burns Camp or Burns Club.</p>	<p>All services assessed as compliant.</p>

**318:** Burn-specific support resources are available and are highlighted to patients at all stages of their treatment.

**201:** Patients and carers are provided with information.

**202:** There is a mechanism for capturing feedback from patients.

**203:** All resuscitated patients receive a rehabilitation assessment and prescription.

ChelWest, St Andrews, StokeM and Oxford indicated as non-compliant.

- Possibly not accurately recorded in the reports.
- **Action:** *To be discussed at NHSE & Trust/Service meeting.*

All services assessed as compliant.

ChelWest, St Andrews, StokeM and Oxford indicated as non-compliant.

- Friends and family, but with evidence of actions taken to improve services.
- PREMS and national work plan.
- **Action:** *To be discussed at NHSE and Network Team meeting.*

All services assessed as non-compliant.

- LSEBN Work Programme to review the rehab prescription and align to discharge process and GP correspondence.
- **Action:** *To be discussed at NHSE and Network Team meeting.*

In addition to the report of compliance against the quality standards, each of the service reports included a series of recommendations for action. Many of the recommendations relate to areas of non-compliance, but others are specific to other issues, observed by the visiting teams. These should be discussed at the NHSE Commissioner and Service/Trust meetings.

HC thanked all of the services for the reception the visiting team had received during the visits and for the openness of the burns team and the Trust.

### **Actions**

- ❖ ***A series of meetings will be set-up, to allow the burn service, home Trust and NHSE Commissioners to meet and to discuss the report and recommendations.***
- ❖ ***A process to assess factual accuracy will be conducted. HC will circulate a proforma for this purpose.***
- ❖ ***PS will provide a network action plan for the “compliance” section of the reports. This will be circulated to services and commissioners.***
- ❖ ***This work will be a priority for the LSEBN Network Work Programme for 2023-24***

## **6 TRIPS Tele-referral systems – Access and performance**

PS opened this topic on the agenda, following a couple of issues identified by NL and DB. Most concerning is the fact that a referring hospital in Essex is ‘refusing’ to use the TRIPS system, suggesting that it is not NHS data compliant. PS noted that the ODN Board had a year ago, been discussing the future arrangements for TRIPS and the potential to move to MDSAS.

The following issues were discussed:

- NL spoke about technical issues in some referring Trusts with the TRIPS software, and the ongoing issue of cameras. It has got to the point where some services are not using TRIPS but preferring to send images and information via nhs.net email.
- DB talked about the difficulty with referrals from Harlow.
- DB also mentioned that for referrals that go out of the network, there is an increasing requirement to use MDSAS for the referral (and consultant to consultant).

- AM confirmed that many of the hospitals in their catchment were asking about modernising the system.
- PS asked what the situation is with upgrading TRIPS, moving towards an 'app-based' application, as discussed last year.
- PD spoke about the current situation with TRIPS at QVH. Management of TRIPS is being taken over by the Trust Systems Team, with more staff to be employed. With regard to upgrading the system, PD said that the discussions had stalled due to the high costs involved and the focus of attention on Trust mergers. If funding was available, 'proof of concept' could begin.
- PD asked what appetite there was in the network to develop the TRIPS system for the future.
- The meeting discussed time-lines for concluding the QVH plans for a potential upgrade to TRIPS and for the ODN to make a decision about the future arrangements.
- JA asked what options are available. PS suggested that there were probably only two options for the short/medium term; TRIPS or MDSAS.
- PD said that other applications are available, but most wouldn't pass scrutiny through NHS Digital or Trust Information Governance (IG) processes. What's needed is a structured application for burns referrals, that used mobile phone technology but is capable of meeting the demands of NHS-IG.
- PS noted that the MDSAS system is, like TRIPS, a web-based platform, but with mobile phone integration for the transfer of images. There ought not to be a large additional training impact for users.
- It was agreed that the main focus should be burn care and burns referrals, and the impact (costs) on trauma and plastic surgery should not be a factor.
- It was agreed that the ODN needed to make a decision within the next six months.
- NL suggested that services should 'trial' the MDSAS system, alongside TRIPS, trialling the system with one or two referring hospitals.

### **Actions**

- ❖ ***PD and the QVH team will look at a business plan for developing TRIPS in the next 3-4 months, and to return to the ODN in June 2023.***
- ❖ ***PS will invite the MDSAS team to the ODN meeting in March 2023.***
- ❖ ***At the June meeting, the ODN will assess the situation and make a decision on the long term arrangements for tele-referrals.***

### **Standing Item: Network Performance Reports**

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

##### **Issues Log (ODN Risk Register)**

- It was noted that the network issues log will need to be updated following, to take account of the QA visits and action plans. The ODN will be responsible for approving the mitigating arrangements in place for QVH (on-site services) and St Andrews (PICU).
- DB mentioned the threshold for QVH referrals as a burns unit, rather than the term 'unit plus'. PD confirmed that the Trust were preparing a report for the Trust Board, detailing the proposed future arrangements for adult burn care and this will be shared with the network as soon as approved.

##### **Action**

- ❖ ***PD to share the QVH Board report, if/when approved at the next Trust Board meeting.***
- This whole issue needs to be discussed at the peer review follow-up meetings with the commissioners and discussed at the next ODN meeting in March 2023.

### **Quality Dashboard**

- PS has provided the Specialised Services Quality Dashboard Q2 report, for QA indicators retrieved from IBID. The report highlights areas where services have not the target for compliance, and the areas where cases require review and audit.
- For the cases that do require further investigations, there needs to be a revision of the network/national audit template.
- DB raised the issue of validation and accuracy. The position with IBID is long standing and needs to be resolved by NHSE as a matter of urgency. The matter will be brought back into discussions with the CRG and for discussion at the National Burns ODN Group.

### **Refusals (Referrals turned away)**

- The report analysing refusals (cases turned away) has been updated to include refusals to the end of December. The report records where the patients were transferred to; most patients remain in the LSEBN, although so far this year, 7 cases were transferred into other networks (1 case to Bristol and 6 cases to Birmingham).

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

- The network 'activity' report was provided to the members. As per previous occasions, the report analyses data retrieved from the daily Pathways DOS report, providing information about bed availability, bed utilisation and 'OPEL' status.
- The report this time includes an analysis of average bed occupancy, as a percentage of total available beds and compared with the whole year 2021-2022.
- PS noted that QVH do not record any cases receiving HDU care and PD explained that this is because the service only utilises two clinical areas (ward or ICU). This means that patients are being classified against the clinical area where they are treated, not their clinical need for care (nurse dependency for example). This needs to be checked to ensure that the IBID record is coded correctly.

### **ODN Team Budget**

- PS reported on the current position for the ODN team budget.

### **8 Burn Service Update (Verbal)**

- Issues related to activity, performance and staffing.  
Due to timing, this was not discussed.

### **9 LSEBN Network Team**

- Work Programme 2022-2023 Progress.  
Due to timing, this topic was not discussed in detail. PS asked that if anyone had any questions about the network work programme, to get in touch by email.

### **10 Commissioning Issues**

- Update on Future Commissioning Model Programme (FCMP) Network specifications
- Re-badging the network:

#### **London and South East of England Burn Network**

*A clinical network for specialised burn care*

PS briefly spoke about the plan for a new commissioning specification for burn care networks. Responsibility for this sits with the NHSE national team and is expected to be discussed with the four burn networks in the coming months. The term 'Operational Delivery' will be dropped and the LSEBN will become known as a 'Burns Clinical Network'.

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

*Tuesday 21<sup>st</sup> March 2023*

- ❖ *LSEBN ODN Board (Main Group)*
- ❖ *LSEBN M&M Audit*