

Notes of LSEBN ODN Board Tuesday 16th March

In attendance:

Nora Nugent – Queen Victoria Hospital (Chair)	David Barnes – St Andrews
Lisa Williams – Network Lead (Psychosocial Care)	Nicole Lee – Network Lead (Nurse)
Michael Charalambous – Patient Representative	Vicky Dudman – Network Lead (Therapies)
Alexandra Murray – Stoke Mandeville	Joanne Atkins – Chelsea & Westminster
Sara Atkins – John Radcliffe Hospital	Victoria Osborne-Smith – NHSE London
Joanne Pope – NHSE East of England	Kathy Brennan – NHSE London
Pete Sagers – ODN Manager	Gail Murray – NHSE East of England

1 Chair's introduction and apologies

Apologies from: Michael Charalambous (PPV), Sadaf Dhalabhoy (NHSE South East), Gareth Teakle (ChelWest), Lorraine Sime (NHSE South East)

2 Notes of the previous meeting

- ODN Board December 2021
One correction, related to the verbal briefing for St Andrews (item 4), was noted. The note will now read:

St Andrews:

DB noted some issues related to an MRSA outbreak at St Andrews. There have been a number of MRSA cases, related to a single patient. This situation is on-going, although the originating patient has now been discharged. It is an unusual strain of MRSA and the service is working with staff, to ensure it does not become a "community" infection. The EoE commissioners are involved and supporting the service / Trust with this issue. The adult ward is very busy, with a number of patient outliers. ICU is a little quieter.

3 Matters arising, not on the agenda

- Nexobrid
NL reported that progress has been made towards a consensus document for Nexobrid. A stakeholder meeting was held in February and work will be undertaken to articulate issues where there is already agreement and together with other areas, a questionnaire will be developed and sent out to all services. Meetings will be set-up to look at responses and to explore the way forward to consensus.
- LSEBN Quality Assurance – Peer Review 2022
PS reported that there has been no progress with the proposed peer review, since the last meeting. This work is part of the 2022-23 work plan for the East of England Quality & Nursing Team. The NHSE national commissioning team have asked for changes in the format of the quality dashboard in the burns specification; the dashboard metrics remain unchanged but only 2 of the metrics will be included in the specification; unexpected mortalities and unexpected survivors. NHSE will confirm how the remainder of the dashboard, including the self-assessed topic areas, will be addressed in 2022-23.
- LSEBN Website
PS reported that work on the network website will be part of the ODN work plan for 2022. As part of the preparation, PS has contacted the webhost and they have confirmed that a number of potential changes, including a password protected "members area" is not possible on the current platform.

The group briefly discussed the potential to switch the host for the website and questions were raised about ownership of the domain name (www.LSEBN.nhs.uk).

- **CEMBIC**
PS spoke briefly about the PICANet presentation to the National Burns ODN Group, on the 2011-2015 confidential enquiry into children with major burns. NHSE national team have now written to the CEMBIC lead (Professor Liz Draper) and asked for the report to be finalised and sent to them before the 31st March 2022. The report was due to be published in 2016-17 and is significantly delayed. If the report cannot be completed before the end of March, NHSE will make a decision on how the draft document will be concluded.

Urgent other business:
EPRR - Pathways DOS and Burns Daily SitRep

An additional topic was added to the agenda for today's meeting. Following the major incident exercise in 2021 (Comet) it was recommended that burns activity and the daily Sitrep from the bed bureau, was modernised and put into an electronic dashboard, similar to trauma and critical care. In recent weeks, this has become a priority topic and the NHSE National EPRR team have asked that this be expedited as soon as possible.

To make the new dashboard useful, it has been agreed that the Pathways DOS system for burns will be slightly changed, with a small number of additional fields. PS ran through a short presentation, to describe the new data points that DOS is likely to include. The changes to DOS and the new burns dashboard will be put in place and go live at the earliest opportunity. The burns networks will work collaboratively with the bed bureau and all burn services to ensure a smooth transition to the new system.

Senior service nurses in the LSEBN have already seen the new fields and are beginning to submit test data into the new dashboard. A copy of the powerpoint presentation will be circulated with the notes of the meeting.

Standing Item: Network Performance Reports

4 LSEBN Performance (Quarter 3 2021-2022)

- Issues Log
The report was noted. Although there are no new topics, a technical error has occurred with the topic for St Andrews, which currently repeats some of the text related to the QVH. A corrected version will be circulated. AM spoke briefly about the current staffing situation at Stoke Mandeville, also subject to on-going discussions with commissioners and Trust managers.
- Quality Dashboard.
The Q3 report was noted. A small number of issues were highlighted, including the on-going issues with IBID and the paediatric pain score at St Andrews. This matter is being discussed with IBID.
- Centre-Level Care Refusals
The 2021-22 report to the end of February 2022 was noted. The group discussed the need to keep refusals to a minimum and that capacity should be available within the network as much as possible.
- Pathways DOS Sit-Rep
The 2021-22 report to the end of February 2022 was noted. PS mentioned that once the new dashboard is live, this report will be provided in a new format, downloaded directly from the new dashboard. AM asked if these figures were looked at on a national basis. PS responded to say that there had been a discussion within the network, but there is no agreement for this to be looked at on a national basis.

Associated with the refusal figures, the group discussed recent referrals into the LSEBN from the South West network, especially cases from the MTC in Southampton. A number of patients have been transferred into ChelWest and St Andrews as a consequence of the temporary closure of the burns ICU in Swansea. This has raised questions about the referral pathway, when patients from the eastern catchment of the Southampton MTC network would probably be better served being transferred up to London.

- **Post-Pandemic Elective Surgery Waiting Times**
At the September 2021 meeting, it had been agreed that the network would take a snapshot view of waiting times, for follow-up plastic surgery and reconstruction procedures. PS presented a short report and analysis. The numbers indicate that there are handfuls of patients waiting for procedures in Category 3 and Category 4 procedures. NL spoke about a small backlog of additional patients waiting for laser procedures.
- **LSEBN Work Programme 2021-2022 Quarter 4 update**
The 2021-22 report to the end of February 2022 was noted. The following issues were discussed:
 - *Work on the paediatric specification is on-going, particularly regarding the establishment of the virtual national MDT.*
 - *Proposals to look at frailty scores as a predictor for mortality / morbidity, needs to be given the greenlight from the ODN. PS will take this up with Niall Martin.*
 - *It was noted that the host Trust for the education module has now shifted from St Andrews to ChelWest. PS will write to the M&SE Head of Nursing to confirm the position (copy to Claire Dixon at Broomfield).*
- **ODN Team Budget: Month 10**
PS confirmed that the ODN budget is on plan for this financial year.
 - *All services have claimed the funding for education and training*
 - *Expenditure for attending the BBA in May 2022 will fall into the 2022-23 budget.*
 - *KB confirmed funding for 2021-2022 as £171,300*
 - *For 2022-23 funding is estimated as £174,300, with confirmation letters to follow.*

5 Burn Service Update - Issues related to activity, performance and staffing

Stoke Mandeville

AM spoke about the on-going staffing / establishment issues at SMH. The service remains busy, particularly for children's admissions with a recent case being "refused". Working on pathways with the Oxford burns facility and the MTC at OUH. PS noted that there have been some difficulties getting the service into the IBID system. This will be resolved as a matter of urgency.

St Andrews Broomfield

The service remains busy, with occasional difficulty with ward level referrals, although no patients have been refused for this level of care. As mentioned previously, work continues with the MRSA outbreak. VD noted that most of the patients involved with the MRSA cases are now being seen in out-patients, meaning that they need to be seen in a different environment within the clinic space. DB also mentioned difficulties being experienced with the Rehab Prescription, which is giving therapy staff an onerous amount of additional admin work with the RP document. NN said that her feedback from QVH staff also reported concerns about the burden of admin caused by the RP document. PS responded to say that there had been discussions at the CRG about the RP, and the general feeling was to work with this version.

Chelsea & Westminster

JA reported that the ICU remains busy, initially with patients transferred from the SW network area and with other patients with other complex needs. The paediatric service remains under pressure for staffing. A sixth burns consultant is being appointed, partially to cover sessions vacated by Isabel Jones, as she is now appointed as one of the Trust's Divisional Medical Directors.

LW spoke briefly about waiting times for psychology follow-up appointments, explaining that due to a number of staffing issues, the service is having to run a waiting list for the first time. VO-S asked if there was any opportunity for staff from other units to support C&W, but LW said that this was unlikely, as this is about face-to-face appointments, rather than “virtual” or remote consultations and services are being stretched everywhere.

Items of business for action

6 Queen Victoria Hospital

- Update on issues related to configuration in SE
- Compliance with Standards – Mitigations / Actions
- To agree next steps / actions

NN made a short presentation, as an update on the situation with QVH and historic issues around compliance with burn care standards. The presentation covered the following issues:

- Catchment for adult and paediatric referrals
- Summary of case numbers, analysed by TBSA (burns cases only – excludes non-burns skin loss)
- Overview of bed capacity and configuration
- Thresholds – for adults, up to 60% TBSA, case-by-case determined by co-morbidities and complexity (filtration, poly-trauma)
- Driver for change – non-compliance with BBA Standards
- Driver for change – occasional need to transfer out medically unwell patients
- Risk identification – Mitigations
- Mitigations – Joint governance / M&M with UHSussex
- Mitigations – SLA with UHSussex for visiting clinicians, access to intensivists, transfer of medically unwell patients
- Intention to relocate acute care from the East Grinstead site.
- Some services to be retained (dressings & scar clinics, follow-up and day surgery etc)
- Five year work plan, with expected move of adult IP and critical care burns in 2023.

Questions:

- VO-S – helpful to have the update. Consideration of the impact on catchment area changing and potential for more patients to transfer to London. This is being looked at by the Trust and commissioners. This is an issue that also connects with a wider review of network capacity and capability
- DB asked about the expected level for a new service in the SEC area; is the plan for centre or unit level care. NN responded to say that the expectation is for an adult burn unit, although the work is looking at the existing threshold, which is higher than the national level for unit care. DB asked about the number of cases that are occasionally moved from QVH to UHSussex; NN responded to say that for the cases first accepted and admitted at East Grinstead, and then requiring a secondary transfer is around 6-10 on average each year.
- PS asked whether the existing threshold (up to 60% TBSA) is right, given the derogation and mitigations. NN said that because of the caveats, for cases with poly trauma or requiring haemofiltration, the threshold should remain as it currently is. DB responded to say that the “unit plus” threshold should be dropped, at least in the interim before a new location is identified.
- NN said that there needed to be a specific reason to drop the threshold. PS noted that the peer review had been intended to be held during 2021 and that it was important that this took place as soon as possible.
- PS asked if there were any additional questions about the current threshold at QVH
- JA commented about the need to get the peer review started quickly, and also about the instances where patients are referred with a burn but on arrival, the injury is larger or more complex. NN said that these are the cases that get moved onto a more appropriate service, or are diverted before the case arrives.
- DB noted that we should be aiming to get patients to the right service, as quickly as possible and that there is no intention to “get rid of” the QVH service. DB again stated that he thought that 60% was too high, at the moment.

- NN repeated the need to have a more reasoned discussion and that simply not liking the idea wasn't sufficient reason to change the referral pathway into QVH. DB asked what were the actual number of cases that exceeded the TBSA threshold for unit level care. If the number is very low, then that strengthens the fact that QVH should not be accepting the cases above 40% TBSA.
- PS asked if there were any concerns about the amount of experience that the nursing team were being exposed to, as a consequence of the very low numbers of big burns coming into QVH. NL commented that whilst the nursing team were able to maintain skills & expertise for the small or moderate burns, it was a concern for the larger injuries. NL suggested that the ODN should perhaps consider support for opportunities for the staff to rotate to ChelWest of Chelmsford, to gain that experience, particularly for the critical care staff.
- JP noted that the burn service had been reviewed and assessed as able to take the cases up to 60% TBSA and that there needed to be an evidence base for any reduction, unless the service chose to do so themselves. It was important to get the peer review done, sooner rather than later.
- NL noted that the team at QVH was losing two senior burns consultants in the coming weeks and whether this would have an impact on the situation or whether new appointments would need some initial support. NN clarified that Ms Cubison is to become the new Trust Medical Director and will reduce her programmed time and NN herself was leaving the Trust, but would be remaining on the "bank" to cover in the short term.

It was agreed:

- ❖ **The ODN will continue to participate in the commissioner-led stakeholder discussions, related to the move away from the East Grinstead site, and;**
- ❖ **To move forwards with the planned peer review, at the earliest opportunity.**

7 Nursing Establishments – Safer Nursing Care Tool (SNCT)

Presentation / assessment of the SNCT in burn care

NL gave a short presentation on the SafeCare staffing tool. The following issues were noted:

- B-Levels currently being used in the network (B1 to B3)
- SafeCare models nurse ratios (levels of care and additional duties)
- Additional duties include such things as:
 - telephone referrals
 - ward attenders
 - complex dressing changes
 - internal / external transfers
 - nurse led skin debridement
 - additional supervision for patients
- Focus on the additional task per day – 18-20 additional tasks per patient
- Highlighted the amount of nursing time spent on initial referrals (telephone / telemedicine) on average 5-10 new case referrals per day. It was noted that this usually falls to the most senior nurses on duty, potentially removing them from patient-facing activities.

The work will be pulled together into a report, initially aimed at supporting Stoke Mandeville with their immediate staffing issues. The report will highlight the additional duties, including ward attenders. A presentation on the findings is being made at this year's BBA annual conference.

NL spoke about an initiative at QVH which had been developed recently, with a dedicated room/bed, enabling patients to be discharged earlier from the ward, and then returning to "room 5" for follow-up dressings. NL is exploring this with C&W, with an new additional OP clinic, dedicated to getting patients discharged earlier. There are some financial issues brought about by this change in practice (the OP tariff isn't right for this new clinic), but this is something being raised with commissioners.

8 LSEBN Network Team

- Network Annual Report 2020-2021 – Final Draft
The report has now been completed and will be published on the LSEBN website. A copy of the new generic Service Annual Report for 2021-2022 was circulated with the agenda papers. This report will need to be provided by the services be used as part of the evidence for the peer review, and will also be included in the network report for 21-22.
- ODN Chair and Team Clinical Leadership in 2022-2023
PS announced officially that NN is stepping down from her role as Chair an Clinical Lead for the ODN, thanking her for her hard work and friendship during the last three years. DB will take over the reigns as Network Clinical Lead and Chair from 1st April 2022. At the moment, due to the expected changes in the commissioning arrangements for clinical networks, there is no plan to appoint a new “deputy” into the ODN team. PS also spoke about the appointment of a new team member, Dr Joanne Lloyd. JL is a burns anaesthetist at St Andrews and over the last 12 months, has been helping the national burns group, bringing her professional expertise into the national discussions. PS asked if there were any objections to bringing JL into the LSEBN team, so that she had a small amount of protected clinical time to participate in the network and national meetings. The proposal was approved, for 0.5 PA's per week, initially for 12 months to 31 March 2023.
- Work Programme 2022-2023
The draft work plan was not discussed in detail. PS asked for any comments to be sent to him.

Items of business for information

9 Commissioning Issues

- FCMP - Future arrangements for clinical networks, post April 2022
Network Foundations Overview
PS had circulated an NHSE “Network Foundations” report, developed by NHSE as part of the work on the new commissioning arrangements for Integrated Care Systems. The document is not a mandatory but provides a decent overview of what will be needed moving forwards, including the functions, leadership and terms of reference for the network, a new memorandum of understanding between organisations and the specification / service level agreements. This remains “work in progress” and no decisions have yet been taken about the level of commissioning for burns (ICS vs multi ICS / Multi-NHS Regions).

Date of next ODN Board meeting(s)

Confirmed dates

- ❖ *NBODNG National Burns Mortality and Morbidity Meeting 2022 – Monday 25th April 2022*
- ❖ *LSEBN ODN Board (Core Group) Thursday 23rd June 2022*
- ❖ *LSEBN ODN Board (Main Group) and M&M Audit Tuesday 20th September 2022
(M&M Audit period (6 months) January to June 2022)*
- ❖ *LSEBN ODN Board (Core Group) Wednesday 11th January 2023*