

**LSEBN ODN Board (Audit Meeting)**  
**Thursday 14<sup>th</sup> June 2018**

**In attendance**

- Alexandra Murray (Chair and Clinical Lead)
- Jorge Leon-Villapalos
- David Barnes
- Sarah Tucker
- Pete Berry
- Nora Nugent
- Paul Drake
- Simon Myers
- Maria Clarke
- Barbara Wetherell
- Lisa Williams
- Rachel Wiltshire
- Kate Attrill
- Denise Lancaster
- Hodan Abdi
- Michael Wiseman
- Gary Slegg
- Pete Siggers

**Notes**

**1 Chairs Introduction**

AM welcome all to the meeting. Apologies have been received from:

*Krissie Stiles, Ioannis Goutos, Bruno Botello, Sian Summers, Richard McDonald*

*The meeting noted that Krissie Stiles is to leave her post in the ODN team at the end of the month. Krissie has contributed an enormous amount of work to the ODN over the last three years and our thanks and best wishes are extended to Krissie as her career moves forward.*

**2 Network M&M Audit**

AM introduced the purpose of the LSEBN M&M audit meeting, describing the process developed over recent years for the national and network audit meetings. As in previous years, it is intended that all mortalities in the audit period (April 2017 to March 2018) are to be presented at today's meeting but that the main focus of attention will be major cases that have a low modified Baux score.

Additionally, this year's audit includes Serious Incidents (SI's) and all recorded SI's are to be presented.

**3 Network Mortality & Morbidity Audit 2018**

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

Each of the above services gave a detailed presentation on all mortalities and SI's.

*As the presentations include personal details about individual patients and their care, this note of the meeting does not record any of the discussions about individual cases.*

The meeting agreed:

- No cases were identified as requiring further investigation or action.
- Five cases were approved to move forwards to the National Audit meeting
- All SI's will be presented at the National Audit meeting.

A number of general issues were noted:

- Helicopter transfers and adherence to the major trauma pathway;
- Deployment of the Burn Incident Response Team (BIRT) to support individual patients who are in a non-burns hospital;
- Recording “refused” patients;
- Step-down arrangements for patients no longer requiring burn care (bed blocking).

❖ **Action:**

***The ODN will develop a process for a prospective audit of patients with delayed discharges.***

#### 4 **Presentation** Acid Assaults

LW gave a short presentation on acid attacks. The presentation focused on media coverage and statistics published nationally and collected locally. The key themes were:

- Data not historically collected;
- No sense of dramatic referral/workload increase, certainly not to match media image;
- Data compiled from IBID does show an increase in referrals but not dramatic;
- Most referrals seen as OP.

In conclusion, LW noted that it was inappropriate to contribute to the sensationalisation or uniqueness of acid assault because we do not think it is and we believe it serves to unnecessarily frighten public. It is better to focus on proper First Aid for all burn injuries and advise public on the actual major risk factors – i.e. kids and hot drinks, petrol on bonfires, cooking chips whilst drunk, and hot water bottles. This would have a greater public health impact.

#### 5 **Presentation** Multi-resistant infections: Lessons learned at St Andrews

DB gave a short presentation on the recent closure of the St Andrews ITU as a consequence of the multi-resistant infection outbreak. Between December 2017 and March 2018, the service had experienced five cases of multi-resistant *Acinetobacter baumannii* (MRA) on the burns intensive care unit. *As the presentation included personal details about individual patients and their care, this note of the meeting does not record any of the discussions about individual cases, nor the technical aspect of the MRA bug.*

DW concluded with a series of recommendations that all services must consider:

- Hand hygiene and adequate cleaning of the environment between each patient are patient safety issues and fundamental standards of patient care;
- Room ventilation strategy needs to be reviewed:
  - Theatre at negative pressure;
  - The anaesthetic room and any other rooms between the theatre and the common area of the burns ward should be at positive pressure;
  - At least five air changes should occur after one patient leaves theatre before setting up for the next patient
- Minimise “clutter” in the theatre and be aware of contamination of external surfaces of gloves, syringes etc, stored in theatre
- In shower facilities, there must be no grid on the hopper because this will accumulate skin debris and is difficult to clean. Also, the entire shower head and hose must be changed after every patients with resistant organisms;
- Aromatherapy units are for single patient use only;
- Appropriate cleaning and decontamination of trolleys with wheels
- Ensure single use items or adequate decontamination of everything which goes from one patient to another

At the meeting, the group agreed that the incidence of multi-resistant organisms was growing, and a national strategy was needed.

## 6 Proposals for future audit

AM spoke about a proposal to provide a more robust governance structure for the network, and to have a more analytical and constructively critical approach. A short report was provided to the meeting suggesting new audit topic areas that the network must be considering:

- Summary of **key recurring themes** within the network from National Audit - what is our action plan to address these (e.g. transfer issues)
- Summary of **each service's morbidity** for 6 or for 12 months: can include a table of key data (LOS per TBSA etc.) along with complications e.g. infective, readmission etc. plus presentation of 1/2 of the most challenging morbidity cases (chosen locally by each service's MDT).
- **Innovation and research**: each service presents a summary of their proposed research for the forthcoming year and a summary of their output from the previous 12 months. Also, are there opportunities for collaboration between services on key areas?
- **Self-assessment against new standards** (once published) to highlight areas within services where there are gaps / require support / to demonstrate excellence (to be learned from).
- **External scrutiny** and support for audit, by inviting a clinician (or clinicians) from other burn networks to Chair the audit meetings.

It was also proposed to change the timetable for the mortality audit meetings. It was agreed that the ODN must conduct two, half-yearly mortality audits, reviewing the first half of the year (April-September cases) at the Winter MDT meeting, and the second half of the year (October to March cases) at the summer audit meeting. This would enable the audit day to include the additional topics, making the two meetings more rounded in content.

### The following was agreed:

- **The LSEBN will hold to M&M audit meetings each year, in the summer (June) and Winter (December).**
- **An external Chair will be invited to lead the meeting.**
- **The venue for two audit meetings will rotate around the services.**
- **The ODN will seek CPD approval for the meetings and services will be encouraged to allow more people from the MDT attend.**
- **Certificates of attendance will be issued.**

#### ❖ Action:

***PS will write to service clinical and management leads to ask that staff are released to attend the network and national audit meetings.***

- ❖ ***The 2018 Winter Audit meeting will be held on Thursday 13<sup>th</sup> December 2018.***

## Items of business for information

Due to timing, the meeting did not consider any of the other agenda issues. As a post-meeting note, ODN members are asked to note the following issues:

## 7 LSEBN Work Programme

- Final Work Programme Report 2018-2019 (*notes attachment 01*)  
The ODN Work Programme is attached.  
Members are asked to note the content and a Q2 update will be provided at the next ODN meeting (September 2018)
- Annual Report 2017-2018 (*verbal update*)  
The report is being prepared and will be circulated to ODN members before the next meeting (September 2018),

8 **National Burn Standards Review Group (BSRG)**

- Update on progress – the 4<sup>th</sup> draft of the new burn care standards has been circulated to members of the review group for comments. The next meeting of the BSRG will be held on 18<sup>th</sup> July. It is expected that this will be the final meeting and a final draft document will be ready to send as a “consultation document” to all BBA members in August.

10 **LSEBN Finance**

LSEBN Budget 2018-2019

- The ODN budget for 2018-2019 is again funded by NHS England, as a single allocation to the host Trust, Chelsea & Westminster.
- The baseline team structure is as attached (*notes attachment 02*).
- A financial budget statement for Q1 will be provided for the next ODN meeting (September 2018).

Service update – utilisation of 2017-2018 funding for education and training

- In January 2018, the ODN announced that it would make available additional non-recurring funds for burn services, to be used to support training and education.
- Services were asked to provide a short “feedback” report to demonstrate how the additional monies was utilised. This report will be provided at the next ODN meeting (September 2018).

**Date of next meeting(s)**

- ❖ Monday 2<sup>nd</sup> July 2018 (9.00am) - National Mortality Audit
- ❖ Tuesday 25<sup>th</sup> September (Proposed) - LSEBN ODN Core Group
- ❖ Thursday 13<sup>th</sup> December (Proposed) - LSEBN ODN (Main Group)

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