

NOTES of the LSEBN ODN Winter MDT Audit Meeting
Thursday 13th December 2018

The meeting was supported by *Lumenis UK, Regen Medical* and *MediWound*, who kindly sponsored refreshments and lunch.

In attendance:

Alexandra Murray	<i>Chair - Stoke Mandeville Hospital</i>
Andy Williams	<i>Chelsea & Westminster</i>
Catherine Henn	<i>Queen Victoria Hospital</i>
Julie Baker	<i>Queen Victoria Hospital</i>
Laura Macaulay	<i>Queen Victoria Hospital</i>
Nora Nugent	<i>Queen Victoria Hospital</i>
Bernadette Tavner-Allsop	<i>Royal London Hospital Bartshealth</i>
David Barnes	<i>St Andrews Broomfield Hospital</i>
Judith Harriott	<i>St Andrews Broomfield Hospital</i>
Marie Matanle	<i>St Andrews Broomfield Hospital</i>
Peter Berry	<i>St Andrews Broomfield Hospital</i>
Alexander Armstrong	<i>Stoke Mandeville (Bucks Healthcare)</i>
Debbie Turvey	<i>Stoke Mandeville (Bucks Healthcare)</i>
Louise Hartley	<i>Stoke Mandeville (Bucks Healthcare)</i>
Maria Clarke	<i>Stoke Mandeville (Bucks Healthcare)</i>
Ollie Manley	<i>Stoke Mandeville (Bucks Healthcare)</i>
Rebecca Shirley	<i>Stoke Mandeville (Bucks Healthcare)</i>
Samar Hanna	<i>Stoke Mandeville (Bucks Healthcare)</i>
Will Cobb	<i>Stoke Mandeville (Bucks Healthcare)</i>
Zoe Avent	<i>Stoke Mandeville (Bucks Healthcare)</i>
Krissie Stiles	<i>Katie Piper Foundation</i>
Richard McDonald	<i>NHS England (Midlands & East)</i>
Lisa Williams	<i>ODN Team (Lead Psychologist)</i>
Rachel Wiltshire	<i>ODN Team (Lead Therapist)</i>
Nicole Lee	<i>ODN Team (Lead Nurse)</i>
Michael Wiseman	<i>ODN Team (Informatics Lead)</i>
Pete Sagers	<i>ODN Team (ODN Manager)</i>

Apologies received from:

Jorge Leon-Villalpos, Joanne Pope, Vickie Osborne-Smith, Kat Young, Sian Summers, Sarah Tucker, Denise Lancaster, Jill Ratoff, Ioannis Goutos, Simon Myers, Teresa Tredoux, Mandy Giles, Leslie Gray, Liz Pounds-Cornish, Marc Thomas

1 Chairs Introduction

The ODN meeting was opened with a short introduction from Alex Murray. AM noted the recommendations in the National Mortality Audit, including:

- Transfers: improving the process to ensure a safer transfer of patients to and from burn services; *a pilot study has been undertaken at SMH (see Notes item 7).*
- Toxic shock syndrome: the need to develop new clinical protocols; *this work is being taken forward by the South West UK Burns ODN, and preliminary findings will be presented to the National Burns ODN Group in January 2019.*
- Staffing: an acknowledgement that the number of services providing centre-level care needs to be reviewed; *this work is being undertaken by the Northern Burn Care Network and a process for a burns Workforce survey will be presented to the National Burns ODN Group in January 2019.*

2 Network M&M Audit

AM spoke about the Aims and Objectives for today's meeting; to receive presentations from all burn services, analysing and reporting on patient activity, serious incidents, all mortalities for the period April to September 2018 and to present at least one unexpected survivor (excess morbidity).

The actions and next steps are to identify those cases that should go forward to the National M Audit meeting in July 2019. The cases that go forward to the national audit meeting are likely to be either cases with a relatively low modified Baux score, or cases that have a significant educational interest and learning points.

3 Network Mortality & Morbidity Audit 2018

- Chelsea & Westminster (Andy Williams, Burns Consultant C&W)
- St Andrews (David Barnes, Burns Consultant MEHT)
- Queen Victoria Hospital (Nora Nugent, Burns Consultant QVH)
- Stoke Mandeville (Alex Murray, Burns Consultant SMH)

The meeting received presentations from four services. No submission was received from Oxford John Radcliffe Hospital. Each of the four services provided detailed patient specific information and as such, these notes do not contain any details of individual presentations.

As a high-level summary, the meeting agreed:

- There were no cases identified as "concerns", requiring further investigation.
- 2 mortality cases to be presented at the National Audit meeting in July 2019;
- 1 significant morbidity case to be presented at the National Audit meeting in July 2019;
- The meeting noted the potential to extend the Modified Baux score to include an indication of frailty.

Other issues:

At the conclusion of the QVH Audit presentation, NG raised the issue of the service plans to move paediatric inpatient burns from QVH to the Royal Alexandra Children's Hospital in Brighton. Current discussions are linking the provision of this with the provision of a lower limb ortho-plastics on call service also under development in Brighton.

This will, in the intermediate term, create a split burn service as the adult burns service cannot move until the 3T's building work at Brighton is complete. Currently QVH provides a separate 1 in 4 burns on call at QVH. QVH is looking at how the paediatric move (proposed for April/June 2019 – subject of course to everything being ready on time) would affect this.

One of the options proposed would be:

- Paediatric burns along with lower limb major trauma on call in Brighton (3 of the 4 burns consultants are also involved in lower limb trauma in Brighton and would be on this rota) 1 in 6 rota.
- Adult burns along with general plastic surgery on call in QVH with a second on call tier provided by the 4 burns consultants to be consulted for the bigger and more complex referrals 1 in 12 rota.

The other options being discussed involve keeping a dedicated burn on call rota at QVH with the current Burns consultants and recruiting additional consultants for the Brighton rota. Due to the cost implications of the additional recruitment needed, alternative options such as the option above were also being considered.

The LSEBN Network group in general were supportive of the plans proposed for QVH paediatric inpatient burns.

A concern regarding the level of support out of hours for adult burns over 40% TBSA was raised as QVH operates above Burns Unit threshold. Under this option for the new service provision, a temporary hold on accepting adult burn patients over 40% TBSA would be necessary.

The group noted that when this had happened elsewhere, the previous admission thresholds had not always been restored when the service moved.

Action

- ***PS to write to NG, to confirm qualified support in principle for the proposed move of paediatric burn services to BSUH. The letter of support will note the impact on the capability of the QVH adult service to accept cases above the upper threshold for unit-level cases.***

4 Lumenis UK and Regen Medical

Representatives from the two suppliers gave short presentations on treatment evidence

5 Audit Presentations

- *Rachel Wiltshire*: Therapy Audit
- *Lisa Williams*: CARE Burn Scales
- *Nicole Lee*: Nexobrid

Members of the ODN team gave short presentations on on-going work in their professional groups.

Copies of the PPT presentations will be circulated with these notes.

6 Presentation

- *Krissie Stiles*: Katie Piper Foundation – Rehabilitation Centre

The ODN meeting was pleased to welcome KS to the meeting. The Katie Piper Foundation rehabilitation centre in Merseyside is aiming to fill the gap for rehabilitative care for adults following burns or other traumatic injuries. The rehabilitation centre offers a charitably funded bespoke care pathway where patients are able to live independently a stone's throw away from the centre and attend rehabilitation daily. Based on an evaluation by the KPF multidisciplinary team, a tailored 4-week programme reflective of patient's rehabilitation objectives is developed. The care pathway is a combination of specialist therapies and interventions, as well as peer supported social and well-being activities to ensure a holistic nature of the rehabilitation. The Katie Piper Foundation rehabilitation centre offers an extended rehabilitation support to the acute NHS burn services with a common aim to reduce the number of patients living with restricted function and fractured self-esteem, and to nurture our patient's ability to restore their quality of life and confidence.

The rehabilitation centre referral criteria:

- UK resident aged 18 years or over
- History of injury resulting in a scar
- Discharged from acute care
- No open wounds present
- Able to self-medicate
- Medically fit for rehabilitation
- No current acute psychiatric ill-health or treatment
- No current substance misuse or dependency
- Consent for KPF to liaise directly with the applicant/treating NHS service/GP
- Consent for the treating NHS service/GP to release applicant's medical records to KPF

The link to further information: <https://katiepiperfoundation.org.uk/our-services/>

7 Additional audit topics – Outline Proposals

- Patient transfers (national audit)

As noted earlier in the meeting, the National Audit meeting, in July 2018, identified issues related to patient transfers. This included secondary transfers from ED/Trauma services to specialised burn services and transfers between burn services.

The team at Stoke Mandeville agreed to look at developing an audit tool to gather data about the scale of the issue. A pilot study has been undertaken at SMH and Oliver Manley gave the meeting a short presentation on progress. A copy of the PPT will be circulated with these notes.

This topic will be taken forward to the NBODNG meeting in January 2019.

- Delayed discharges (LSEBN audit)

During discussions over the summer, with NHS England, it was agreed to develop an audit tool to monitor the impact of delayed discharges within the specialised burn care services. This would include patients awaiting discharge from hospital (to home or other social care setting) and patients who require continuing hospital care, but not specialised burn care.

The meeting discussed the potential for conducting a short pilot audit, using a manual system and the possibility of utilising the IBID daily dependency process for a longer prospective audit.

Action

- ❖ ***PS to discuss with IBID data leads and agree a draft data capture process.***

8 Presentation *Pete Siggers*

- BBA National Standards for Provision and Outcomes in Adult and Paediatric Burn Care (2018) *and* Self-Assessment Toolkit

PS gave a short presentation on the recently published BBA Burn Care Standards and Outcomes document, outlining the background, context and content of the new standards. A copy of the new BBA Standards will be circulated with these notes. Additionally, PS has prepared a Self-Assessment toolkit to accompany the new standards and these have been circulated to all services in the LSEBN.

Note:

***This presentation concluded the LSEBN Audit meeting.
The formal ODN Board notes follow below.***

ODN Board

9 **Notes of the previous ODN meeting** held March 2018 (*attachment 03*)

Matters arising:

- Improving Value schemes

No one from NHS England was able to join the meeting today. The topic related to delayed discharge was discussed earlier in the meeting. PS will pursue this issue with Gary Slegg, in the new year.

- EPRR / Mass Casualty and Major Incidents
Progress on finalising the burns annex to the NHS England Concept of Operations document is continuing. Further meetings of the T&F group are being planned for January 2019. The Surge & Escalation SOP is also being reviewed and refreshed, to align with the burns annex.
PS also noted that it is likely that the planned exercise in March 2019 will be cancelled. No official decision has been made but formal planning for the exercise has been paused.

10 LSEBN Work Programme

- Q3 Updates / Annual Report 2017-2018 / ODN team update

Due to time pressures, ODN team members gave a brief verbal update on progress with work programme topics. The main issue of note was the opportunity to formally welcome Nicole Lee to the team, as lead nurse, and to bid farewell to Michael Wiseman (informatics Lead), who is stepping down from his post with the team, to concentrate on work priorities within his host trust, Mid Essex. The meeting also gave the opportunity to say thank you to Krissie Stiles, who left the team in the early summer. Both KS and MW have delivered outstanding work for the LSEBN and we wish them well in their future endeavours.

- ODN Annual Report

The report for 2017-2018 was approved for circulation.

Action:

- ❖ **PS will circulate the annual report to all stakeholders.**

11 LSEBN Finance

- Service update – utilisation of 2018-2019 funding for education and training

PS explained that at the previous meeting, the ODN has agreed that the predicted 2018-19 surplus (£25,000) will again be utilised for staff development, training and education. Services were also invited to submit credible proposals for non-training developments. This might include small items of equipment, or travel expenses for external conference speakers.

The allocation is made available in the same weighted proportion as previous years:

Service	(Level) Weighting	Amount
Chelsea & Westminster	(CUF) 3	£6,250
St Andrews Broomfield Hospital	(CUF) 3	£6,250
Queen Victoria Hospital	(UF) 2	£4,167
Stoke Mandeville Hospital	(UF) 2	£4,167
Oxford John Radcliffe Hospital	(F) 1	£2,083
Royal London Whitechapel	(F)1	£2,083

PS has written to all services, by email 10th October, announcing the availability of funds and asking for a short statement on how they would propose to utilise their total allocation. Regrettably, no one has yet responded, and PS will write again at the earliest opportunity.

Action:

- ❖ **PS will write again to all services, inviting service Trusts to submit invoices to C&W, to claim their share of the allocation.**

Commissioning Issues

12 Commissioning Issues

- ODN Funding 2019-2020
- Major Trauma CRG Meeting 4th December 2018
- Shape London Vision Meeting 5th December 2018
- London Facility designation / recognition

Again, due to time constraints and the absence (apologies received) of NHS England National and London representatives, the commissioning topic was not discussed in detail.

PS did give a short briefing on the MT CRG meeting held in December 2018. This meeting had been a one-off workshop event, looking specifically at the IBID system, the development of a nationally approved Minimum Data Set (MDS) and a revision of the National Burns Quality Dashboard.

PS described the meeting as making excellent progress on the subjects discussed. The principle of adopting a small, mandatory MDS was agreed and this will undoubtedly be built on the existing local MDS, developed by MW and the LSEBN. Services will be encouraged to continue to use the rest of IBID for local, network and national audit and research. Further work is expected in the new year.

Date of next meeting(s)

- ❖ **ODN Core Group:** Wednesday 13th March 2019
- ❖ **ODN Main Group and Summer Audit & MDT:** Thursday 13th June 2019
- ❖ **National Mortality Audit:** Monday 1st July 2019
- ❖ **ODN Core Group:** Wednesday 18th September 2019
- ❖ **ODN Main Group and Winter Audit & MDT:** Tuesday 10th December 2019

-oOo-