

LONDON & SOUTH EAST OF ENGLAND BURN NETWORK

End of Year
Report
2015 - 2016



Audience

This document is intended as an information resource for senior managers and clinicians in the following NHS organisations within the LSEBN area:

- NHS Hospital Trusts providing specialised burn care
- Major Trauma Centres
- Ambulance Services
- Helicopter Emergency Services (HEMS)
- Operational Delivery Networks for Adult & Paediatric Critical Care
- Chelsea & Westminster Hospital (host of the LSEBN)
- Members of the LSEBN Network Team
- NHS England Regional Offices (London, Midlands & East and South)

Additionally, the document is intended for:

- Other Specialised Burns Operational Delivery Networks in England and Wales
- COBIS (Specialised Burn care in Scotland)
- Major Trauma Clinical Reference Group

The document will also provide an information resource for the following non-NHS Organisations:

- Changing Faces
- Dan's Fund for Burns
- Katie Piper Foundation
- Children's Accident Prevention Trust
- The Healing Foundation

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The London and South East of England Burn Operational Delivery Network (LSEBN)

The LSEBN is one of four operational delivery networks (ODNs) for specialised burn care in England and Wales. During 2015-2016, we had almost 9000 new referrals, of which around 2000 resulted in adults and children receiving in-patients care. Of these, over 30 cases involved severe and complex injuries, requiring intensive care. In addition to the in-patient service, we also routinely treat around 7,000 people for minor injuries through our outpatient and dressing clinics.

Vision and purpose

The aim of the LSEBN is to optimise the provision of care for burn injured patients as defined in the manual for prescribed services and the Service Specification for Specialised Burn Care by ensuring that all patients that require specialist burn care have access to the right level of burn care at the right time and in the right service.

Focus

The key objectives for the LSEBN are to:

- Ensure effective clinical flows through the provider system through clinical collaboration for networked provision of services.
- Take a whole system collaborative provision approach to ensuring the delivery of safe and effective services across the patient pathway, adding value for all its stakeholders.
- Improve cross-organisational multi-professional clinical engagement to improve pathways of care.

Background

The LSEBN has been operating as a managed clinical network since early 2008. Until April 2013, the network was managed and supported by the London Specialised Commissioning Group.

Challenges

As with many specialised services, burn care for people with complex injuries is a high cost and low volume service. Ensuring access to high quality care is a priority for the ODN.

Geography

The LSEBN covers a large geographical area and a population of around 21m people. Our network covers all of London and the East of England, Kent Surrey and Sussex, and the Thames Valley. Our network geography includes three NHS England Regions and we have four NHS England Teams commissioning specialised burn care services.

There are four, designated hospitals for specialised burns in the network:

- **Chelsea & Westminster Hospital, London**
- **St Andrews Broomfield Hospital, Chelmsford**
- **Queen Victoria Hospital, East Grinstead**
- **Stoke Mandeville Hospital, Aylesbury**

A short report from each service is included in this document.



Chelsea & Westminster Hospital

The LSEBN is hosted by Chelsea & Westminster Hospital NHS Foundation Trust. The host Trust is responsible for the effective functioning of the network working in conjunction with the lead commissioner from NHS England.

We have been pleased to provide support for the LSEBN and network team since 2013, and this year has been another busy and successful year. This annual report highlights some of the work undertaken within the network over the last 12 months and as in previous years, all of the work projects have been aimed at maintaining and improving access, standards of care and outcomes for patients and their families.

I would like to give particular mention to the efforts made by the network team and clinicians from all services in the LSEBN, to support patients and families affected by the Bucharest nightclub fire in November 2015, which resulted in a number of very seriously injured patients travelling to the UK for treatment. The LSEBN played a significant role in collaborating with NHS England and Department of Health to support this humanitarian issue. The events focused attention on the resilience of burn intensive care and I know that the network team will take forward the lessons learned, in the development of a new Major Incident Plan for burns.

The LSEBN continues to play an important role in the day-to-day and strategic challenges faced by burn care services and I wish the network well for the current year.

*Robert Hodgkiss
Chief Operating Officer
Chelsea & Westminster Healthcare NHS Foundation Trust*

NHS England London Region

The Major Burns Network team undertook a self-assessment of their work plans using the National Value for Money Framework in autumn 2015. This evaluation identified the progress made in underpinning the development and delivery of improved policies and system to assure consistent operational quality across a range of services and clinical pathways. The development and implementation of network priorities continued throughout 2015-16 via the multidisciplinary clinical working groups who all made good progress in the delivery of their agreed objectives. Recognition is needed for the effort put into the development of the networks Public and Patient Involvement strategy and the success of the Patient and Carer event held in June 2015. The network continued to develop and evaluate their governance and management processes thorough out the year, which has worked well to deliver on going improvements to network planning and oversight, and puts the team in a good position to meet the challenges of 2016-17.

*Lorna Donegan
ODN Lead, NHS England (London Region)*

The LSEBN team

A small, dedicated network team supports the LSEBN. In addition to the Network Clinical Lead, the team benefits from three network professional leads, for nursing, therapy and psychosocial care. The Network Manager leads the LSEBN team.

Baljit Dheansa – Clinical Lead 2015-2016

"I've been a consultant burns and plastic surgeon at the Queen Victoria Hospital, East Grinstead since 2003 and am the Lead Surgeon for Burns for the service. I have been involved with the network at a clinical and managerial level throughout this time, working with colleagues to ensure that the network provides the best possible care for patients who sustain burns in the South East and London. I am a keen advocate of evidence based medicine and research to help patients have better outcomes. In addition to promoting research in burns, I was a founding member of the BAPRAS Innovation Group, which aims to provide novel solutions for plastic surgery and burns patients."



Krissie Stiles – Lead Nurse

"Following my graduation in 2003, I started my nursing career at the McIndoe Burn Centre of the Queen Victoria Hospital. I discovered my passion for burn care during my training and knew there was nothing else that I would rather do. In 2012, I became the Burn Care Advisor for the LSEBN, which allowed me an opportunity to support burn patients' care from the time of the injury and throughout their journey. Twelve years on, I am now in a privileged position to offer a voice to the challenges and skills behind the burn nursing speciality"



Lisa Williams – Psychosocial Lead

"I qualified as a Clinical Psychologist in 1995 and originally worked in HIV and sexual health. I started the adult burns psychology service at Chelsea & Westminster in 2006 on a 3-year post funded by Dan's Fund for Burns. NHS commissioners now provide funding, and the service now has four psychology staff working across the adult and paediatric burns service. My specialties are trauma, PTSD, peer support and appearance concerns"



Rachel Wiltshire – Lead Therapist

"For the last 10 years I have held a Senior Physiotherapist role with responsibilities for team leadership across all aspects of Burn Therapy from critical care to outpatient settings with both adults and children. I have also been a Steward for the Chartered Society of Physiotherapy since 2004. In addition to my professional work I volunteer for local charities working with children and their families. In my leisure time I enjoy spending time with my own young family and keeping fit"



Pete Sagers – LSEBN Network Manager

"I joined the NHS in the 1970's and after working in a number of service and commissioning posts, was Director of Specialised Commissioning in the East of England until 2007. I've had the pleasure of working with the burns community since 2001, and have been extensively involved in the many national initiatives for burn care. I currently lead the National Burns ODN Group, and outside of work and family, I love to travel and read"





Network Priorities and Work Programme 2015-2016

The LSEBN ODN Board agreed a work programme for the year, including issues related to clinical and organisational governance, and service and quality improvements, led by the network professional leads.

Clinical and Organisational Governance

Audit

The LSEBN held its annual mortality and morbidity (M&M) audit in June. No cases were identified for further action or comment. Additionally, the LSEBN co-hosted the first National Burns Mortality Audit meeting, in June 2015. The event was the first of its kind for burns, and was held in Birmingham. The meeting included presentations from every burns service (units and centres) in England and Wales. A second national audit event is planned for 2016, and services in Scotland, Northern Ireland and the Republic of Ireland will also participate.



“The LSEBN co-hosted the first national burns mortality audit in 2015”



Developing burn care facilities

Work has continued on extending the network to include facility-level care. Following the discussions and decisions made by the Burns Clinical Reference Group and NHS England in 2014, progress has slowed, but the services at John Radcliffe Hospital (Oxford) and Royal London Hospital (Whitechapel) have continued to express an interest in becoming a designated burn service. In late 2015, and following proposals from NHS England in London, a second self-assessment exercise was undertaken for these two hospitals and meetings are planned for the early part of 2016-2017 to explore ways that these two important services can continue to provide care for their local populations.



Public and Patient Engagement (PPE)

The LSEBN team hosted a PPE stakeholder meeting in June 2015. The meeting was attended by a number of current and former patients of burn services in the network, and representatives from charitable agencies and support organisations for burn survivors. The meeting was hosted by the LSEBN, with an external facilitator, Julia Cons (Lay Member of the Midlands Burn Care Network). At the meeting, agreement was reached on a proposal to develop a small group of PPE ODN Board representatives. Supported by the LSEBN Network Manager, this small team of people will provide a sustainable group, to tackle a PPE work programme and attend ODN Board meetings. This work will be taken forward in 2016.

Emergency Preparedness

Much of the governance work this year has focused on emergency preparedness and resilience. The LSEBN contributed to the publication of the national standard operating procedure (SOP) for surge and escalation. This important document describes how burn services and networks will work together during periods of service activity pressure and to seek mutual aid when normal activities cannot be sustained.



“The LSEBN was the first burns network to fully implement the SOP at a network level”.





Service and quality improvements: LSEBN Senior Nurse Forum

The LSEBN Senior Nursing Forum (SNF) is comprised of experienced senior nurses and Burn Care Advisors with a passionate outlook to improve patient's experience of burn care before, during and after their contact with a specialist burn service.

Following the LSEBN CGG meeting in December 2014, the SNF had highlighted a key set of priorities for the 2015-2016 work plan, targeting the Burn Care Standards' requirements for Burn Care Networks. As part of quarterly meetings throughout the year, the SNF encouraged involvement and feedback from the pre-hospital, emergency and trauma colleagues, as well as teams from potential future burns facilities, in order to develop comprehensive and meaningful referral and initial management documents. The LSEBN Burn Care Advisors pursued feedback and contributions from non-specialist clinicians to inform the developing guidelines with most relevant aspects of pre-burn service care.

The SNF service leads involved the wider burns MDT to allow parity within the LSEBN documents.

As a result, the LSEBN CGG approved the newly developed LSEBN guidelines for wider circulation.

- Criteria for Referral
- How to Refer
- Burns First Aid
- Initial Management of Burn Wounds
- Burn Depth Assessment and
- Initial Management of Severe Burns

These have recently been presented at the British Burn Association annual meeting and are now available on the LSEBN website.

The SNF also reviewed the current delivery of outreach services across the LSEBN and have proposed the potential challenges and core requirements for Outreach Model of Care to be delivered by burns facilities in collaboration with an established burn centre or unit.

It has been an exciting and productive year for the SNF team – the enormity of the work achieved over the last year is commendable and is a direct result of each member's palpable and unyielding dedication and attention to detail. Despite the ever-present clinical pressures locally and across the Network, the SNF have maintained their enthusiasm and contributions towards the LSEBN work plan.

The work undertaken by the SNF has demonstrated that our responsibilities and challenges lie not only within our own teams, but largely across the unaddressed void of services outside of the burns speciality. Encouraging two-way communication and collaborative partnerships with our non-specialist colleagues allows us to educate and inform the best practice approach to burn patient care from the time of injury, as well as enhancing our understanding of the challenges faced by the teams who support our patients during the initial key moments in their burn care journey.

The new LSEBN guidelines have set a precedent of the expected standard of care and will no doubt lead to an enhanced interaction between services and most importantly – to delivery of the right care at the right time with hopefully improved outcomes for our patients.

*Krissie Stiles
LSEBN Nurse Lead
Burn Care Advisor
Queen Victoria Hospital, East Grinstead*





Service and quality improvements: LSEBN Therapies Forum

This has been a positive year for the Therapy sub group with good engagement from all four designated burns services and also from other services providing therapy to burns patients.

The group have developed close working relationships and there has been good attendance at the quarterly meetings, although one did have to be postponed due to clinical work pressures.

As part of my role as network lead therapist, I met with staff from the current service providers to establish the current provision, gaps and to explore areas for service development. This work has been continued in 2016 with the two remaining candidate services. A preliminary review of the information gathered and the therapy considerations for the transition of the services to become a Burns Facility in the London and South East Burns Network has been made.

Work on the therapy page of the updated LSEBN website has been carried out. The Therapy page includes an introduction on the role of the burns therapist, explanation of our network therapy group, and links to useful documentation and contact details.

Nationally, Burns Therapist Interest Group (BTIG) have agreed it is necessary to review the BBA endorsed Standards of Physiotherapy and Occupational Therapy Practice in the Management of Burn Injured Adults and Children 2005 to update to reflect current practise. The Burns Therapy Interest Group is undertaking the leadership of the review. The purpose of this document is to ensure the burns services comply with the National Burn Care Standard E-8. Updating of the document will aid delivery of the best clinical practise. The work is of direct clinical relevance to all Physiotherapists and Occupational therapists providing burn care. The new document aims to ensure consistent, high quality therapy service provision. The LSEBN Therapy group are involved with the national work for the benefit of the burns services within our network, working collaboratively to provide consistent provider guidance and improved service standards.

Looking forward to the future, the LSEBN therapy group have, using the ODN Partnership agreement objectives, agreed a number of aims for 2016-17, including:

- To strive to develop integrated care pathway for therapy to improve outcomes for patients and their families in primary, secondary and tertiary care.
- Share learning, experience, knowledge and skills, with best practise sharing for the benefit of all therapists within the network.
- Work collaboratively to provide consistent provider guidance and improved service standards.

*Rachel Wiltshire
LSEBN Lead for Therapies
Senior Physiotherapist
St Andrews Centre, Broomfield Hospital*



Service and quality improvements: LSEBN Psychosocial Care Forum

Progress in Work Plan 2015-2016

In spite of staffing issues the group has continued to meet quarterly and enjoyed full representation from all four services in March 2016 for the first time in over a year. Our work programme focused on three key issues.

Model of Care:

The question of how the main burns units and centres could support non-designated healthcare services to provide burn care has been thoroughly explored by the Psychosocial Forum. We are satisfied that we would be able to support, advise and liaise with any non-designated services that might approach for psychosocial support

Documentation:

All services have shared their current documentation and these have been uploaded to the LSEBN website for easier shared access. At each quarterly meeting there is the opportunity to review whether these documents are up to date. Some services have set up working parties to review their documentation and this is a work in progress for them.

Psychosocial training and education:

Three out of four services provided formal psychosocial teaching to members of the burns MDT using the materials developed in the LSEBN Burns Psychosocial Training package, which continues to be a highly popular teaching tool.

Matters of concern 2015

It was previously highlighted to the ODN Board (Jan 2016 Quarterly Report) that all services have been struggling with reduced psychosocial staffing. This continues to be the case in some services. The appointment of a Psychosocial Lead at QVH (Maya Schaedel) has given the group a point of liaison with that service which is very important and should improve the group's inclusivity.

Future plans 2016 – 2017

One important outcome from our March 2016 meeting was the agreement of a standard set of data for each of the four services to collect, share and publish in future annual reports. This is an important step and will be an achievement for a set of different psychosocial professional working across different burns services. All services agreed in principle that they could provide the following:

- Number of patients screened
- Number of inpatient and outpatient contacts
- Number of outpatients referred that were never inpatients
- Number of adults on the London Area Burns Support Group database
- Number of families on the family club database
- Number of psychosocial staff trained annually

*Dr. Lisa Williams
LSEBN Psychosocial Care Lead
Clinical Psychologist
Chelsea & Westminster Hospital*



Working in partnership

The role of a network is to provide a process and a framework for partnerships and joint working. Burn care is provided in a tiered network and pathways of care are encouraged between different levels of burn care and different hospitals and networks.

Network Partnerships

Since becoming an Operational Delivery Network in 2013, our aim has been to develop effective links and partnerships across the whole network. As part of a strong, organisational governance framework, our terms of reference are included in a single framework document, the LSEBN “Partnership Agreement”, which has been revised this year in preparation for 2016-2017. We have introduced the development of a “main and a “core” ODN group. The core group consists of the network Clinical Leads, Network Manager and NHS England Programme of Care Leads, reducing the number of meetings that clinicians are required to attend, but retaining a quarterly meeting of the ODN Board.



“As part of a strong, organisational governance framework, our terms of reference are included in a single framework document, the LSEBN Partnership Agreement”



The main LSEBN ODN Board is constituted of all member organisations and we encourage services to be represented at the meetings, by both a senior clinician and a senior manager from the Trust. The main ODN Board meets twice each year, with meetings coinciding with the annual audit, and the winter MDT meeting

We work very closely with the three NHS England regions and the Specialised Commissioning teams, and they are also represented on the ODN Board.

National Partnerships

The LSEBN is one of four specialised burn care Operational Delivery Networks covering all of England and Wales, and collaborative working is an essential part of our work. We have established a national group, bringing together the four network clinical leads, network managers and NHS England to support and coordinate nationally significant issues. From 2016, the group will provide essential clinical advice to the new Major Trauma CRG.

The national group allows clinicians and managers to share information, knowledge, challenges and successes to ensure effective Operational Delivery Network form and function, including the development of consistent provider guidance and improved service standards, ensuring a consistent patient and family experience.

The NBODNG will play an important role in a work programme in key areas requiring a nationally consistent approach across all burns ODNs, including:

- Clinical governance and audit;
- Quality assurance;
- Emergency Preparedness (EPRR)
- Information and intelligence.

The LSEBN Network Manager is the current Chair of the group and has led the work on the National Mortality Audit meetings in 2015 and 2016.



Bucharest Night Club Fire

A significant event for the LSEBN was our participation in the United Kingdom's response to the nightclub fire in Bucharest, Romania, in late October 2015. Due to the significance of the incident, and the LSEBN's role in responding, a short summary of the incident is provided below.

On Friday 31st October 2015, a fire occurred in a Bucharest nightclub, resulting in more than 100 people killed or severely injured. A number of burns medical professionals from EU countries made independent arrangements to travel to Bucharest to support the Romanian trauma and burns services, including Sarah Pape from the Newcastle burns centre.

The LSEBN officially became aware of the situation the following Wednesday (4th), and joined a telephone conference call with NHS England EPRR leads, during which the scale of the issue became clear and that the UK Government and Department of Health were involved. Through the rest of the week, a number of conference calls were held, and discussions focused on the potential for a number of severely injured casualties to be airlifted to burn centres in England and Wales, as well as other EU nations.

Throughout the weekend, the LSEBN continued to provide network coordination for the whole of England & Wales and further teleconferences were conducted with a wide range of UK agencies (NHS England, DOH, Foreign Office, Embassy staff and Public Health England), During a series of conference calls on Sunday (8th) agreement was reached on transferring a cohort of patients to 7 burns centres in England and Wales. A NATO medical transfer aircraft left Bucharest at around 10pm on Sunday, arriving at RAF Brize Norton at around 2am on Monday (9th), and a total of 9 patients were transferred by ambulance to the seven hospitals.

The incident highlighted the need for a more coordinated response to mass casualty burn incidents, both in the UK and the wider EU. The incident will be discussed at the British Burns Association (BBA) Annual Conference in May 2016, and a formal debrief meeting is planned for July 2016, with all organisations and agencies involved in the Romania incident participating. It is expected that this meeting will be a catalyst for an urgent review of the current burns major incident plans, with a focus on communication, coordination, triage and mutual aid, consumables and infection control.

A key issue for the burn networks nationally, is the capability of the networks to provide a resilient, central focal point to link, liaise and coordinate across all burns ODNs and services during this type of incident.

The LSEBN has proposed that the four Burns ODN Managers should provide a formal, 1:4 weekend, on-call rota. This needs to be mandated by NHS England as part of a national and regional EPRR response.



*Pete Sagers
LSEBN Network Manager*

Service Reports 2015-2016

St Andrews Broomfield Hospital, Chelmsford

The St Andrews Hospital service is located at Broomfield Hospital in Chelmsford and provides centre-level care for adults and children. The service has 6 individual thermo-regulated rooms providing flexible ITU/HDU beds. The St Andrews burn service is the network's sole paediatric centre, admitting all types of cases, including those patients requiring burns intensive care. Children with the most severe injuries and co-morbidities are managed in collaboration with clinicians at Birmingham Children's Hospital.



The St Andrews burns service continues to provide centre level care and expertise to both children and adults with complex burns and medical skin loss patients for the London and South East regions. The formalisation and appointment of two dedicated specialist paediatric Intensivists with Great Ormond Street Hospital in the summer of 2014 has been a great success and allowed direct involvement on a day to day basis with a robust teleconferencing and data parameter link when either do not have a physical presence on site. This has been combined with the introduction of a paediatric matrix to aid in the timely recognition of those patients for whom advanced modes of respiratory support or renal replacement therapy may be of benefit.

Challenges this year mainly involved around the complex infection controls needed for a particular patient closing the paediatric ward to all new inpatient admissions for a period of time. High dependency and outpatient care continued to be delivered and it is of great credit to the service and the support provided by the LSEBN network that indeed there was no transfer of these highly contagious organisms to other patients. The CUSUM mortality data shows that the service continues to perform above expected with nearly 2.5 excess survivors per 100 population even when the elderly with high frailty scores are taken into account.

Education, training and research output remains strong with over 20 presentations and invited lectures at scientific meetings, 10 peer reviewed publications and three book chapters published. The service continues to provide EMSB courses and organised one of the BAPRAS advanced course series on Burn care. Original research continues with two PhD students, principle investigator status for three NHIR studies and on-going links with Anglia Ruskin University via the StAAR Research Unit.

*Mr David Barnes
MBChB, BMSc, MSc, FRCS Plast (Edin)
Clinical Lead for Burns, St Andrews*

	Children	Adults	Total
Total Number of All New (First) Referrals	854	918	1772
New Referrals admitted to hospital as an In-Patient	165	241	406
New Referrals seen as an Outpatient	689	677	1366

Service Reports 2015-2016

Chelsea & Westminster Hospital, London

The Chelsea and Westminster Burn Service is the only service in London providing care for patients with significant burn injuries. The burns service serves a large proportion of London patients, as well as “out-of-London” patients from Thames Valley to the south coast. In 2013, the service was redeveloped to provide new, dedicated adult ITU capacity and theatres, and a new children’s burn ward.



Chelsea and Westminster provides Burns care for all level of Burns injuries for adults and up to HDU level care for paediatric burns (upper threshold of 30% TBSA, non-ventilated care).

Overall the number of patients referred to this service have increased year on year, and is still following this trend. There are still a significant number of ITU level burns care patients that we have had to refuse due to capacity issues, although generally these can be accommodated within the network. This year we have had to seek external support from Swansea to cope with the Burns ITU referral numbers.

We are continuing to work closely with all the trauma centres within London, although predominantly support St Mary’s, St George’s and Kings College Hospital as The royal London Hospital refers primarily to Chelmsford. Our burn care advisor is working closely with these and the other referral A&Es in our area in providing information and education as well as promoting the use of telemedicine. As a consequence of this we are improving our pre-hospital advice and use of referral routes. We have had excellent feedback both about the telemedicine referral system and also the burn care advisor education days.

We have a new fixed post data manager, working closely with the ITU data manager and are aiming to continue to improve the quality of our inpatient data and also collect more data on our outpatients. We have been fortunate in recruiting a new full time burns consultant appointed in September 2016, with a strong research background and an interest in developing this in our service. He has been supported by a research manager, and together they have already made a promising start to a number of new projects designed to improve the quality of burn care we can offer, including exciting new technologies ranging from autologous fibrin co-delivery systems, to laser therapy for scars and a combined MDT approach to treating diabetics with burns to their feet.

*Isabel Jones
Consultant Burn Surgeon
Burns and Plastics Clinical Lead for Chelsea and Westminster NHS Trust
Clinical Lead for LSEBN 2015-2016*

	Children	Adults	Total
Total Number of All New (First) Referrals	1647	2219	3866
New Referrals admitted to hospital as an In-Patient	298	700	998
New Referrals seen as an Outpatient	1349	1519	2868

Service Reports 2015-2016

Queen Victoria Hospital, East Grinstead

The Queen Victoria Hospital provides burns services to Kent, Surrey, Sussex and south London and has a long history of innovation and advancement in the field of burn care. The adult burn service has two flexible ITU/HDU beds and a further 2 side rooms for additional high dependency care. Children are looked after in a dedicated paediatric ward adjacent to the adult burns ward. It can manage 2 HDU patients and has flexible accommodation for up to 16 children.



The Queen Victoria Hospital Burns Service has had a successful year continuing to provide burns care for the people of Kent, Surrey, Sussex and other parts of the network when needed. Our activity levels have increased over the year but with a continuing trend of treating more elderly patients, those with complex medical needs and those with complex mental health issues. These patients have required more resource and input but our team has endeavoured to maintain the high standards of burn care we expect. This has also resulted in continuing to develop our excellent rehabilitation service for those that require extra therapy and support to enable a safe hospital discharge.

I am proud of the difference our multidisciplinary team makes to these patients. Our rehabilitation service is open to all patients within the network and we work closely with our partners to help support them when needed. The QVH team has also worked hard to minimise hospital time for many of its patients by increasing the number of day stay treatments and sometimes avoiding hospital altogether. This has come from continuing to innovate our approach to burns treatments while also engaging patients to tailor their care as much as possible.

Our efforts to develop a burns service at the trauma centre in Brighton continue and recently both hospital Trusts agreed to progress this important work. We have had support from patients and stakeholders and now are seeking NHS England approval for our next steps, which will involve setting up children's burns beds in Brighton and appointing more staff to support this.

It is with some sadness that we must say goodbye to three of our senior team who are moving on to different paths. Zoe Upton, Clare Lancaster and Michael Turner will be sorely missed as they have helped make our service what it is. However the good work will continue with the recent appointment of our new burns ward manager, Jill Ratoff. She is an established member of our team and I look forward to working with her and taking our service forward.

*Mr Baljit Dheansa
Lead for Burns, Queen Victoria Hospital*

	Children	Adults	Total
Total Number of All New (First) Referrals	904	1038	1968
New Referrals admitted to hospital as an In-Patient	74	191	291
New Referrals seen as an Outpatient	830	847	1764

Service Reports 2015-2016

Stoke Mandeville Hospital, Aylesbury

The Stoke Mandeville Hospital is situated in Aylesbury, Buckinghamshire. It has 6 dedicated burn care beds, 4 of which can be routinely used flexibly for HD care level. The unit is situated adjacent to ITU and theatres to enable easy access to these facilities as required. The service offers a multi-disciplinary team centred approach for its patients, including dedicated input from psychology, occupational therapy and physiotherapy in conjunction with experienced nurses and clinicians.



Stoke Mandeville Hospital continues to provide unit level care for adults and children in the Thames Valley and Buckinghamshire area. Patients with the most severe injuries are transferred to Chelmsford or Chelsea & Westminster for centre-level care. We work closely with them and our burns network to ensure timely repatriation of such patients for the continuation of care once definitive acute treatment is complete.

2015/16 has seen the departure of our highly respected burns unit sister, Gail Miller, to retirement. She has been the backbone of the department and will be greatly missed. Our new burns unit sister, Debbie Turvey, has worked closely with Gail to take over this important role. We have also seen some other changes in our nursing team and welcome new members to our MDT whole-heartedly. I joined the team in September 2015, and have recently been appointed the clinical lead for burns. I am delighted to be working with the Burns team at Stoke Mandeville and want to continue the excellent work carried out by my consultant colleagues and team over previous years.

During 2015/16, we have developed a new MDT scar clinic (including surgeon, psychologist and occupational therapy), we have stream-lined the paediatric outpatient pathway, hosted the first joint clinical governance meeting with the John Radcliffe Hospital burns facility team (to support each other better as a hub and spoke model) and our registrars and research fellow have presented burns-related clinical and academic research work at BAPRAS, BSSH and the BBA meetings. We plan to run more translational research projects this coming year, led by Restore Research Charity, and hope to have a dedicated research nurse working within the department soon. We continue to rigorously enter data to IBID and contribute to the regional and national audit processes, with strong support from our trust management.

We look forward to a fruitful year ahead, and collaborating closely with our colleagues across the LSEBN and the wider burns community.

*Miss Alexandra M Murray MBChB MD FRCS(Plast)
Clinical Lead for Burns Care at SMH*

	Children	Adults	Total
Total Number of All New (First) Referrals	517	704	1221
New Referrals admitted to hospital as an In-Patient	83	171	254
New Referrals seen as an Outpatient	434	533	967



Forward into 2016-2017

We have already approved and published our work programme for 2016-2017 and have agreed with NHS England our immediate priorities for the year ahead.

The LSEBN has developed a work programme each year since 2013-2014. Initially, the work plan focused on establishing a baseline of knowledge and information about the network. The Clinical Governance Group (CGG) met in December 2015, to begin a discussion about topics and priorities for the work programme moving forwards. Working in professional groups, series of headline topics for the work programme were proposed, and these were approved at the LSEBN ODN Board in April 2016. All work programme topic areas are aimed at improving standards of care, access and outcomes for patients and their families.

Organisational Governance

We will continue to work on the development of facility-level care in London and Oxford, working closely with NHS England and local commissioners. We will also be looking at ways to support the facilities through shared-care arrangements with the established units and centres.

We will work with the other burn networks and NHS England to develop a sustainable and effective incident response plan for major incidents involving burn injured casualties.


“The need for excellent data and information is a priority for the ODN”.


The need for excellent data and information is a priority for the ODN. We will work with the IBID system and other sources to provide accurate information about patient activity, including demographic information related to pathways.

Clinical Governance

The Network and National audit is the key element of clinical governance for the ODN. We will continue to hold an annual mortality and morbidity audit and in 2016, we will once again co-host the national audit event, with participation from the whole of the Great Britain and the Republic of Ireland.

Senior Nurses Forum

The network lead nurse and the senior nurses forum will continue their review of documentation and policies, focusing attention on Blister guidelines, the redesign of patient information leaflets, and transfer documentation.

Network Therapy Forum

The network lead therapist and the therapies forum will continue their work to review the existing guidelines and policies, with a particular focus on issues related to national standards for physiotherapy and occupational therapy. The therapies forum will also begin work on a review of existing and potential new outcome measures, to improve patient care and aid research and audit.

Network Psychosocial Care Forum

The network lead psychologist and the Psychosocial Care forum will also continue to review the existing guidelines and policies, and continue with on-going work in training and education across the whole MDT.


“All work programme topic areas are aimed at improving standards, access and outcomes for patients and their families”




Acknowledgements:

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Further information about the network and our work is available on the LSEBN website www.LSEBN.nhs.uk

