

LONDON & SOUTH EAST OF ENGLAND BURN NETWORK

End of Year
Report
2016 - 2017



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

PUBLISHED: October 2017



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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 2016-2017, we had almost 9200 new referrals, of which around 400 were for a burn injury larger than 10% of the body surface area. Of these, just 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.

There are two, newly recognised burn facility services that have opened in 2016:

- John Radcliffe Hospital, Oxford and;
- Royal London Hospital, Whitechapel (BartsHealth)

A detailed report on their progress will be included in the 2017-2018 Annual report.





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.

This year, as well as working on local & network issues, the LSEBN team have been contributing and leading on a number of national initiatives. As a result of our involvement in the UK response to the Bucharest night-club fire and the NHS England Major Incident Exercise Vesta (held in November 2016), the LSEBN team have been working with the other three burn networks and NHS England, to develop and deliver a new burns incident response plan. It is expected that the new plan will be published in the Autumn of 2017. Additionally, the LSEBN has taken a leading role in the National Mortality Audit. Working closely with the Midlands burn network, the audit meeting brought together for the first time, all of the major burn services in the UK and the Republic of Ireland. A special mention goes to Rachel Wiltshire, the network lead therapist, who led the national project to develop the new National Standards of Physiotherapy and Occupational Therapy.

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 specialised burns ODN is one of a number of clinical networks supported through the NHS England office in London. Responsibility for assuring governance arrangements for ODNs sits with NHS England specialised commissioning teams and it is pleasing that the LSEBN is able to engage with the three regional teams (London, South and Midlands & East) that cover the geographical catchment of the burns network.

This has been another busy year for the LSEBN. In addition to the important national work on emergency preparedness and organisational governance, the clinical team have been responsible for developing a series of new guidelines and policies for burn care and these guidelines, utilised by burns and non-burns clinicians across the network, are expected to lead to improved operating consistency and outcomes for patients and their families.

Gary Slegg
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, psychosocial care and Health Informatics. The Network Manager leads the LSEBN team.

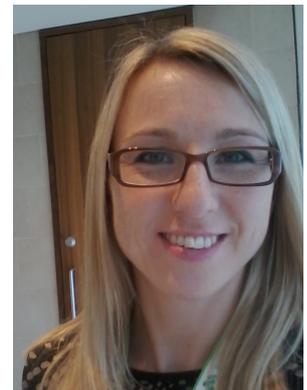
David Barnes – Clinical Lead for 2017-2018

“From an early stage in my specialist plastic surgical training in North East England I have had an interest in the treatment of burns and subsequently I spent a year as a specialist burns fellow in the National Burns Centre of New Zealand before taking up a Consultant role in the St Andrews burns centre. It is a great pleasure to assume the chair of the London South East Burn Network in an exciting time for the burns community nationally with work continuing to update our national disaster plans for any major incident involving burns. This year we continue to have a busy regional work programme which I look forward to overseeing.”



Krissie Stiles – Lead Nurse

“I am a burn specialist nurse of 14 years based at the Queen Victoria Hospital with an interest in burns first aid, education, critical care, pre-hospital and trauma care. 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, as well as clinicians involved in their care. As a Lead Nurse for LSEBN I am now in a privileged position to offer a voice to the challenges and skills behind the burn nursing speciality and am proud to have been part of the team who developed “The Burns Game” as an educational resource for non-specialist clinicians”.



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”.



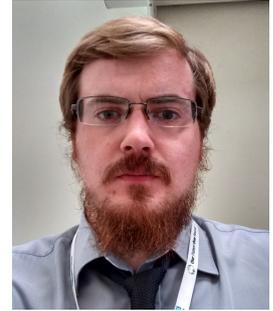
Rachel Wiltshire – Lead Therapist

“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”.



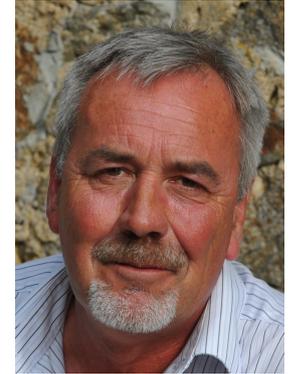
Michael Wiseman – LSEBN Informatics Lead

"I have worked in Burns data for 4 years, and have been keen to make sure that the data we collect is useful to our services locally, in addition to meeting our national obligations. My work for the LSEBN is an excellent opportunity to work with regional colleagues to achieve these goals."

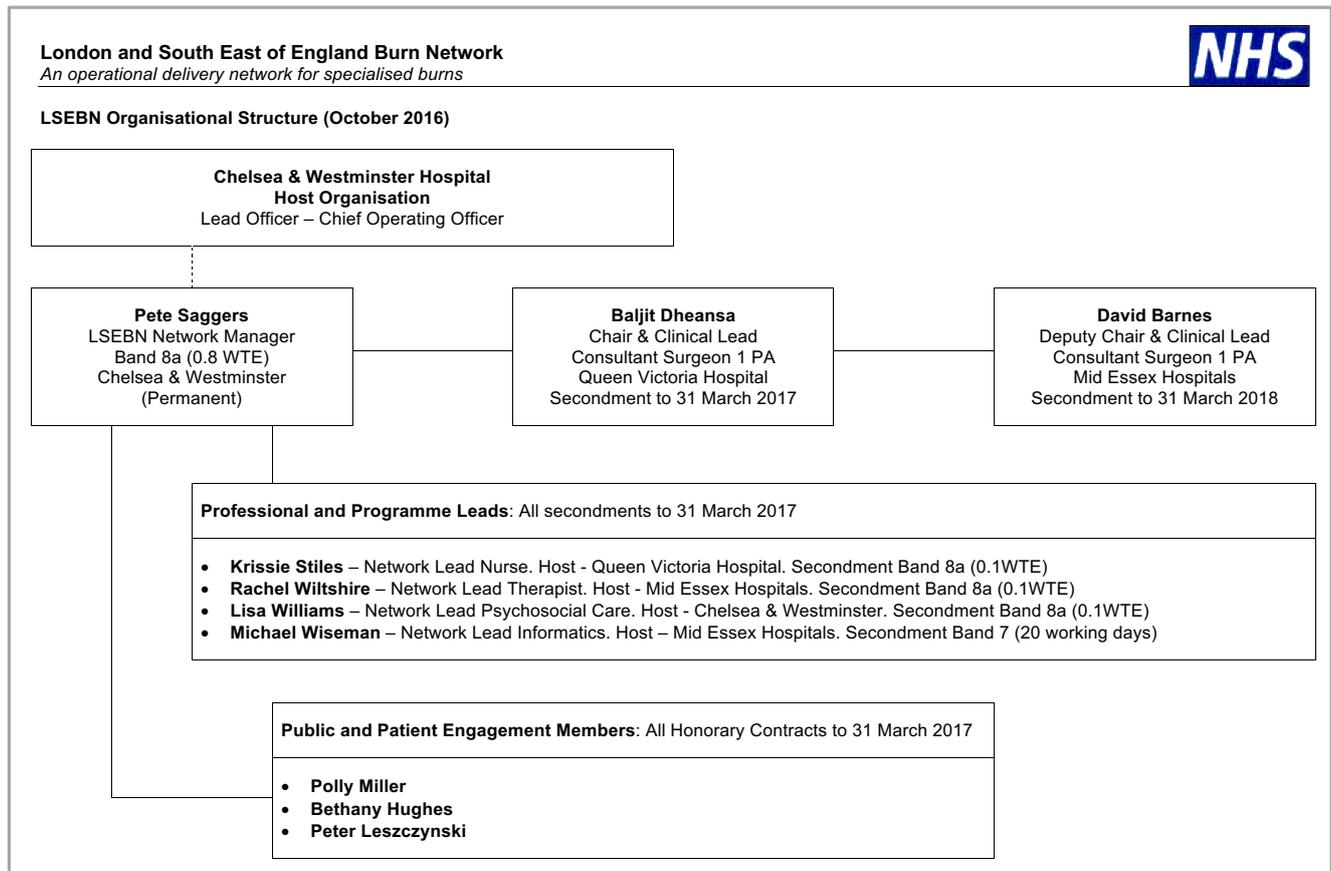


Pete Siggers – LSEBN Network Manager

"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 like to travel and read"



LSEBN Organisational Structure 2016-2017





Network Priorities and Work Programme 2016-2017

The LSEBN ODN Board agrees a work programme each 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 second National Burns Mortality Audit meeting, in June 2016. The national audit meeting is not mandatory but all Burns ODNs have agreed that this additional tier of scrutiny is an excellent example of good clinical governance and a tremendous learning opportunity for burns professionals.

This year, the meeting included participation from the services in Scotland, Northern Ireland and the Republic of Ireland. Professor Folke Sjöberg, Burn Centre Director at Linköping University Hospital, Sweden, chaired the meeting. The LSEBN will continue to support the audit in 2017.



“this additional tier of scrutiny is an excellent example of good clinical governance”



Developing burn care facilities

Work has continued on extending the network to include facility-level care. During 2016-2017, the services at John Radcliffe Hospital (Oxford) and Royal London Hospital (Whitechapel) have both been recognised by their relevant NHS England and Clinical Commissioning Groups, as providers of specialised burn care. Both services have joined the LSEBN and will participate in network meetings and audits.

Public and Patient Engagement (PPE)

Following the LSEBN PPE stakeholder meeting in June 2015, it was agreed that the network would develop a small group of PPE ODN Board representatives. During 2016, the network developed a specification and invited expressions of interest from service users and charitable organisations.

From this process, three people were appointed to act as Public & Patient representatives on the ODN Board; Polly Miller (Dan’s Fund), and service users Beth Hughes and Peter Leszczynski. The PPE members will support the network by reviewing a range of topics and priorities, including patient information leaflets, discharge documentation and the ODN website.

Emergency Preparedness

Much of the governance work this year has had a focus on emergency preparedness and resilience. A burns major incident exercise (Vesta) was held by NHS England (London) in September 2016. The exercise exposed the need to develop and publish a Burns Annex to the new National Mass Casualty Plan. Clinicians and managers from the LSEBN joined a small “Task & Finish” group and it is expected that the new plan will be published in mid-2017 and will form the basis of a revised network major incident plan for burns.



... “a focus on emergency preparedness and resilience”





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.

Burn Blister Management and Transfer Documents

Following the success of the newly developed LSEBN initial burn management and referral guideline documents, the SNF continued to target the requirements of the Burn Care Standards for Burn Care Networks and Patient Centred Care.

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 transfer and blister 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 ensure consistency within the LSEBN documents.

As a result, the LSEBN Clinical Governance Group (CGG) approved the following newly developed LSEBN guidelines for wider circulation:

- Burns Transfer
- Burn Blister Management and
- Burn Blister De-roofing.

These are now available on the LSEBN website.



“The SNF service leads involved the wider burns MDT to ensure consistency within the LSEBN documents”

Patient Centred Care

As part of the LSEBN work plan, the SNF also reviewed the currently available patient information leaflets across the LSEBN and have commenced work on standardising content for “Minor Burns”, Burns First Aid and Prevention, “Caring for your burn at home” and “Welcome to the Burns Unit” as the immediate priority. Further SNF LSEBN projects will target standardising the Referral and Inter-Service Transfer documentation.

The work undertaken by the SNF has been widely accepted and adapted as the standard of care for the patients with burn injuries across the LSEBN catchment. The LSEBN guidelines have been met with enthusiasm and approval by non-specialist colleagues in the pre-hospital, emergency and community settings and are frequently referenced as a result. The Transfer and Blister Management guidelines have facilitated educational opportunities and allow the delivery of the right care at the right time with hopefully improved outcomes for our patients.

It has been another productive year for the SNF team, which could not have been achieved without the support of the LSEBN MDT and Psychosocial and Therapy forums’, as well as PPE members’ support, 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 LSEBN Burn Care Advisors are to be specially commended for their on-going contributions towards the SNF work streams.

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



Service and quality improvements: LSEBN Therapies Forum

Physiotherapy and Occupational Therapy are two elements of a comprehensive rehabilitation service, provided at all stages of a patient's recovery following a burn injury. This includes both inpatient and outpatient care following initial burn injury care through to scar reconstructive surgery. Physio and OT are integral components of the burns service and are delivered in accordance with the national standards in the management of burn-injured adults.

The Therapy sub group has had a productive year with good engagement from all of the designated burns services within the network and also from other services providing therapy to burns patients.

The Therapy group has continued to meet on a quarterly basis. The meetings have included training, case studies and clinical education with a professional development focus.

This has been in addition to working on the wider networks objectives. There has been good feedback from all attendees and this work is to continue with new therapy specific training topics identified.

Earlier this year, the therapy group organised a meeting to discuss the use of rehabilitation facilities across the network and to improve referral processes and improve the patient pathway between services.

The 'Working with burn injured children training pack for Occupational Therapists and Physiotherapists' has been published this year, by the therapy group for use across all the network services.



“a productive year with good engagement from all of the designated burns services within the network and also from other services providing therapy to burns patients”



National work

Excellent links have been made with therapists from each of the other Burn Networks to ensure, where possible, there is national collaboration on the projects undertaken.

The LSEBN therapy group, working together with colleagues from across the country, has been successful in completing a revision of the National Standards of Physiotherapy and Occupational Therapy in the Management of Burn Injured Adults and Children. The purpose of this document is to ensure burn services comply with the National Burn Care Standard E-8.

The document will aid delivery of the best clinical practise and is of direct clinical relevance to all Physiotherapists and Occupational therapists providing burn care. The standards aim to ensure consistent provision of high quality Burn Therapy.

Since completing the National Standards of Physiotherapy and Occupational Therapy in the Management of Burn Injured Adults and Children, work has begun to audit compliance across the network. This work will be continued in 2017-18.

As network lead therapist, I have been working with therapy staff from the new network member services to establish the current burn therapy services related to the national burn care standards and to explore areas which the network may be able to support.

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





Service and quality improvements: LSEBN Informatics Group

The network Informatics Group has been meeting on an informal basis for a number of years. The group brings together the IBID (burn injury database) data leads from the burn services, and enables the sharing of information and good practice. In 2016, the group was established as a formal, expert user group.

In this first year of the group, the work programme focused on three key issues:

- Network activity reports
- IBID Network Minimum Dataset and
- National Burn Care Quality Dashboard

IBID Minimum database

The IBID data system was developed in 2005, as a clinical audit tool, to provide clinical and demographic data about burns and burn care. The database is vast and providing data to IBID is mandatory for all designated burn care services in England. However, the IBID system is not without its flaws, and it has certainly become apparent that the definitions used by services across England are not consistent. The variances have led to difficulties in aggregating data to produce network and national reports.

The LSEBN team have worked within our network to develop a common definition for key data fields, producing a local minimum data set (MDS) that the four principle services will use, ensuring that our own data is comparable and consistent, and most importantly, enables accurate validation and mapping the input data to the output reports.



... [the network informatics group] brings together the IBID (burn injury database) data leads from the burn services, and enables the sharing of information and good practice”



Network informatics

The IBID system remains as the sole provider of “information” for burns. However, it does so remotely from the burn networks, and in some sense, remotely from individual services. The LSEBN has agreed that with the benefit of a locally agreed MDS, it is possible to extract data from the IBID system to produce our own, network data and activity reports.

This is not a new idea, as the network had previously (2010-2012) developed a separate, five field dataset that could produce aggregated network analytics, giving high-level reports on in-patient activity (by service / month), highlighting severity, bed utilisation and geographic information about patient flows. During 2016, using our new MDS, we have begun to develop a new automated system, that will extract data from each service and compile regular aggregated network reports.

Burn Care Quality Dashboard

Specialised Services Quality Dashboards (SSQD) are designed to provide assurance on the quality of care by collecting information about outcomes from healthcare providers. SSQDs are a key tool in monitoring the quality of services, enabling comparison between service providers and supporting improvements over time in the outcomes of services commissioned by NHS England. The IBID database is used to collect and process data to produce the Burns Dashboard but as noted earlier, definitions used by services across England are not consistent and this has led to difficulties in validating the dashboard output analysis.

Our locally agreed MDS is designed to ensure that the dashboard indicators are commonly defined and capable of local validation. Our new MDS has only 12 main record fields, rather than 170+ fields listed in the national ‘feeder fields’ document, and is being trialled in 2016-2017 and will be fully implemented for Quarter 1, 2017-2018.

*Michael Wiseman
LSEBN Informatics Lead
St Andrews Centre, Broomfield 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 was revised and published in May 2016. 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. We have also developed a closer link with the NHS England National Programme Lead for Trauma.

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.

The National Burns ODN Group (NBODNG) 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 plays an important role in a national work programme, in key areas that require 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 will lead the work on developing the new Burns Standards in 2017.





Working in partnership

An example of good partnership working at a national level is the collaboration between the Midlands Burn ODN and the LSEBN in co-hosting the National Burns Mortality Audit.

It is the responsibility of all Burns Operational Delivery Networks in England and Wales to conduct regular mortality and morbidity audits. All Burns ODNs hold an M&M audit meeting at least once each year. This is the mandatory, upper level of audit for burns and all burn services present all mortality cases. In 2014, at a meeting of the National Burns ODN Group, the idea for a national audit was first discussed, and in late June 2015, the first national event was held in Birmingham.

Although the national audit meeting is not mandatory, all Burns ODNs have agreed that this additional tier of scrutiny is an excellent example of good clinical governance and a tremendous learning opportunity for burns professionals.

Professor Folke Sjöberg, Burn Centre Director at Linköping University Hospital, Sweden, chaired the 2016 Audit meeting.

The meeting was attended by over 85 senior members of staff from every main burn service in the UK and Republic of Ireland and attendees were representative of the whole of the burns MDT. The event was awarded six hours CPD by the Royal College of Surgeons (Edinburgh).

The selection of cases that move up to the national audit was made by senior burns clinicians at the mandated Network M&M Clinical Audit meeting. It was expected that the cases presented to the national audit meeting would be for cases with a low Revised Baux score or cases that have interesting or unusual clinical aspects.



“an excellent example of good clinical governance and a tremendous learning opportunity for burns professionals.”



The audit presentations use a common template, developed jointly by the SWUK and LSEBN network teams. It provides a brief overview of patient activity, an analysis of all deaths and for those cases to be individually presented, a summary of patient’s medical condition on arrival, and timeline of significant events.

Clinicians attending the meeting agreed that this 2016 audit event had been an overwhelming success, although the process and methodology should again be refined for future years. The following actions were agreed:

- ❖ *A National Audit Meeting for all burn services in the United Kingdom and Republic of Ireland will be held annually. The next meeting will be Monday 10th July 2017;*
- ❖ *The identification of outlier cases will continue to be decided through rigorous nation or network audit. The summary activity data is a very useful overview of the “busy-ness” of all burns services and should be retained as part of the service presentation. However, efforts should be made to refine and simplify the data presented;*
- ❖ *Additional information will be requested for all mortalities, specifically for severity scoring and/or frailty scoring;*
- ❖ *One of the burns services added a slide to present the key lessons learned for the case presented. This should be adopted for all future audit cases;*
- ❖ *In future audits, services will make a presentation of outliers of survival;*
- ❖ *Network Clinical Leads for England and Wales will develop and publish the template format for the Annual Audit meeting by 28th February 2017.*

Service Reports 2016-2017

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 care and expertise to the children and adults of the London and South-East regions ranging from the treatment of the most complex of burns injuries and medical skin loss through to minor burn injuries.

This year the service had the pleasure of being recognised nationally as 'Outstanding' by the Clinical Quality Commission reflecting the continuing hard work of all the team members in delivering a high-quality service to all those they serve.

Notable achievements from the last year include the success of our Ely satellite clinic and outreach services and another year of the service continuing to perform above expectation with continued excess survivors against the predicted outcomes in the CUSUM mortality data. In the last year, the unit has continued to provide a strong education, training and research output supported with the strong bond with the local Anglia Ruskin University through the StAAR research group.

Burns specific training includes the EMSB course and a number of specialist courses run for health care professionals. These include training with paramedics, nursing, allied health and burns specific Intensive care simulation training.

In addition, it was a pleasure to host a Zambian surgeon for a training fellowship via the British Foundation of International Reconstructive Surgical Training (BFIRST). The unit continues to support three MD students and one PHD student and since 2016 the St Andrews centre has produced at least 17 publications in peer review journals.

There have been many presentations given nationally and internationally of this work in addition to the invited specialist lectures by members of the team in conferences and training forums.

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

Service Reports 2016-2017

Chelsea & Westminster Hospital, London

The Chelsea and Westminster Burn Service moved from its previous location in Roehampton in 1998 and is the only service in London providing care for patients with significant burn injuries. The burns service serves a large proportion of inner London, as well as “out-of-London” patients extending from Thames Valley to the south coast. The service has two isolated thermos-regulated Burns Adult ITU dedicated beds, and 3 days case adult beds.



In addition, there are 6 paediatric inpatient beds (2 HDU), and 11 adult inpatient beds (2 HDU).

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 seen has increased consistently year on year.

We are unable to accommodate all ITU level burns referrals and have a consistent refusal figure of approximately 40%, although the majority of these cases can be accommodated within the network. This year we have started to plan an ITU expansion which would provide an extra burns ITU bed by 2018 to help to address local provision of this service.

We continue to work closely with trauma centres and A&E departments within our area, and have seen increasing uptake of the TRIPS telemedicine referral system: currently we receive approximately 320 referrals per month from in 52 sites, and this number is increasing annually. Our burn care advisor has developed excellent links with referring sites to improve the initial management and assessment of the patient, as well as the subsequent referral. She runs a number of very popular education days throughout the year to support this role, as well as visiting individual sites. Our commitment to good care regionally is supported with an established outreach nurse and therapy posts.

We are continuing to develop our research with the support of our new research manager, and are particularly focusing on improving scar outcomes post burns. With this objective, we have received charity funding to purchase a CO₂ and Pulse Dye Laser and are now able to offer this to our burns patients. In addition, we are including micro-needling and LPG scar massage therapies, and have developed scar assessment tools to record objective assessments of scar remodelling. We have established a Scar MDT and are looking forward to developing the new scar management service on this site.

Having been clinical lead for five years, including a term as LSEBN chair I have decided to step Down, and welcome Jorge Leon-Villalpalos to the role of Burns Service Lead for our service

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

Service Reports 2016-2017

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 9 children.



The Queen Victoria Hospital continues to provide burns care to the population of Kent, Surrey, Sussex and southern parts of London, covering a population of approximately four million. This year has seen some significant changes in personnel and in practice but I am pleased to note that our team continue to care for those with burn injury with enormous enthusiasm and high-quality care.

Jill Ratoff and Angela Wheatland have recently been appointed as ward managers for the burns ward and burns ITU respectively and are already having a positive influence. Allan Curtis is also a relatively new appointment (but an experienced hand) to Peanut Ward, our children's ward. One of their challenges is managing the national problem of nursing shortages and this is particularly so in specialised fields like burns and paediatrics. They are doing tremendous work to address this but our burns activity has been affected at times. We are reconfiguring our resources to address this over the next few months so that we can continue to serve all our patients at all times.

The therapy team has worked closely with the counterparts in the Network to revitalise our Burns Rehabilitation service to take into account the varying needs of patients throughout the network. A new set of referral criteria and better liaison with other units will, I hope, increase the numbers coming through this excellent service. We sadly said goodbye to our Clinical Data Specialist Nurse, Alison Munday in 2016. She made a significant contribution to the excellent data reports we publish while also trying to improve aspects of the iBID database.

The department continues to get involved in research at all levels from medical student projects on self-injury, steroid use in scars and life expectancy after burns to multicentre trials in infection, smart dressings, enzymatic debridement and pressure garment therapy. Our research nurse, Simon Booth is also conducting his own research into antibiotic penetration into burn wounds while also supporting other work. This culture of innovation is also why we have started evaluating a new product which aims to debride burns without the need for surgery. This may have a dramatic effect on how we manage our burns in the future. This approach has certainly engaged our whole team with much more input needed from nursing and anaesthetic teams to develop our treatment for these patients.

We continue to work with our colleagues in Brighton's Major Trauma Centre as we try to establish a QVH burns service on site to further support patients. This long-term project requires significant input from many stakeholders before being fully established but the benefits to patients and staff are clear.

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

Service Reports 2016-2017

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 more severe injuries (>40% TBSA in adults and >20% TBSA in children) are transferred for centre-level care.

2016/17 has seen the introduction of 3 new consultants to the plastic surgery and burns department, a burns out-reach nurse, and additional psychology input. We welcome new members to our MDT and look forward to seeing the positive impact they have on our patients. The burns team was awarded the Trust 'CARE team of the year' award, which reflects the dedication of all the staff to deliver excellent care.

Our MDT scar clinic is now fully embedded in the service, and we are soon to run a separate paediatric MDT scar clinic every month. Our ability to treat scars will be aided by the addition of a carbon dioxide laser - recently purchased through charitable funds (ScanAppeal). This new service will be launched in October 2017 with subjective and objective scar assessments to track its efficacy. We have been trialling enzymatic debridement, and will continue to audit our results relating to the outcome of this treatment strategy.

In conjunction with Restore Research Charity, we are now hosting a prospective RCT to assess specific scar therapies, and are supporting a registrar and research-nurse to run this as a Masters project (MSc). We continue to have biannual audit meetings with John Radcliffe Hospital burns facility team and this has been invaluable in improving collaboration between our teams. We have presented work at national and international meetings this year, and will be hosting a Burns Prevention Day in October. We continue to run burns education days every month, to support IBID data entry and to actively contribute to the national mortality governance process.

We look forward to an exciting year ahead, particularly with regards to the enhancement of our scar service and psychosocial support for our burns patients.

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



Forward into 2017-2018

We have already approved and published our work programme for 2017-2018 and have agreed with NHS England our immediate priorities for the year ahead.

The LSEBN Clinical Governance Group met in December 2016, and began a discussion about topics and priorities for the work programme moving forwards. This meeting brought together a wide representative group of members of the burns MDT, and included more than 30 delegates from the burn services. For this year's work plan, the network team's professional leads brought forward ideas and priorities for work programme topics.

Organisational Governance

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, based on the national work to develop a mass casualty response.



“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 NHS England to improve the IBID system and other sources to provide accurate information about patient activity, including demographic information related to pathways.

Clinical Governance

The LSEBN will lead a national review of the National Burns Standards. This is a collaboration between the burns ODNs and the British Burns Association and will be a significant element of the network managers work plan for 2017-2018.

The Network and National audit is the key element of clinical governance for the ODN. We will continue to hold an annual mortality audit and in 2017, we will once again co-host the national audit event.

Psychosocial Care Forum

- Training: the refresher training format was conceived during an LSEBN meeting with contributions from all services and across the burns MDT. Themes for the training have already been discussed at Forum meetings and St Andrews will pilot their first session in late April 2017. Services will share their teaching materials which are based on case-studies.
- Facility care in Oxford and Whitechapel: the group will continue to work closely to support them as they develop this service and include psychosocial care from the outset.
- We will provide ongoing input to updated leaflets and materials for patients and their families.



Senior Nurses Forum

The network lead nurse and the senior nurse's forum will continue their review of documentation and policies, focusing attention on referral and transfer documentation, including the unit and centre referral guidelines and protocols for referral and admission. The SNF will also work with the PPE members to review and redesign the information leaflets available to burns patients and their families.

Network Therapy Forum

Looking forward to the future and using the ODN Partnership agreement objectives, the therapy group have agreed a number of aims for 2017-18, including:

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



“Work collaboratively to provide consistent provider guidance and standards”



Annex 1

LSEBN Service Activity 2016-2017

Total number of all new first referrals to the burns services.
Categorised by burns severity (TBSA – Total Body Surface Area).

	St Andrews Broomfield Hospital	Queen Victoria Hospital	Chelsea & Westminster Hospital	Stoke Mandeville Hospital
TBSA% Burn Injury <10%	814	1100	2173	769
TBSA% ≥10% to <40%	51	24	60	7
TBSA% ≥40%	20	0	8	0
No TBSA recorded	105	0	0	0
Total all Adult Referrals	990	1124	2241	776
TBSA% Burn Injury <10%	707	691	1008	516
TBSA% ≥10% to <30%	23	0	23	5
TBSA% ≥30%	3	0	0	0
No TBSA recorded	68	0	0	0
Total all Paediatric Referrals	801	691	1031	521
TOTAL ALL REFERRALS	1791	1815	3272	1297

Note:

This overview is intended to indicate the total number of new patients treated by each burn service, and includes all adult and paediatric activities, for inpatients and outpatients.

Activity data shown above as provided for the National Burns Mortality Audit meeting, July 2017,



Acknowledgements:

This network report has been prepared by members of the LSEBN ODN Team. We are grateful to NHS England (London) for providing the template for the report and to all clinical and management members of the four major burns services for making contributions to the content.

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

