



London and South East  
Burns Clinical Network

# LONDON & SOUTH EAST OF ENGLAND BURN NETWORK

Final Version 4

End of Year  
Report  
2022 – 2023



# 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, East of England and South East)

**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 Scar Free Foundation

**PUBLISHED:**



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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. Each year, we see approximately 8,000-9000 new referrals, of which around 220 to 250 cases are for a burn injury larger than 10% of the body surface area. Of these, around 40 cases involve large burn injuries, requiring intensive care in one of our burn centres. A small number of cases relate to medical skin loss conditions, including Stevens-Johnson Syndrome & Toxic Epidermal Necrolysis (SJS-TEN), and Staphylococcal Scalded Skin Syndrome (SSSS).*

## **Vision and purpose**

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The aim of the LSEBN is to support the delivery of high-quality care for all burn patients from the point of admission to full recovery, and support the end to end pathway to help ensure patients are treated with the right care, to the right level, in the right places, at the right time.

## **Focus**

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The key objectives for the LSEBN are:

- Promote cross-organisational working and collaboration;
- Ensure consistency in approach to, and implementation of, referrals, transfers and repatriation of patients;
- Provide clinical assurance through shared protocols, standards, clinical guidelines, performance and quality audits, clinical dashboards and other tools; and
- Play a role in Emergency Preparedness, Resilience and Response (EPRR) planning for times of surge / escalation and major incidents at a local and national level.

## **Background**

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The LSEBN has been operating as a managed clinical network since early 2008, initially managed and supported by the London Specialised Commissioning Group. Since 2013, we have been commissioners as an Operational Delivery Network.

## **Geography**

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The LSEBN covers a large geographical area and a population of around 22m people. Our network covers all of London and the East of England, Kent Surrey and Sussex, and the Thames Valley. Our network geography covers three NHS England Regions and sixteen Integrated Care Boards.

## **Challenges**

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

## **There are five, recognised or designated hospitals for specialised burns in the network:**

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

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



**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”.*



**Victoria Dudman – Lead Therapist**

*I have worked at the St Andrews Centre for Burns and Plastic surgery since 2004 working my way up from a junior to senior Occupational Therapist across all areas of the burn care service. My specialist interests are aftercare following discharge from hospital, including scar management and return to daily life and work. I am currently in my 4<sup>th</sup> year serving on the British Burn Association Board of Trustees as Allied Health Professional representative and I have chaired the Prevention Committee for 3 years. I am now setting up and chairing the BBA Fundraising committee. Previously I have been the secretary for the national Burn Therapy Interest Group; I very much enjoy collaboration and interaction with burn professionals in other services*

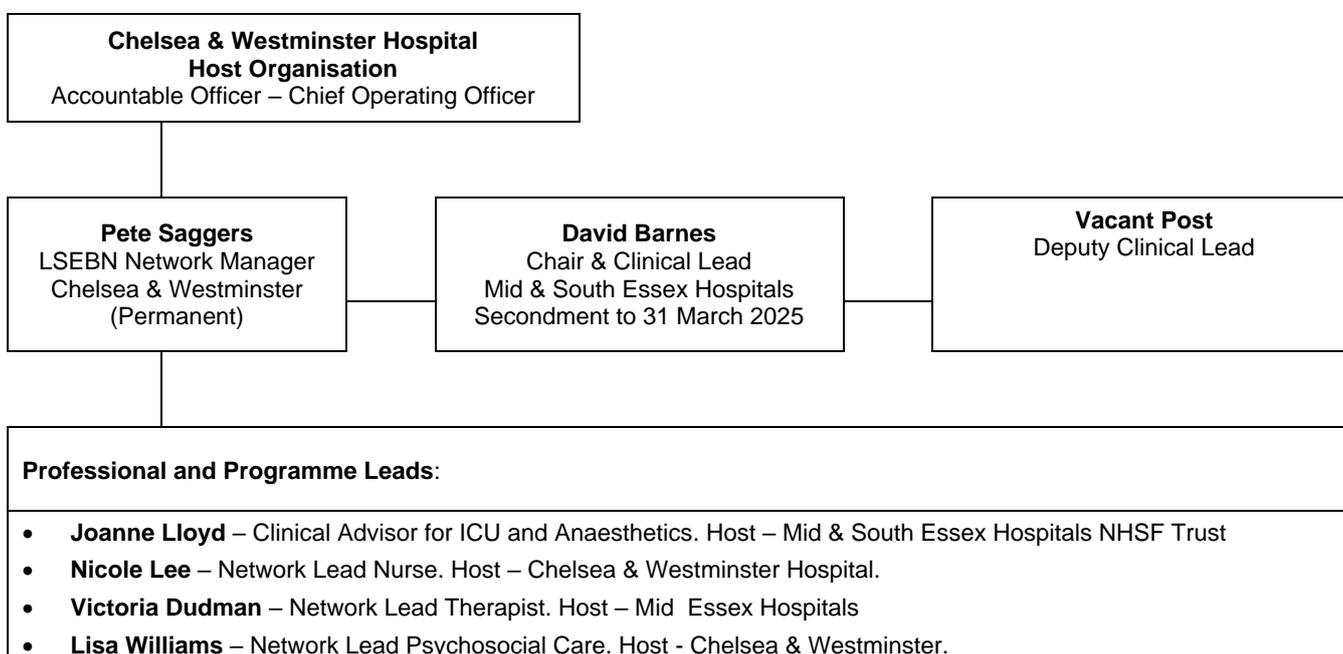


**Pete Saggars – LSEBN Network Manager**

*“I joined the NHS in the 1970’s and after working in a number of service and commissioning posts, I was Director of Specialised Commissioning in the East of England until 2007. I’ve had the pleasure of working with the burn’s community since 2001 and have been extensively involved in the many national initiatives for burn care. This year, I was delighted and honoured, to be awarded the 2022 Outstanding Achievement Award by the British Burn Association. Outside of work and family, I like to spend time in our garden and read”.*



**LSEBN Organisational Structure 2020-2021**





# Network Priorities and Work Programme 2022-2023

***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. For 2022-23, the work plan focused a series of local, regional and national topic areas.***

## Clinical and Organisational Governance

### Clinical Governance

One of the most important topics covered in the network work programme was the undertaking of a Quality Assurance & Peer Review Process, for the burn care providers in our network. The intention of the process was to measure service delivery against the burn care standards and the requirements of the nation Specialised Service Quality Dashboard (SSQD), which includes clinical outcome measures and quality metrics. An external team of clinicians, commissioners and Patient representatives was brought together and visits were made to each of the burn care service in our network.

### Commissioning Specifications

In 2020-2021, the LSEBN had led work on the review of the NHS England commissioning specification for paediatric burn care. Once this work had been completed, it became necessary to develop a compatible adult burns specification, to be a companion document. Beginning in 2022, a Task & Finish Group was established, Chaired by Pete Saggars and comprising of clinicians from across England and Wales, representing the whole Multi-Disciplinary Team. This work was completed in March 2023 and both specifications were published on the NHSE website in July 2023.

### Clinical Audit

The LSEBN continues to place an emphasis on clinical audit and peer review of mortality and morbidity. The British Burns Association Standards require networks to undertake *network-wide* M&M audit, reviewing (through case study) all deaths and serious incidents in burn care services. Mortality cases include patients who were actively treated, cases where mortality was expected (palliative care) and mortality where the patient was “out of service” (for example, a transfer from a remote ED was requested but the patient died before the transfer occurred, or a patient in a remote ED was deemed to have non-survivable injury (or was unfit for transfer). From the network audit of all mortalities, cases are selected to be reviewed at a national M&M meeting. The national audit is lead jointly by the LSEBN and Midlands Burn Network, and is unique in specialised services, being the only speciality that undertakes routine national mortality audit.

### Quality and Service Improvement

As part of the requirements of the NHSE Service Specification, services submit data to the National Specialised Quality Dashboard (SSQD). The metrics are related to a number of key clinical indicators, including assessment of injury, time to healing and access to functional and psychological care. The Network Board now receives a summarised Quarterly Performance report, developed by the network team.

### Reporting Network Performance

In addition to the SSQD reports, during 2022 work was undertaken to develop a series of performance reports for the Network Board meetings. The reports cover a number of areas, including patient activity (bed occupancy and availability), patient refusals (incidence of patients referred but not accepted by the appropriate burn service) and a Network Issues Log (risk register).

### Other topic areas

In addition to the topics mentioned above, there are a number of other areas in the Work Programme, covered later in this annual report; *Audit of Transfer Times and the Children’s Burn Camp.*





## 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.*

### Scar Assessment study day

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Therapists from across the London and South East Burn Network attended a study day on 21<sup>st</sup> November 2022 at the St Andrews Centre, Chelmsford. The four main services (St Andrews, Chelsea & Westminster, Stoke Mandeville and Queen Victoria Hospital, East Grinstead) were all represented. One of the research nurses from St Andrews also attended a portion of the day. The Courage and Khazaka objective scar assessment tool and the DSM colorimeter were discussed and attendees had the opportunity to use them on each other and a volunteer patient. We discussed how to standardise measurements by preparing the environment and the patient themselves; the importance of recording the location of measurements taken for replication at another date; choosing the most appropriate probes and location of assessment; documentation of results; and timing of assessment and re-assessment. Subjective assessments were also discussed including the Patient and Observer Scar Assessment scale (versions 2 and 3) and the Burn Care Scales. Again, the pros and cons were discussed along with decision making about which scars to assess and when.

### Burns Rehabilitation Prescription

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The plan for a national burns rehabilitation prescription (RP) was originally initiated by NHSE and the Major Trauma and Burns Clinical Reference Group and as such the requirement for completion of the RP was included in the 2018 Burn Care Standards. A working group was set up prior to 2020 with an aim to complete a draft document and trial this in January 2021. From April 2021 the requirement for completion of the RP has also been included on the Quality Dashboard (SSQD). The working group has continued to meet, up to and including 2023, and numerous members of the LSEBN multidisciplinary team, have continued to be active members of the group throughout this process.

There have been many challenges to the implementation of the burns rehabilitation prescription. It is generally felt across all services that it is a duplication of pre-existing transfer documents, that it is very lengthy and therefore too time consuming to complete. The purpose or intention of completion of the document as an addition to the documents already completed for burns patients remains unclear, although it was agreed that some elements of the document should be provided to the patient and their GP.

Following a short period of piloting the document in September 2022 the LSEBN board agreed that the full version was not workable and that the simplified two page version was to be used at LSEBN services and shared with the patient's GP on discharge from in-patient care. Further discussion on the specific purpose and format and requirement of the document is ongoing nationally, with the working group, including members from LSEBN, to be reconvened.

**Victoria Dudman**  
**LSEBN Lead for Therapies**  
**Senior Physiotherapist**  
**St Andrews Centre, Broomfield Hospital**

## Service and quality improvements: LSEBN Psychosocial Care Forum

### 2020-2021 LSEBN Psychosocial Overview

This year's work programme focused on 3 key issues: *Participation in national work plans, Outcomes and Review and update of LSEBN Psychosocial Adult Training Pack*

#### Participation in national work plans:

- BBA Standards Review Group: *Thank you to Dr Liz Pounds-Cornish, Psychology Lead for Stoke Mandeville Burns Service, for being our psychosocial representative on this important task and finish group. This project has been completed and the standards were published in June 2023.*
- Psychosocial Support for BIRTS: *This group has also completed its tasks in providing guidance and advise to the BIRTS task and finish group. Services in the network should now have plans in place for psychological support for members of BIRTS and wider group (as per agreed standards).*
- PREMS (Patient Reported Experience Measures): *This group decided PREMs were not the way forward and that a framework was going to be drafted that burn services could implement within their available resources. A draft framework is in the pipeline and the group may be reformed in late 2023.*

#### Outcomes

After numerous discussions it has been decided that using the CARE Scales as a routine outcome in our burns services is not feasible, mainly due to resource constraints and practical issues in collecting the large amount of data in the CARE Scales.

There are ongoing discussions at a national level within the BBA Outcomes Group, which is considering all burns outcomes, and will match up to the updated BBA Standards.

#### LSEBN Psychosocial Adult Training Pack

The content of the adult psychosocial training pack has been updated for the first time since it was created in 2010. Copywrite discussions were held with Changing Faces in Jan 2023, and it was agreed that LSEBN own the content and could make any changes that we felt necessary to the material. Key changes include: Change of emphasis - problems as the exception, not rule; updated working with different cultures to working with difference; updated trauma section; more models of grief and loss; updated self-care section; new section on Burn Myths. Replace pre-prepared case examples and encouraged to use own; replaced SPEMS with SPECS and 321 Go with Explain Reassure Distract. The pack was trialled successfully in Jan 23 and plans for further work appear in 23/24 Work Plan.

#### Psychosocial Activity

Overall activity (analysis below) is comparable with last year but with some shifts. Screening is stable. The ratio of inpatient to outpatient therapy input has shifted to almost 50/50 across both adult and paediatrics, compared to 23/77 for paediatrics and 37/63 adult last year. Staff training continues to rise year on year, possibly because of us having more flexible ways to deliver training other than in person. Once again this has doubled from the previous year, and we have now exceeded pre-pandemic levels of staff training.

	Children	Adults
No. patients screened	376	724
No. inpatient sessions	396	856
No. outpatient sessions	432	852

- No. adults on LSEBN databases - 196
- No. families on the family/camp databases – 310
- No. psychosocial staff trained – 291

**Future plans 2023-24** include work on the Psychosocial Paediatric Training Pack and preparation, creation and updating of network documentation for network-wide operational policies and network governance.

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



# Working in partnership

***During 2022-2023, the LSEBN continued to work on a small number of national projects, collaborating with NHS England and the other specialised burn care ODNs covering all of England and Wales.***

## National Specification for Adult Burn Care

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In 2017, the Major Trauma and Burns CRG began a review of the specification for children’s burn care and a review group provided a report and draft specification to the CRG in December 2019. The CRG approved the new draft specification and the proposals included in the specification, to reduce the number of centres from six, to three. However, this particular aspect of the draft specification was not approved by the NHS England Specialised Services Clinical Panel.

In 2021, delayed by the Covid19 Pandemic, work began again on the paediatrics specification, this time under the leadership of the LSEBN manager, Pete Siggers. A Task & Finish Group was established and over the next 12 months, a revised specification was produced and approved by NHS England.

The new Specialised Services Paediatric Burns Specification called for a new collaborative approach for the specialised services providing centre-level care. This included the establishment of a “virtual”, multi-organisational MDT and for an improved collaboration between clinicians working with children and their colleagues in adult burn care. Due to this requirement in the paediatric specification, it was quickly agreed that work should commence to develop an adult burns specification, to sit alongside the children’s document. Perhaps because of the time and effort that had been invested in the children’s specification, the Adult Burn Specification was completed by the end of December 2022. Both specifications can be found on the NHSE website.

## National Survey into Delayed Transfers

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Delayed transfers of patients with burns injury following referral to a service is a common occurrence, and it is hypothesised that this might impact on survival and outcome. Reasons behind such delays might be multifactorial and include patient factors, bed availability, and delays with transfer. In 2022, following completion of a prospective service evaluation of transfer times in major burns within the London and South East England Burn Network, it was decided to roll this out as a national service evaluation led by the LSEBN. The aim was to understand variation in transfer times across the country for patients with major burn injuries and the impact of delayed presentation at a specialist burns service on hypothermia and mortality.

All units and centres were invited to collect data prospectively for the period August 2022 – January 2023. We received data from seven services, representing three burns networks, providing analysis for a total of 55 patients (49 adults and 6 children).

There was wide variation in time of admission to a burns service from injury and from referral, the average transfer time after referral being 5 hours, with times up to 23 hours. 50% of patients transferred from referring centres were hypothermic on arrival at the specialised burns service, highlighting a facet of patient care that could be improved prior to transfer and demonstrating the potential negative impact of delayed transfer on patient outcome.

In this cohort, mortality was 43% in those that arrived hypothermic versus 20% in those that arrived normothermic.

We require a wider response to obtain a full snapshot of transfer times in England and Wales and plan to expand this service evaluation though submitting a project proposal to the Reconstructive Surgery Trials Network.

We hope that a more complete response across all 4 networks will provide the basis from which we can form national standards and protocols for burns transfers.



# LSEBN Quality Assurance Programme

## Network Peer Review 2022-23

***During 2022-2023, the LSEBN undertook a programme of peer -review, inviting an external visiting team to review our burn services against national standards of care and the requirements of the burn service specification. The review was supported by the Quality & Nursing team from NHSE East of England.***

**In July 2022, the LSEBN Board agreed to request an independent and external Quality Assurance review of burn services in the network.** The Nursing and Quality Team from NHSE East of England undertook the review on behalf of the network and a series of visits were arranged for later in the year.

The purpose of the review was to support planning and assurance and to consider any shared learning for the future of the services. The national service specifications and quality indicators were used as the benchmark.

Prior to the review day, each Trust team had been asked to undertake a self-declaration of compliance against the quality indicators and produce an operational policy, annual report and work programme to demonstrate the structure and functions of their service.

All reports from each completed review were to be handed over to the LSEBN board, for them to formulate action plans with each centre, unit, or facility and work with the relevant commissioners to deliver the actions required.

In January 2023, the network board had the first opportunity to consider the review reports. It was noted that they contained a number of factual inaccuracies and likely misunderstandings, that might probably be amended.

A series of actions were agreed, largely focused on “organisational management” areas of non-compliance, such as:

- Recording of “refusals”
- Recording of attendance at MDT management meetings

At the January Network Board meeting, it was agreed that a series of meetings would be set-up, to allow the burn service, home Trust and NHSE commissioners to meet and discuss the reports and recommendations, and a process for assessing factual accuracy was established. It was noted that a number of areas of service non-compliance were related to network policies and procedures, including a training and education strategy. This and other network-related issues will be taken forward within the networks work plan for 2023-2024.

During the remainder of 2023, there has been a series of meetings and commentaries regarding the quality assurance process and reporting system. At the March 2023 Network Board meeting, the revised reports were again discussed at length and it was unanimously agreed by the service clinical leads, that these final reports provided to each of the services were not a fair and accurate reflection of the delivery of specialised burn care in our network. Although concerns about the process were expressed, it was clear that the content of the final reports was not to be changed.

***We would like to take this opportunity to say that the visits and the reports do contain a number of very positive elements and moving forwards, they have resulted in a constructive dialogue with our NHS England commissioning colleagues. In the coming years, and in line with the NHSE Network Specification and the BBA Standards (2023), we will be conducting a self-assessment review of services and beginning a national dialogue with our colleagues in the other burn networks, to agree and undertake a consistent process for national burns peer review, to begin in 2025.***

# Service Report 2022-2023

## Chelsea & Westminster Hospital, London

*The Chelsea and Westminster Burns Service 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 day-case adult beds. In addition, there are 6 paediatric inpatient beds (2 HDU), and 11 adult inpatient beds (2 HDU).*



### 1. Introduction

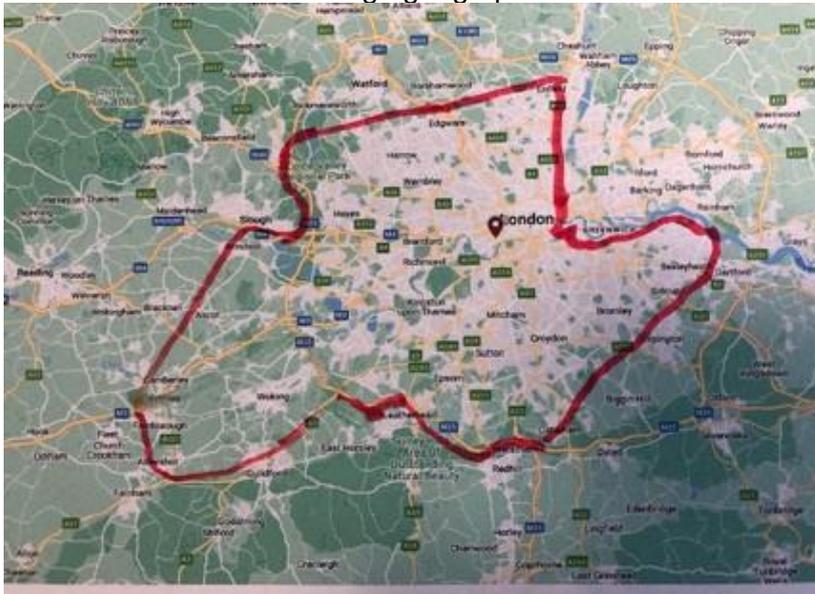
This report sets out the challenges and achievements for the Burns Unit for the Chelsea and Westminster Hospital NHS Foundation Trust (ChelWest Site) for 2021-2022 and is to be read in conjunction with the Burns Operational Policy and Work Plan.

The Hospital provides general and specialist services for half a million people living in the four local boroughs of Kensington & Chelsea, Westminster, Hammersmith & Fulham and Wandsworth, as well as specialist tertiary services to patients from a wider area in a range of specialties. These include bariatric surgery, burns, HIV, paediatrics, neonatal care, orthopaedics—foot and ankle and sports injuries (e.g. knee conditions including multiligament instability) and plastics—craniofacial surgery, complex wrist and hands. Inpatient activity is on an upward trend, with 74,800 inpatient admissions (elective and emergency) last year in 430 beds.

Chelsea Children’s Hospital, opened in Spring 2014, is a key part of the Trust and are one of London’s largest providers of children’s services, catering for more than 75,000 children a year as inpatients, outpatients and as day cases. We have London’s only dedicated burns service for children that require care in a high dependency setting.

### The service

The Burns Unit covers a large geographical and dense catchment area





The unit itself is made up of a ten bedded ward with three day case spaces available. It is commissioned for two ICU and two HDU level beds. There is also outpatient space available for clinic appointments and dressing changes.

**Burns Service: Clinical Governance**

**Daily** - Reporting of ideas and problems:  
**Datix**  
**Improve Well App.**

**Weekly** –  
**MDT**- discussion of mortality cases  
**Matrons meeting**- review of concerns and Improve Well

**Quarterly**  
**Clinical Governance** - M and M, teaching, innovations, audit  
**Sub Directorate** – review of service, compliments and complains  
**Divisional Mortality** - Trust critical appraisal of deaths across ITU, anaesthetics and surgery

**Bi Annual** -  
LSEBN- audit of serious cases and deaths  
National Adult and Paediatric Burns network Audit

**2. Workforce**

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**Burns Unit Workforce**

Consultants

Atkins – 0.9 WTE  
Leon-Villapalos – 1 WTE  
Williams – 1 WTE  
Collins – 1 WTE  
Jones – 0.8 WTE  
Markeson- 1 WTE (Locum)

**5.7 Total WTE**

Junior Doctors

SpR's – 3 WTE  
SHO's – 2 WTE  
F1's - 1 WTE

**6 Total WTE**

Nursing Team

**Adult**

Matrons	Band 7	Band 6	Band 5	HCA's
0.8	3.55	4	19.96	3.67

**Children's**

Band 7	Band 6	Band 5	Band 3	Play Specialist
1.0	6.22	5.39	2.62	1.0

**Outreach Nurse – 1.0 WTE**

Allied Health Professionals

**3.05 WTE – Psychology support**

Physiotherapy 8a 1.0 WTE,  
4 x band 7 1.6 WTE  
physio – 2 x 1.0 OT,  
band 6 1.5 physio 1.0 OT,  
2 x 1.0 WTE rotational,  
1.0 WTE therapy assistant,  
1.5 WTE pressure garment technicians



Vacancy rates –

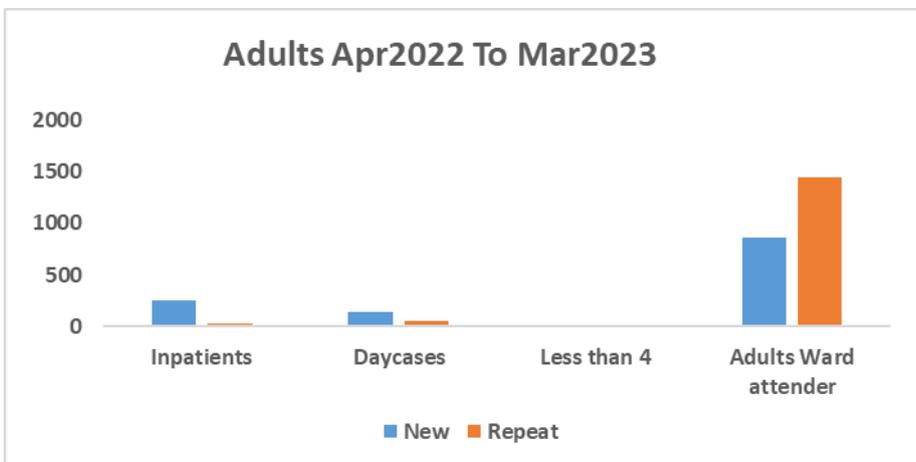


3. Summary of Activity - New Referrals In-Patients & Out-Patients

Adult Burns Ward -

01/04/2022 - 01/03/2023

Adults Admissions & Ward attenders	New	Repeat	Total
Inpatients	250	24	274
Daycases	137	55	192
Less than 4	0	0	0
Adults Ward attender	856	1443	2299
<b>Grand Total</b>	<b>1243</b>	<b>1522</b>	<b>2765</b>



Paediatric burns – Mars Ward

**01/04/2022 - 01/03/2023**

Paediatrics Admissions & Ward attenders	New	Repeat	Total
Inpatients	45	5	50
Daycases	11	13	24
Less than 4	0	0	0
Paeds Ward attenders	796	1781	2577
<b>Grand Total</b>	<b>852</b>	<b>1799</b>	<b>2651</b>



Burns ITU

**Admissions**

BURNS ICU	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
Total	2	2	0	3	1	1	1	0	3	3	3	2	21

**Occupied bed days**

BURNS ICU	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
Burns bed 1	10	14	7	31	21	1	28	0	28	21	26	26	213
Burns bed 2	19	0	0	17	15	0	31	30	31	25	28	15	211
Additional Bed	0	0	0	0	0	0	0	0	13	7	22	0	42
Total	29	14	7	48	36	1	59	30	72	53	76	41	466

## 4. Skin

### Usage

Human Tissue stored at Chelsea and Westminster during 2022	Number	Number of units disposed of
Bone	40	1
Tendon	22	1
Amniotic Membranes	2	0
Skin	713	27

The HTA Assessment was held on 12<sup>th</sup> and 13<sup>th</sup> January 2022 for the Chelsea and Westminster Hospital site. This was noted as a Virtual Assessment.

Summary of the Virtual Regulatory Assessment (VRA) findings The HTA found the Designated Individual (DI) and the Licence Holder (LH) to be suitable in accordance with the requirements of the legislation.

The HTA found that Chelsea and Westminster Hospital had met some of the HTA's standards, one major shortfall which were cumulative of a group of areas, i.e. (GQ1b, GQ4e, PFE1a, PFE3c and PFE5b) and four minor shortfalls were found against standards for Governance and Quality, and Premises, Facilities and Equipment. The HTA assessed the Trust as suitable to be licensed for the activities specified, subject to corrective and preventative actions being implemented to meet the shortfalls identified during the assessment.

A Corrective and Preventive Action Plan (CAPA) plan was put in place led by the DI following the assessment report being available

Lot 9 High Level Summary							
Trust	Current Spend	Joint Operation	Variance Joint Op	Hospital Innovation	Variance Hospital Inn	Edge Medical	Variance Edge Med
CH&W	£443,504.46	£448,415.15	£4,910.69	£427,757.20	-£15,747.26	£412,095.77	-£31,408.69
Imperial	£73,714.29	£83,616.06	£9,901.77	£76,873.96	£3,159.67	£74,909.33	£1,195.04
LNW	£52,956.90	£56,383.00	£3,426.10	£56,383.00	£3,426.10	£56,383.00	£3,426.10
Hillingdon	£25,269.20	£29,778.00	£4,508.80	£22,774.80	-£2,494.40	£36,608.00	£11,338.80
<b>Total Spend</b>	<b>£595,444.85</b>	<b>£618,192.21</b>	<b>£22,747.36</b>	<b>£583,788.96</b>	<b>-£11,655.89</b>	<b>£579,996.10</b>	<b>-£15,448.75</b>

In year a test/trial of the 'Hospital Innovation skin' products that provided smaller units of tissue of supply was introduced by the NW London Procurement Team for use which had some financial savings. It was highlighted clinically that this appeared to present as a slightly different quality. The advantage, however of this product, was that the company also supplied larger sheets of tissue which consequently were seen to improve procedure time in terms of theatre application. On balance and in practice this was reported as positive by the team. As a result, using this product was carried over into 2023.

The internal Trust HTA group review agreed to trial and use the larger skin sheets with 'Hospital Innovations'. The burns team worked with the Trust procurement team to move this forward to be able to take this product into the arrangement to be ordered for use. Table 8 provides an overview of information.

## The Trust's Human Tissue Authority quality improvements in year

- The DI to gained direct access to the 'Contronics' (temperature monitoring) system to independently monitor the link between the Burns Unit Freezer and the Blood Bank
- Simulation training introduced in the Trust in relation to HTA themes to improve staff understanding of use of the freezers and the receipt of tissue products.
- Hospital innovation included the procurement of larger skin sheets to reduce procedure time in theatre
- Project and preparation time to ensure the team to be on track for HTA review in December
- Work with the Trust's income team to simplify the 'Apex' (reclaim of money) system for tissue data input. This was taking a significant amount of time to upload skin data to reimburse costs in relation to income data needed to streamline process to support clinical team
- Review of the use of amniotic membranes in wound care with increasing evidence of its benefits in wound care for 'long to heal' wounds
- The DI has kept a continuous record of product expenditure from January 2023.

### 6. Training and Education

#### Table of training delivered from the service

Date	Teaching delivered	Comments
<b>April 2022</b>		
01/04/2022	Barnet ED	
27/04/2022	St Marys PICU and Paeds ED	15
27/04/2022	Finchley Walk in Centre	5
28/04/2022	St Charles Walk in Centre	
29/04/2022	KCH ED	
<b>May-22</b>		
04/05/2022	Wandsworth GP Hub	
<b>Sep-22</b>		
12/09/2022	ICU FOCC	7
16/09/2022	EMSB Support	22
07/09/22	Advanced Burns Course	
<b>October 2022</b>		
06/10/2022	Peads trauma day ED CW	6
12/10/2022	Burns Awareness day	Public
25/10/2022	Preceptorship	25
<b>November 22</b>		
08/11/2022	BMSD Virtual	80
10/11/2022	Wound management yearly training virtual	50
<b>December 2022</b>		
07/12/2022	Major Trauma ED CW	8
<b>January 2023</b>		
11.01.23	Advanced Burns Course	
<b>Feburary 2023</b>	<b>[Planned]</b>	
27th Feb 2023 for 2 weeks	Nurses visited from Coanileum	
<b>March 2023</b>	<b>[Planned]</b>	
1st forum: 01.03.23	LSEBN Nursing Forum (attended 4	

## 7. Patient feedback



### Positive

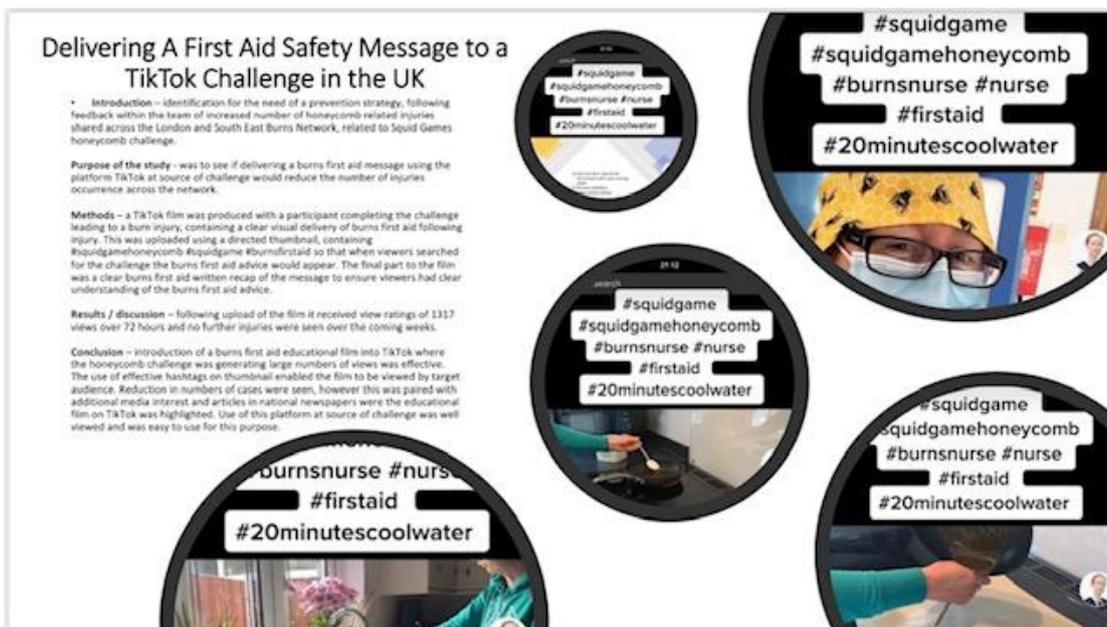
amazing best burns care caring cold dan difficult easy  
 everything explained father friendly good great helpful joke  
 kind kindest looked looking lovely nice nurses operation  
 patient people professional safe smoothly staff sweet team  
 thank thanks time unit well wonderful

Top 10 Themes	
+ Positive	- Negative
1. Staff attitude 53	1. Communication 2
2. Implementation of care 20	2. Environment 2
3. Communication 13	3. Staff attitude 2
4. Patient Mood/Feeling 11	4. Waiting time 2
5. Environment 9	
6. Clinical Treatment 5	
7. Waiting time 3	
8. Admission 3	

## 8. Summary of achievements

The MDT has functioned very well during a period of change in key personnel and recognise the following achievements:

- Continued engagement with regional, national and international burn forum such as BBA, EBA, BAPRAS, CRG and burns networks.
- Consultants support during industrial action making sure we have never felt unsupported
- Prevention work with support for nitrous oxide awareness TikTok's with prevention methods
- Delivering burns management study days to wider non burns healthcare professionals
- Running trust EMSB
- Restarting in house foundation in burn care course for junior staff on the service
- Implementation of service improvement projects from the advanced burn care course - one that has had fantastic feedback is pain relief text messages reminders making real improvements in patient experience
- Implementation of Improvewel app for service improvement projects
- Completing HTA review and CAPA plan
- Implementation of ISLA images
- Implementation of Thursday teaching
- Focus on hard to heal wounds with new techniques trialled
- Introduction of Sorbact dressing
- Continuing to build our future leaders with the band 6 development program.



## ADVANCED BURN CARE

September cohort dates: 21 Sept, 5 Oct, 19 Oct, 2 Nov 16 Nov, 30 Nov 2022

January cohort dates: 11 Jan, 25 Jan, 8 Feb, 22 Feb, 8 Mar, 22 Mar 2023

This module enables learners to further develop their advanced burn care skills and enhance their theoretical knowledge to underpin practice (CC3N, January, 2019). The credits obtained at Level 7, can be used toward the MSc Advanced Professional Practice Programme. The module will be hosted and delivered completely online by Chelsea and Westminster Hospital NHS Trust with UEA quality and assessment oversight.

The module is designed to cover the patient journey commencing with the underlying pathophysiology of burn injury, followed by themed study days relating to - pre-hospital burn care and initial assessment, early burn care and surgical management, reducing the burden of injury, holistic and global perspective of burn care and complex burn injuries and skin loss. The Module consists of 6 taught days using a variety of different teaching methods, including lectures, workshops and demonstrations, exploration of case scenarios, presentations, specialist unit visits and work-based learning. Other topics covered within this module include aspects of professionalism and leadership, potential field visits to Queen Victoria Hospital, St Andrews, Chelsea and Westminster, Stoke Mandeville.

The Module content is aligned to the British Burns Association Burns Care Standards (BBA, 2018) and will embed clinical knowledge to achieve CC3N Advanced Burns Competencies (CC3N, 2019) on completion of the module.

### Practice Requirements

Practice-based supervision and assessment is required by a suitably qualified and experienced practitioner who has completed UEA Practice Assessor Training or equivalent.

### Assessment

Service Improvement Presentation (level 6, 15 minutes, level 7, 20 minutes) - Graded

Practice assessment document based on the national burns competencies and associated portfolio of evidence (level 6, 2000 words, level 7, 2500 words) to be signed of by a practice-based assessor (pass/fail).

### Applicant Requirements

#### You should:

Be a registered healthcare professional  
Have support of your practice area to undertake the module.  
Have an identified experienced healthcare professional to undertake the role of supervisor/assessor

Level 6 - Evidence of professional registration as a healthcare professional and of Level 5 academic study completed in the last 5 years.

Level 7 - Evidence of Level 6 academic study completed in the last 5 years.

Non UK residents will be subject to additional checks.

Clinical leads: Niall Martin and Nicole Lee.

UEA module lead: Julia Hubbard

### To Apply

<https://myuea.force.com/apply>

Module fee: £736.00 payable to the London & South East Burns Network. Application closing dates:

31 July 2022 for September cohort

30 November 2022 for January cohort

**FURTHER INFORMATION**  
E [fmh.cpd@uea.ac.uk](mailto:fmh.cpd@uea.ac.uk)



## 9. Summary of challenges

The team continue to face the following challenges:

- Coding / tariffs
- Admin support for laser
- Physical Footprint of the service
- Supporting other LSEBN services QVH ITU / Children
- Provision of burns discharge rehabilitation services
- Transfer times to service

*Joanne Atkins MBChB MSc. FRCS(Plast)  
Clinical Lead for Burns Care at Chelsea & Westminster Hospital*

*Nicole Lee  
Burns Matron at Chelsea & Westminster*

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# Service Report 2022-2023

## Queen Victoria Hospital, East Grinstead

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*The Queen Victoria Hospital is situated in East Grinstead and provides regional burn care to Kent, Sussex, Surrey and South London. It is renowned for its long history of acute burn care and post burn rehabilitation. The adult burns unit has two flexible ITU/HDU beds with a further two beds with high dependency care capabilities. Six additional ward level care beds are dedicated for burns patients. There are two burn rehabilitation beds collocated with the adult burn's unit.*



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The QVH burns service is renowned for providing world-class, multidisciplinary, specialist burns care for adults and children. It provides medical, surgical, wound and rehabilitative burns care to patients in Kent, Surrey, Sussex and parts of South London for a very wide range of burn types and sizes. This includes up to critical care level for adults. Peer support networks and activities are also available for patients. In addition, QVH provides a burns outreach service across Kent, Sussex, Surrey and parts of South London, run by a clinical nurse specialist. QVH's burns care adviser works closely with referring services and the London and South East Burns Network (LSEBN) to ensure a consistent approach to the initial management and referral of patients with a burn injury.

In 2022/23, the QVH burns service accepted:

- 1429 adult (>16 years of age) new referrals – 9% increase on the previous year
- 417 paediatric (<16 years of age) new referrals – 4% decrease in referrals.

QVH's paediatric ward provides day case and outpatient paediatric services. Children who require inpatient and/or critical care are referred to paediatric burns services within the LSEBN that have the appropriate facilities. The inpatient paediatric divert is a temporary measure while the service is being reviewed. This divert came into effect in August 2019 and although considered temporary, is unlikely to be reversed without significant investment in Paediatric services.

During 2021, both the adult and paediatric burn services moved physical locations and adapted new working practices as a direct result of the COVID pandemic. Greater use of telemedicine and the institution of virtual clinics (both video and telephone) occurred. Both have shown potential to be adapted and integrated into future permanent working patterns within the burns unit for the benefit of patients. This digital transformation has continued into 2022/23 and is now embedded in the routine practice of the service.

In 2022/23 there were five adult mortalities in service. There were no paediatric mortalities. All patients are discussed at weekly multidisciplinary (MDT) meetings in addition to daily ward rounds so that any learning points can be identified. If further review is required, the patient's case is discussed at the quarterly burns governance meeting and at a joint hospital governance meeting. All burns mortality cases are peer reviewed at the bi-annual LSEBN audit meeting, with any outlier cases taken to the national burns mortality meeting. Key burns performance indicators are recorded and analysed through QVH's active participation in the international burns injury database (iBID) programme. This compares QVH's performance with that of all other English burns services in relation to set quality indicators. All cases for 2023 were discussed at the Regional LSEBN mortality meeting and two of these cases were presented at the National Burns Audit.

Overall in 2022, QVH achieved better than the national average for the six valid dashboard indicators for both adult and paediatric burns care. Several years ago, QVH initiated an innovative programme of continuously monitoring healing times. There is, as yet, no recognised programme to collect and compare healing times at a national level. Patients who appear likely to exceed QVH targets for healing have their cases reviewed by a consultant and discussed by the MDT with a view to proceeding to surgery to close the wound if the patient agrees.

Burns healing in less than 21 days are less likely to be associated with poor long-term scars, although new treatments such as enzymatic debridement appear to increase healing times and avoid surgery without detrimental effects on scarring. Evidence is now emerging that patients over the age of 65 have similar outcomes even if their healing time is extended to 31 days. However, a shorter burn healing time may reflect better quality of care through dressings, better quality of life due to a shorter duration of wound care, surgery and prevention of infection. Average healing time is expressed in terms of the median average.

This data has not been updated for 2022/23 as a result of staffing changes in the department and the Data Quality Lead post being vacant for several months. We hope to reinvigorate this process in 2023 with the appointment of a new Data Lead.

The QVH burns team is actively involved in several local and national burn research projects and innovative treatments including use of technology such as virtual reality headsets to reduce pain during dressing changes, telemedicine in patient care; and enzymatic debridement techniques and protocols. These projects have continued into 2022. We have commenced additional innovative projects such as integrating SpinCare into our practice as a spray-on dressing for partial-thickness burns and skin graft donor sites as well as introducing QR codes to provide easy access to digital versions of our patient information leaflets.

**Average time for burn wounds to heal (measured from date of injury)**

Target	2015	2016	2017	2018	2019	2020	2021
Paediatric (<16 years) wound healing within 21 days	11 days	11 days	11 days (86%)	11 days (85%)	11 days (82%)	12 days (85%)	14d
Adults <65 years wound healing within 21 days	17 days	17 days	13 days (73%)	15 days (62%)	13 days (54%)	16 days (65%)	16 days (62%)
Adults >=65 years wound healing within 31 days	24 days	28 days	18 days (74%)	21 days (60.5%)	20 days (50%)	29 days (54%)	29 days (53%)

**Length of stay**

	2016	2017	2018	2019	2020	2021
Paediatric (<16 years)	2 days	2.40 days	1.7 days	2.2 days	N/A	N/A
Adults <65 years	8 days	5.8 days	6.3 days	5.4 days	5.9 days	4.8 days
Adults >=65 years	14 days	8.7 days	11.3 days	9.5 days	12.8 days	5.8 days

**Innovation**

SpinCare is an innovative spray-on dressing suitable for partial thickness burns and skin graft donor sites. The Burns team have undertaken an evaluation and trial of the product with increased patient comfort reported compared to standard burn dressings along with good ease of application. We are now integrating SpinCare into our dressing armamentarium within burns and look forward to improving our patient experience.



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QVH has also been involved in the pilot study across the UK to develop a national set of burns patient reported experience measures (PREMs). The initial pilot has been completed, and we are awaiting the report and further development of this project.

### **Responsive**

Digital transformation and innovation have been at the forefront of our development of the Burns service in recent years.

Following the award-winning implementation of the Telemedicine Referral Image Portal System (TRIPS) some years ago, we have been continuing to integrate digital tools in our pathways with the development of QR codes for our burns patient information leaflets – enabling access to patient information leaflets on mobile devices. We have recently implemented digital MDT documentation on Evolve and are soon to launch a digital operation note. These advances will improve the quality, accessibility and legibility of our Burns documentation and reduce errors related to poor documentation. This work has been part of an internal audit of burns documentation, initiated in response to documentation-related datix incidents.

On the burns ward, we have developed 'Room 5' into a treatment room suitable for larger ward based or outpatient dressings to take place in. This allows us to have a better working space for staff undertaking the dressings, hold the appropriate stock and set up the space better for patients during long dressings that also require substantial analgesic support.

The day case pathway for patients with smaller burns requiring surgery has been streamlined and is allowing us to utilise our ward beds more effectively while still treating smaller burns in a timely manner.

### **Well led**

We support full professional development and advancement of skills within our nursing team. They have already shown themselves to be leaders within the UK for enzymatic burn debridement. Some of our senior nurses are now undertaking training on sharp debridement in burn and other wounds. We encourage additional skill development in the unit, as the patient benefits have always been very clear and our nursing team very innovative.

The service has however been under unrelenting pressure due to staff shortages as a result of illness and staff vacancies. The Burns Matron role in particular has been vacant for several months with the Deputy Matron providing support in the interim.

The service has recently appointed Catherine Henn as an Advanced Care Practitioner. This is an important new role within the service, bridging the outpatient and inpatient Burns activity and providing additional support to the nursing team. This extended role builds on the nursing scope of practice to include more active involvement and responsibility for the delivery of acute burn care in the department.

*Paul Drake MBChB MD FRCS(Plast)  
Clinical Lead for Burns Care at QVH*

# Service Report 2022-2023

## Stoke Mandeville Hospital, Buckinghamshire Healthcare NHS Trust, 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.** We have had a very productive year at BHT Burns Unit in terms of staff development, team growth and addressing some of our key risk areas. We have continued to deliver excellent and safe care as demonstrated by our quality dashboard, patient feedback, Quality Review output and governance performance. We have had no serious incidents during this time period. We have continued to actively contribute to the LSEBN and national audit processes, as well as adhering to our own internal governance processes within the trust. We are grateful to LSEBN for on-going support with staff training. Importantly, in terms of our key service risks for 2022-23, the issue of access to paediatric in-patient beds is much better since the new 18-bed short-stay area opened recently, meaning that we have thankfully not had to refuse a paediatric burn admission since then. There has also recently been appointment of a new consultant psychiatrist who will lead on the acute mental health of our Burns and Spinal Injuries patients.

We have welcomed to our team a number of excellent colleagues, including Mr Ollie Sawyer as substantive consultant burns surgeon, Mr Muntazir Mahdi as speciality doctor with an interest (and breadth of experience) in burns, Ella Anthony as our new outreach nurse and Charlotte Bowman as one of our new Paediatric Burns Coordinators. Avonile Williams-Nicholas has also moved from a general paediatric nursing role into the Paediatric Burns Coordinator role, allowing us to provide specialist paediatric burns nursing cover almost 7 days a week. Both Avonile and Charlotte have vast experience in managing children with burn injuries and we are delighted to have them both working with our team. We have also welcomed Rotimi Williams as our new IBID data support analyst – who has done an amazing job getting our data-entry in order, in line with the National Standards of Care.

Our adult burns unit senior nursing cover has much improved, with an increase to 4 WTE at Band 6 (including Ping Zhang, Darly Jacob and Anu Joy) and this will soon increase to 5 WTE. 70% of our newer Band 6 burns nurses, led by sister Debbie Turvey and deputy sister Joy Baria, have now completed the Advanced Burns Care Course set up by LSEBN through Anglia Ruskin University. The remainder of the senior nursing team are signed up for the course this coming year, as well the EMSB. We have had excellent involvement from our nursing team with the national conference, and this has led to further development ideas, including use of SpinCare, ReCell etc. We have been delighted as a team to receive some amazing patient feedback, further demonstrated by collective patient donations of over £14,000, as well as a new donated wheelchair for the service.

The team was also invited to an award ceremony ran by Bedfordshire Police to celebrate the survival of one of their long-serving officers -under our care after a significant blast-flame injury. We were delighted to be asked to present the patient's 'National Bravery Award' for the heroic act that led to his injuries. As a complete surprise, our burns service was then presented with an award from the police service for saving their colleague's life. It was an extremely memorable event for all the team, and has led to further enhancement of our patient-ambassador group.

Our MDT meetings continue to be very well attended and represent the full breadth of the team at least 95% of the time. These meetings also allow for cross-site online discussion regarding patients from Oxford. Our MDT meetings are followed directly on a weekly basis by our MDT scar clinic, offering face-to-face and video consultations for patients, parents and carers. Our scar and skin camouflage service is now fully up and running, and working well, led by Carol Li, who works closely with our senior OT and physios. We thank Dan's Fund for Burns for supporting the cost of this training, and the patient feedback so far has been excellent. Clara Upson, Steph Stewart and Naomi Maffey have driven this, as well as further developments to support optimal functional outcomes for our burns patients, including regular access to Lymphatouch therapy for patients with tight and adherent scars.

Our dieticians have been working very hard in terms of in-house training in Burns care, especially with the ICU team, as well as contributing to the BBA guidelines and national burns dietetic interest group. We thank Bernadette Tavner-Allsop and team for all their hard work on this. Our psychology team have also done a huge amount of work on in-house staff training, facilitating regular training sessions at Academic Half Days on topics related to psychosocial burns care, as well as supporting training for the ICU team on working with individuals with visible differences and a session for members of the therapies team entitled 'Introduction to psychology, pain and motivation'. We have Becca Underwood (Trainee Clinical Psychologist) and Dr Anna Cartwright (Clinical Psychologist) to thank for these training sessions, supported by Dr Liz Pounds-Cornish as our lead psychologist for burns. A range of training videos have also been developed covering a range of topics relevant to psychosocial burns care including: Common psychological reactions to burn injuries, Managing behaviours that challenge, Supporting people with re-experiencing symptom, Self-harm and suicide risk assessment and management (including a printed resource for the burns ward) and more.

The psychology team have researched the potential barriers and enablers for patients seeking psychological support. This work was not only presented at the BBA, but was also recently published in the European Burns Journal: McDermott, L., Hotton, M. & Cartwright, A.V. (2023) Understanding the Barriers and Enablers for Seeking Psychological Support following a Burn Injury. European Burn Journal, 4, 303-317. Another peer-reviewed publication relates to a clinical case study that demonstrates the role of clinical psychologists in Burns Care: Cartwright, A.V.; Pounds-Cornish, E. The Roles of Clinical Psychologists in Burns Care: A Case Study Highlighting Benefits of Multidisciplinary Care. Eur. Burn J. 2023, 4, 101-107. <https://doi.org/10.3390/ebj4010010>.

Our Advanced Nurse Practitioner Zoe Avent has achieved distinction in Advanced Clinical Practitioner training and has also completed level 4 LASER training, allowing further development of our LASER service. This has allowed incorporation of vascular-targeted approaches to work alongside and compliment the CO2 LASER for symptomatic burns-scars.

We proudly had great representation of our MDT at the British Burns Association Annual Conference in Dublin earlier this year, with 7 accepted abstracts from Stoke Mandeville, and team members from the psychology, nursing and doctor teams. Our Restore Research fellow, Alex Baldwin, continues, with a number of ongoing clinical and research projects, with human-model studies continuing to be a USP for Stoke Mandeville. This research fellowship has been re-embedded into our team for the last few years, and is an extremely valuable role for the service. Driven by Professor Fadi Issa, we have continued to attract funding from Carocell Bio and MRC to support our human-model work.

Our scar studies also continue with support from R&I, as well as external support from VTCT. We have proudly presented and published work throughout this year, including: Prokopenko M, Reed AJM, Chicco M, Issa F. Preventable Burns from Domestic Tap Water. European Burn Journal. 2022; 3(2):362-369; Mavromatidou G, Ip M, Cartwright A, Markeson D, Murray A. Self-harm Burn Injuries at Stoke Mandeville Hospital Burns Unit - a 10-year review 2012-2022 (Dublin BBA 2022).

Notably this year, we won a bid from Health Education England to set-up a Major Burns simulation course jointly with Oxford - SOBS: Stoke Mandeville and Oxford Burns SIM course. This course has now been through the pilot stage, and we recently ran the inaugural course. The faculty includes team members from both BHT and Oxford. We are privileged to have colleagues join us from the Swansea Burns team, who have been able to share their excellent experience using limb escharotomy SIM models.



We plan to continue this collaboration and will be running 4 courses per year. The target audience includes all health-professionals who might encounter the major burns patient, including those working in ED, ICU and theatres. Our key goal is to improve the acute care of major burns victims presenting within our region and expand this course further if this goes well.

We look forward to a positive year ahead, continuing to build on our cross-site MDT model with Oxford and our collaborative work with the networks. I am, as always, truly humbled by the fantastic care and dedication from our burns team at BHT and thank every single one of them for all their hard work.

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



# Service Report 2022-2023

## 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 burn care for the paediatric and adult populations of London and the South East with an increase in activity compared to the year before.**

Adults (age ≥16)	Burns	Non-Burns (SJS/TENS)	Other Non-Burns Skin-Loss*
TBSA% <10%	1081	0	2
TBSA% ≥10% to <40%	56	0	0
TBSA% ≥40%	10	3	2
<b>Total</b>	<b>1147</b>	<b>3</b>	<b>4</b>

Children (age <16)	Burns	Non-Burns (SJS/TENS)	Other Non-Burns Skin-Loss*
TBSA% <10%	987	0	1
TBSA% ≥10% to <30%	24	1	0
TBSA% ≥30%	4	2	0
<b>Total</b>	<b>1015</b>	<b>3</b>	<b>1</b>

It is our aim to increase the availability of our outreach service and they have provided care across the region this year. The nurse and therapy outreach clinic in Ely was able to become available again for patients after the COVID pandemic providing specialist burns expertise care closer to home for many patients.

Number of Patients seen by Outreach Service, April 2022 – March 2023				
Age Group	Outreach	Ely	Both	Total
Adult	50	109	2	161
Paeds	1	13	1	15
<b>Total</b>	<b>51</b>	<b>122</b>	<b>3</b>	<b>176</b>

Number of Outreach Service Appointments, April 2022 – March 2023			
Age Group	Outreach	Ely	Total
Adult	190	276	466
Paeds	5	19	24
<b>Total</b>	<b>195</b>	<b>295</b>	<b>490</b>



## **Governance**

The departments work is reviewed at its regular business meeting along with the standing agenda of data, outcomes and governance. There is also a burns service working group and the regular monthly burns audit meeting.

## **Peer review**

In November 2022 the service hosted a team as part of the peer review process of the London South East Burn Network.

Specific notable mentions by the review group included the job roles of a Case Manager for Burns, our dedicated burns safeguarding, the therapy provision, laser provision and the work that had been done over the last year in the recruitment and retention of staff. They also pointed out some areas of potential improvement. Many of these recommendations which the service took forward in its workplan have already been addressed whilst others await the work taking place on a wider network level.

It is unfortunate that despite the notification of factual inaccuracies in the reports only some were corrected without adjusting the compliance percentages. It was acknowledged by the network board the deficiencies in the reports which tainted an otherwise useful and positive exercise.

As part of the recommendations of the peer review process the department has been looking to address how to capture the MDT attendance in a more robust fashion that will allow for accurate tabulation. The transition of paediatric to adults in a robust fashion that will allow meaningful data to be presented in its annual report. The seamless nature of the transition in St Andrews unfortunately makes the later more difficult to track than if the paediatric and adult care were in different hospitals or trusts.

The department has had a strong representation in scientific meetings in the last year with a wider representation from across the wider MDT.

There have been nine peer review publications, numerous poster presentations and oral presentations given at various national burns and international plastic surgery meetings team members.

## **Education**

### **Minor Burns Course:**

The Minor Burns training sessions have been a huge success with 7 courses run during the last 12 month period. Post pandemic the course was condensed to 3 hrs instead of a whole day face to face course. The course has averaged approximately 60 to 70 participants with attendees including ED staff from hospitals in the South east, practice nurses, GPs, Minor injury unit staff and paramedics.

### **3 Day Burn care course:**

Two 3 day courses took place last year in April & October. 17 people attended each course, including new nursing staff in the unit. Other attendees included staff from plastic surgery department, ED and Therapy staff with a very high feedback from participants.

Finally it was with great sadness that the St Andrews Burns service lost the services of one existing colleague and was notified of the death of one former colleague.

Mr Niall Martin stepped down from his role as a consultant Burns Surgeon in the department. I would like to take this opportunity to thank him for all his work with us and the contributions that he has made to the wider network. I am glad to say that he will still be heavily involved in burn care which includes the Advanced Burns Care Course, EMSB and his role on the trauma and burns CRG. The department will miss him and wishes him well for the future.





Bruce Philip was a true gentleman and a man of immense intellect and warmth. In addition to his role as a specialist in Burn care for which he was on the British Burns Association Board for many years; he was instrumental in the set up and progression of lasers for therapeutic benefit within the St Andrews centre for Plastic Surgery and Burns. As an educator he was the programme director in Plastic Surgery for the Pan Thames Deanery and was also the clinical lead for the R&D department at Broomfield Hospital.

I think myself fortunate to have had the privilege to have worked with Bruce as a colleague. I know that I speak for our burns service, and more widely as a burns network and burns community nationally that he will be greatly missed.



**Bruce M. Philp**

**MA(Cantab), BMBCh(Oxon), FRCS(I), FRCS (Plast)**

**1962 - 2022**

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







# Service Report 2022-2023

## Children's Burn Camp

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*The Burned Children's Club was established in 1994/5 to support young burn survivors and their families. It was initially established as a registered charity, funded entirely by charitable donations, but in 2012-13, it was renamed as The Children's Burns Club (CBC) and became part of the Mid and South Essex Hospitals Charity (RCN 1057266) with funding made available through the NHS specialised service contract, for the burns service at St Andrews, Broomfield Hospital. A variety of volunteers are drawn from both NHS and non-NHS backgrounds to support the clubs and camps. The LSEBN has provided funding to enable appropriate staff from the burns MDT to attend and support the Burn Camp and other activities.*

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**The Children's Burn Camp (CBC) organised 10 events last year for children and young people, and their families to attend. All of these events, with the exception of the Broomfield Christmas party were open to anyone from across the network, although it is recognised that some of these events maybe further for families from other sites to travel to.**

In addition to this, the CBC staff & volunteers supported four further events facilitated by national organisations and in doing so enabled CBC families/children to attend the events.

The events ranged from small day events to ones with 150+ attendees, and residential camps between 7 families and 37 children coming along and from two-six nights long.

All CBC-led events, with the exception of the Young Adult camp, had a therapeutic element to them, with psychological therapists either running specific workshops for children/parents or informal 'drop in' sessions throughout the day.

We have held 14 Events, with 189 Attendees, of which 90 were different families/children:

- 77 from St Andrews Broomfield Hospital
- 7 from Chelsea & Westminster
- 4 from Queen Victoria Hospital in East Grinstead and
- 2 from Stoke Mandeville Hospital.

Additionally 23 young people attended Young Adult Burns Association and 12 attended volunteer training, four of whom were burns survivors or family members of burns survivors.

*Martin Palmer*  
**Children's Burns Club**  
[www.childrensburnsclub.org.uk](http://www.childrensburnsclub.org.uk)



# Forward into 2023-2024

**As well as looking back to the year gone, we also look forward into the new year, and our work plans, moving forwards.**

## **National Issues:**

- Providing a lead role in the response to the Confidential Enquiry for Major Burns in Children (CEMBIC);
- Improving the reporting mechanism, through the National Burns Bed Bureau and NHS Pathways DOS, by introducing an autonomised burns “dashboard”. This work is being planned jointly with NHS Digital. This is expected to include an integrated reporting system for the burns database;
- Lead a review of the Burns Rehabilitation Prescription;
- Support work being undertaken to review the BBA Outcomes, with the intention of informing the Specialised Services Quality Dashboard;
- Working with NHS National and Regional Commissioners, on a number of strategic issues, including the specialised burn care commissioning specifications and the Burns Quality Dashboard.

## **Network Issues:**

- Ensuring integration between the national EPRR Burns Annex and hospital / service major incident plans.
- Self-Assessment and Peer-review for the new Burn Care Standards and Outcomes;
- Training and education initiatives.
- Issues related to the organisational governance of the Burn Care Network, related to the introduction of new commissioning arrangements for specialised services.

# Annex 1

## Service Activity (Burns) 2022-2023\*

### NEW REFERRALS (IN-PATIENT AND OUT-PATIENTS)

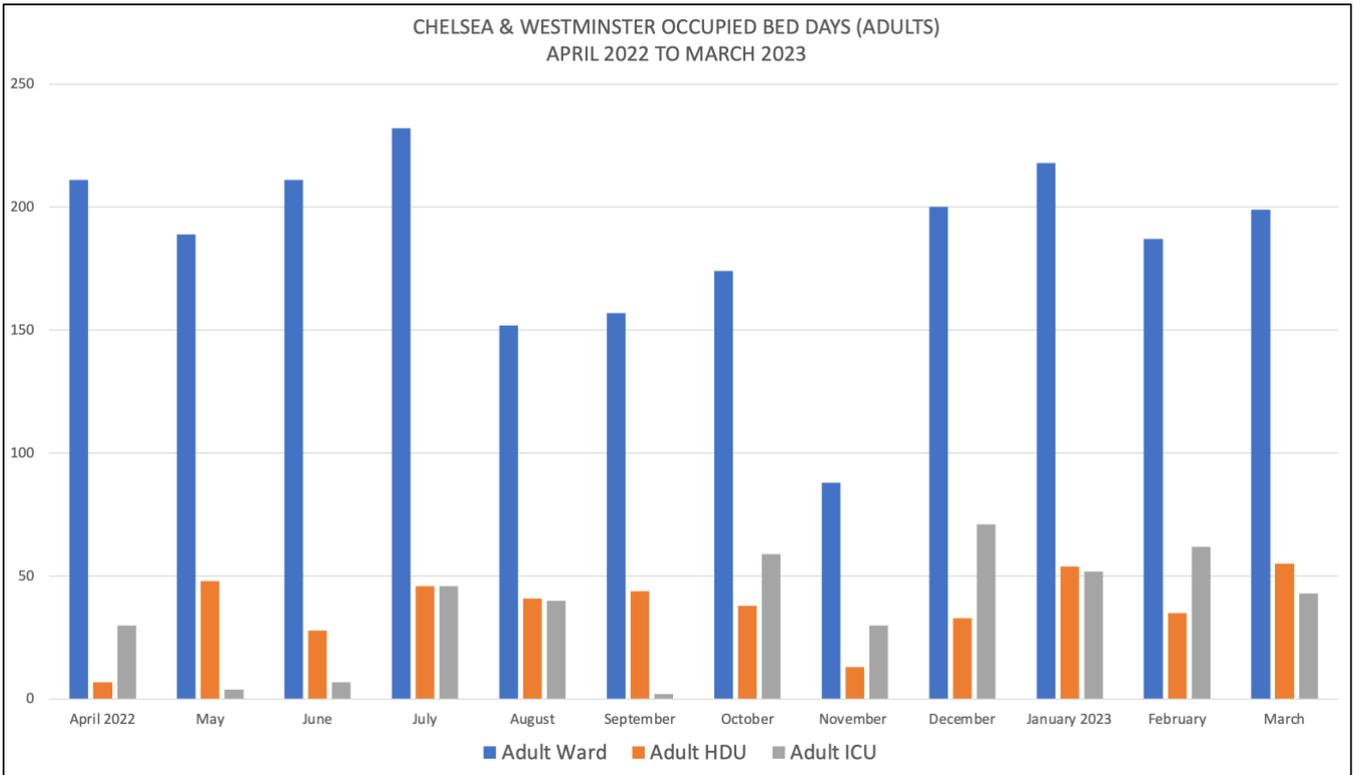
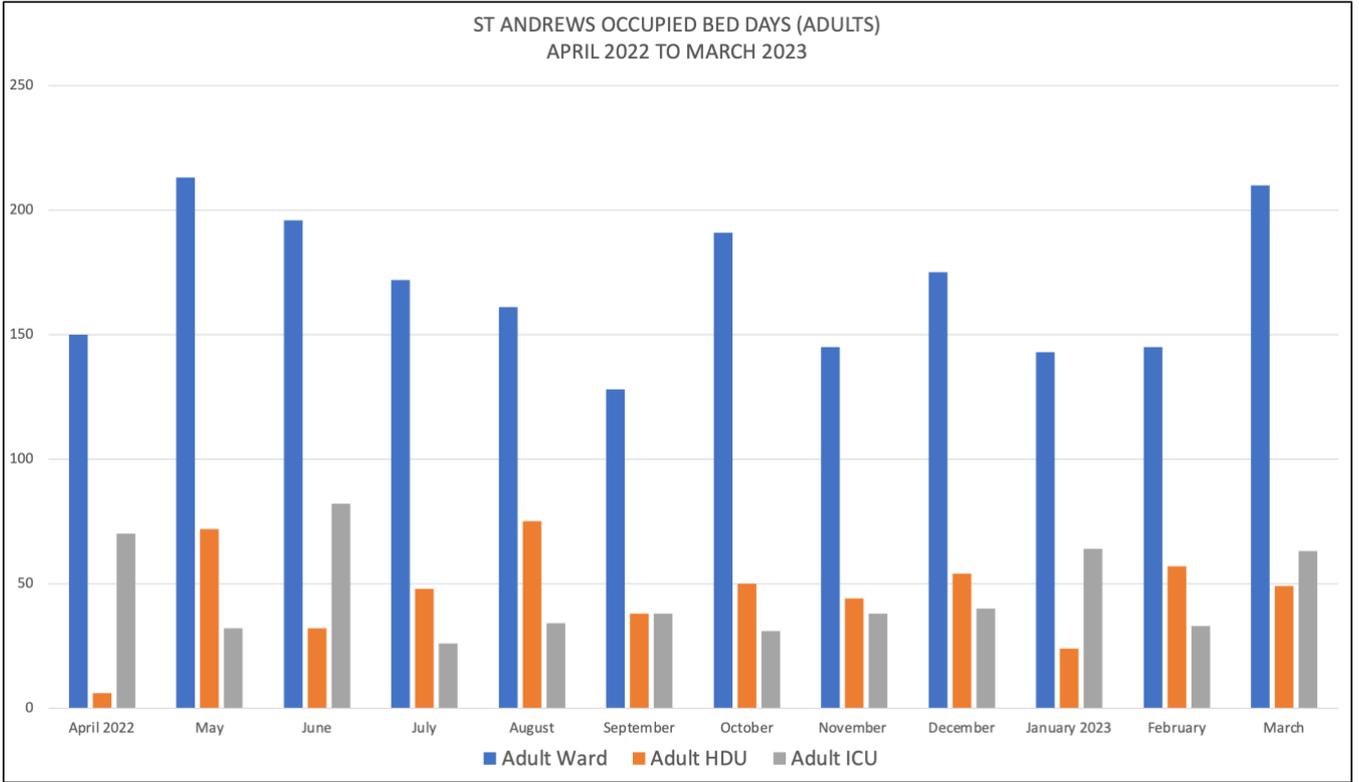
Due to the change in the audit cycle, moving to periods of whole calendar years, this report provides figures for new referrals, covering the period **January to December 2022**.

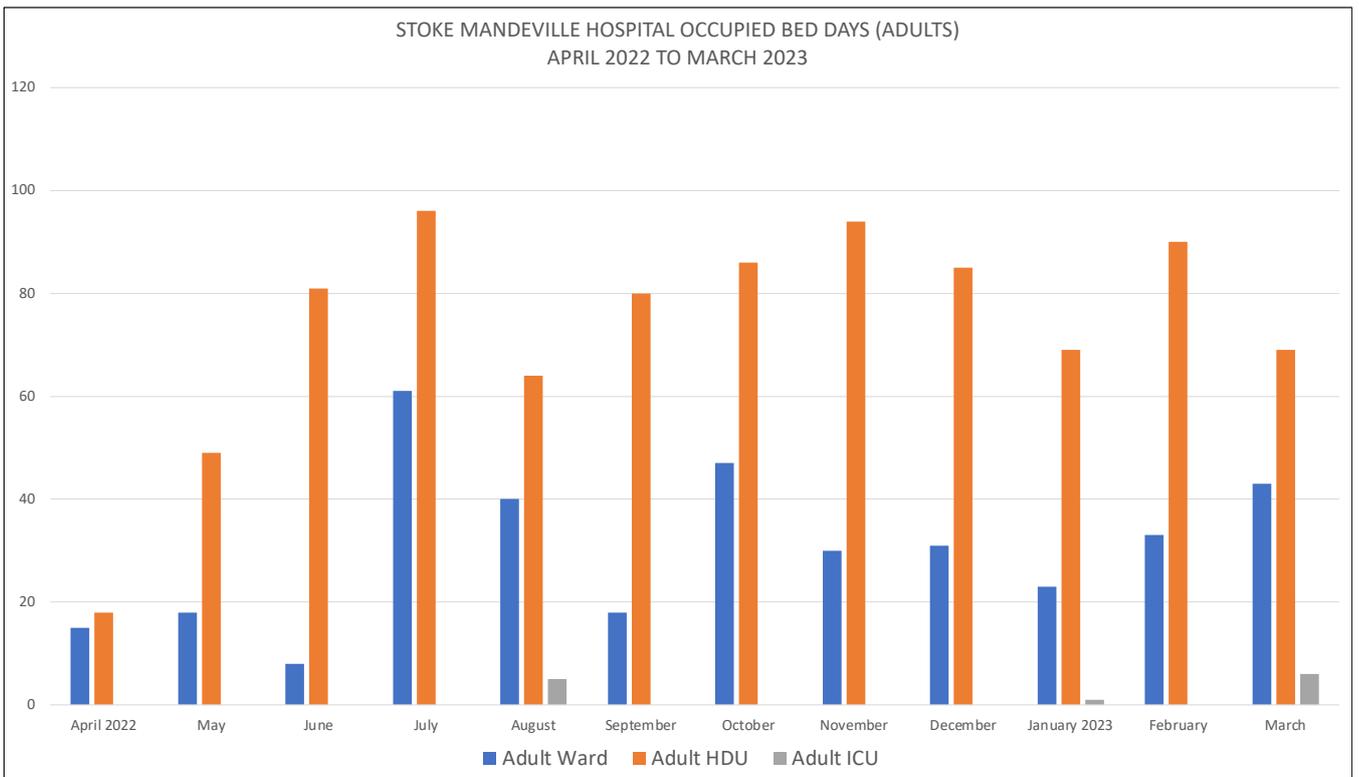
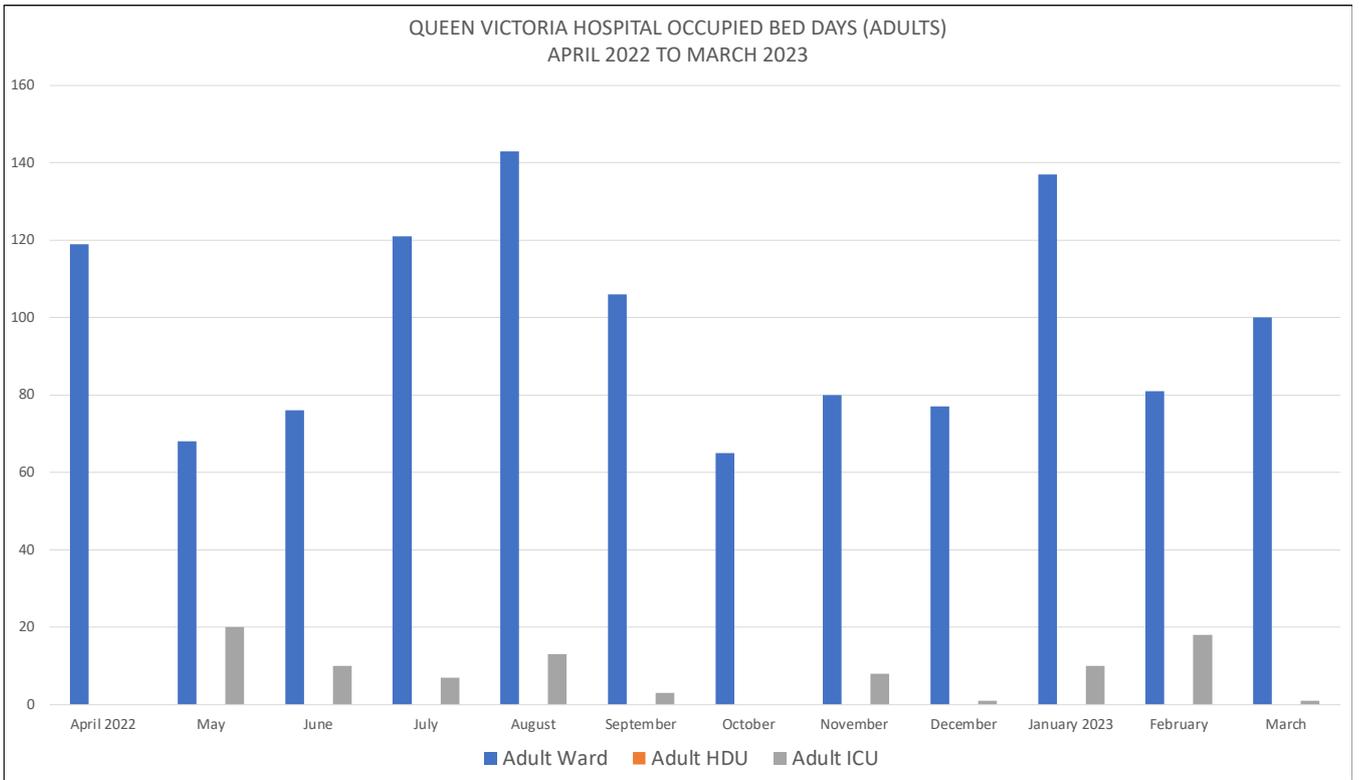
Hospital / Service <b>ADULTS</b>	JANUARY TO DECEMBER 2022		
	TBSA <10%	TBSA ≥10% to <30%	TBSA ≥30%
Chelsea & Westminster Hospital, London	3,248	30	7
Queen Victoria Hospital, East Grinstead	1,413	15	1
St Andrews, Broomfield Hospital	1,081	56	10
Stoke Mandeville Hospital, Aylesbury	1,065	9	1
John Radcliffe Hospital Oxford	169		

Hospital / Service <b>CHILDREN</b>	JANUARY TO DECEMBER 2022		
	TBSA <10%	TBSA ≥10% to <30%	TBSA ≥30%
Chelsea & Westminster Hospital, London	1632	17	2
Queen Victoria Hospital, East Grinstead			
St Andrews, Broomfield Hospital	987	24	4
Stoke Mandeville Hospital, Aylesbury	269	8	
John Radcliffe Hospital Oxford	114		

TOTAL NUMBER OF OCCUPIED BED DAYS (ALL LEVELS OF CARE)								
	ST ANDREWS Adults	ST ANDREWS Children	CHELWEST Adults	CHELWEST Children	QUEEN VICTORIA Adults	QUEEN VICTORIA Children	STOKE MANDEVILLE Adults	STOKE MANDEVILLE Children
April 2022	226	69	248	28	126	0	33	0
May	317	103	241	66	90	0	67	0
June	310	83	246	63	104	0	89	0
July	246	101	324	47	131	0	157	2
August	270	83	233	56	164	0	109	0
September	204	98	203	49	109	0	98	0
October	272	74	271	33	65	0	133	0
November	227	70	131	52	100	0	124	0
December	269	76	304	66	78	0	116	0
January 2023	231	80	324	37	152	0	93	0
February	235	99	284	31	114	0	123	0
March	322	81	297	21	104	0	118	0

\*Excludes non-burns skin loss.







NUMBER OF DAYS SERVICES DECLARED OPEL 2 (2022-23)								
	ST ANDREWS Adults	ST ANDREWS Children	CHELWEST Adults	CHELWEST Children	QUEEN VICTORIA Adults	QUEEN VICTORIA Children	STOKE MANDEVILLE Adults	STOKE MANDEVILLE Children
April 2022	17	17	1	3	0	30	5	21
May	1	1	0	0	0	6	0	2
June	4	4	0	0	2	30	8	25
July	3	3	8	0	4	31	16	24
August	8	8	0	0	11	31	15	23
September	3	3	0	0	29	30	0	24
October	6	6	16	0	27	31	4	28
November	0	0	0	15	30	30	4	18
December	3	3	26	8	30	31	1	30
January 2023	5	5	14	0	21	31	2	26
February	5	5	28	0	28	28	11	20
March	16	16	13	0	29	31	5	20
MEAN 2022-23	5.9	5.9	8.8	2.2	17.6	28.3	5.9	21.8
MEAN 2021-22	5.2	5.1	9.3	0.1	11.7	28.1	8.6	19.5
CHANGE	0.8	0.8	-0.5	2.1	5.9	0.3	-2.7	2.3

NUMBER OF DAYS NETWORK DECLARED OPEL 3		
	OPEL 3 ADULTS	OPEL 3 CHILDREN
April 2022	0	17
May	0	1
June	0	4
July	1	3
August	0	8
September	0	3
October	1	6
November	0	0
December	3	3
January 2023	3	5
February	5	5
March	10	16

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 five 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](http://www.LSEBN.nhs.uk)

