

LONDON & SOUTH EAST OF ENGLAND BURN NETWORK

End of Year
Report
2017 – 2018



Audience

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

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

Additionally, the document is intended for:

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

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

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

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

The LSEBN is one of four operational delivery networks (ODNs) for specialised burn care in England and Wales. During 2017-2018, we had almost 8,500 new referrals, of which nearly 200 cases 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 one of our burn centres.

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 and resilient 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. Improving 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 five, recognised or 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**
- **John Radcliffe Hospital, Oxford**

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

ODN Chair and Clinical Director's introduction

In 2015, the LSEBN agreed that the Network Clinical Lead of the ODN would also act as Chair of the ODN Board. The ODN Chair is accountable to the Chief Executive Officer of the Chelsea & Westminster Hospital, as host of the ODN.

For 2017-2018, the Clinical Lead and Chair of the ODN was Mr David Barnes.



It has been an enormous privilege to have been chair and clinical lead for the London South East Burn network for the last year and it is a credit to all the health professionals involved that we have achieved so much to forward burn care in our region and lead and support in many vital national burn care projects.

Reflecting on the last two years, the challenges and environment in which we work continue to become ever more demanding with scarcity of resources. In addition, the concerns around major terror incidents and fire disasters have been at the forefront of the public and the NHS planners.

With this in mind the importance of the work undertaken by the network to produce such a complete and comprehensive work stream is to be thoroughly commended in the background of a new strategic vision for the future.

In March 2017, the ODN Board received a report on the strategic challenges faced by individual services in the London and South East Burns Network. At that meeting, it was agreed that this was an opportune time for this discussion and that it was right for the network to consider what was the best, sustainable model of care, delivering the most clinically effective and efficient care for patients and their families.

Our Vision Statement, approved by the ODN Board in December 2017, sets out for the first time, our view on the future model and configuration of specialised burn care services, serving people living in London and the South East of England.

I hand over to Miss Alexandra Murray in the knowledge that the passion to deliver the very best care for all those with burn injuries or their families for the London and South East region remains undiminished.

David Barnes
MBChB, BMSc, MSc, FRCS Plast (Edin)
Lead Surgeon for Burns
Consultant Burns & Plastic Surgeon
St Andrews, Broomfield Hospital



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. Perhaps the most important of these national work streams is the development of new National Burns Standards and Outcomes. The new burn care standards will clarify what aspects of care are essential to good outcomes and will indicate to services and their host NHS Trusts, where there are existing gaps in provision and where improvements are needed.

I must also acknowledge the efforts being made by the LSEBN and the ODN team in seeking a resolution to the historic shortfall in access to specialised burn care in East and North East London. We fully support the efforts being made to develop a new burns facility, for adults and children with minor burn injuries, at the Royal London Hospital, Whitechapel.

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 Burns Operational Delivery Network (ODN) is one of five mandated networks supported through NHS England's Specialised Commissioning (London) team who are responsible for assuring governance arrangements for ODNs within the region. It is a notable strength that LSEBN engages with the three regional teams (London, South and Midlands & East) that cover the geographical catchment of the burns network.

Under the clinical leadership of Dr David Barnes, the LSEBN set itself a challenging work programme for 2017-18 which saw its continued contribution to the EPRR major incident / mass casualty planning (both regional and national), support the management of surge and escalation, improve access through the development of a burns facility at Oxford and improve equity through the publication of guidelines and policies. I would like to congratulate Mr Barnes and the Network Manager Pete Siggers, on another successful year and their commitment to improving the care of burns patients.

***Gary Slegg
ODN Manager, NHS England (London)***

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”.



Alexandra Murray – Deputy Clinical Lead for 2017-2018

“I have worked in the field of plastic surgery and burns for 14 years. I completed my registrar training in Yorkshire, and during this time, I developed a real passion for burns care. I was fortunate enough to then complete specialist Burns fellowships in Australia, working with Heather Cleland at the Victoria Adult Burns Service and with Fiona Wood and Suzanne Rea at the Western Australian Burns Service, learning some excellent techniques and understanding more about driving quality forwards. In the last 2 years, as Clinical Lead for Burns at Stoke Mandeville Burns Unit, I have enjoyed working within the London and South East Burns Network and collaboratively with the other networks, all striving to improve quality of burns prevention, logistics, planning, care and outcomes for burns nationally. I feel privileged to be taking on this role and look forward to the upcoming challenges of 2018-9”.



Krissie Stiles – Lead Nurse

“With 15 years’ experience of being part of the burn survivors’ journeys, I am now in a privileged position to offer a voice to the challenges and skills behind the burn nursing speciality in my Lead Nurse role. As the lead for the LSEBN Senior Nursing Forum, I have supported development of the Network burn wound care, initial management and referral guidelines, which are widely adopted as the minimum standard of care. I am also incredibly proud to have facilitated the development of “The Burns Game”, supported by the British Burn Association 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”.



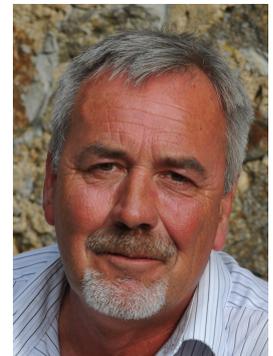
Michael Wiseman – LSEBN Informatics Lead

“I have worked in Burns data for 5 years, and am keen to make sure that the data we collect is useful to our services locally, in addition to meeting our national obligations. In the past year we have been able to improve our dashboard compliance across the network by working together to discuss issues, and I hope to continue this work in the coming year”.

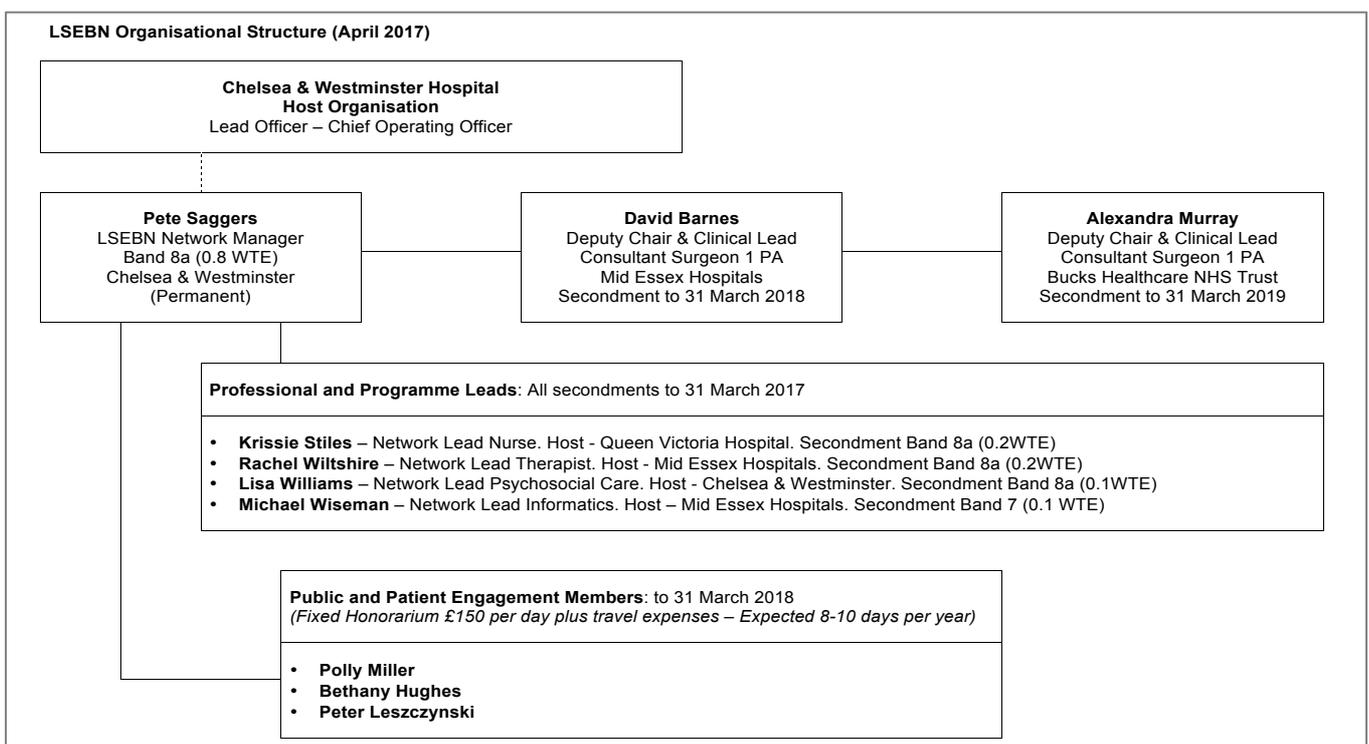


Pete Saggars – LSEBN Network Manager

“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 2017-2018





Network Priorities and Work Programme 2017-2018

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 comment or action. Additionally, the LSEBN co-hosted the third National Burns Mortality Audit meeting, in July 2017. Whilst this national audit meeting is not mandatory, it does provide an additional tier of scrutiny and 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 Northern Ireland and the Republic of Ireland. Dr Michael Peck, from the MIHS Arizona Burn Centre, President of the American Burn Association, chaired the meeting. The LSEBN will continue to support the audit in 2018.

Burn Care Standards

In 2017, the LSEBN agreed to act as lead ODN for a national project to review and rewrite the national Burn Care Standards. The work will be owned by the British Burns Association and will be published as a set of professional standards for burn services and burns clinicians. It is expected that the report will inform the commissioning specification for specialised burns in 2019.

Emergency Preparedness

During 2017, the ODN has had a focus on emergency preparedness and resilience. We have worked with the other burns ODNs to develop a burns specific annex to the new NHS England Mass Casualty Concept of Operations document. Led by the Northern burn care network, a small “Task & Finish” group was established and in October 2017, the burns annex document was completed as a final draft. The main ConOps document was published in November 2017 and although the burns annex was not officially released by NHS England at the same time, specialised burns services and ODNs were asked to “operationalise” the annex immediately. This meant that the annex needed to be embedded into Trust and service major incident plans and the ODN team visited all of the main burns services to help ensure that the content of the annex was interpreted in a consistent way. A national burns major incident exercise is planned for October 2018.

Developing burn care facilities

Work has continued on extending the network to include facility-level care. During 2016-2017, the service at John Radcliffe Hospital (Oxford) was officially recognised by their NHS England and local CCG, as a provider of specialised burn care. Progress in 2017 to get to a similar position for the service at Royal London Hospital (Whitechapel) has been less successful. The consequences of a potential change in patient flows, across commissioning boundaries, and the resulting changes in funding responsibility, has meant that the service has not been able to fully develop the service beyond its existing first phase. This means that currently, the RLH service is accepting referrals for adults, with minor injuries requiring out-patient or dressings only.

For the time being, most patients from East and North East London, requiring specialised in-patient care for small and medium sized injuries, will continue to be seen at the St Andrews burns service in Chelmsford. The ODN team are continuing to work with commissioners, service clinicians and managers to make positive progress on this situation.

LSEBN Strategic Vision: 2017-2027

In March 2017, the ODN Board received a report on the strategic challenges faced by individual services in the London and South East Burns Network. We undertook a series of meetings and conversations with burns clinicians across the network area, seeking a consensus view on the future model and configuration of specialised burn care services in London and the southeast. In December 2017, we presented our Strategic Vision statement to the ODN Board

The current configuration of burns services within the LSEBN either fails to meet all of the current Burn care standards or sufficiently takes into account the significant changes that are likely to occur in the coming decades.

The purpose of our strategic vision statement was to outline the views of the current providers of burn care in the LSEBN, with the aim of describing the challenges in burn care provision and to offer potential solutions to those issues.

Pre-hospital and emergency care:

There is variation across regions of practice of prehospital care and as a Burns Network we should be moving to maximise consistent best practice across all services. This should include facing the challenges of providing prompt secondary transfer to the tertiary centre for definitive care which continues to be a serious flaw in our health service and can have a negative impact on outcomes.

Paediatric Burns:

There is a network consensus that to maintain skills, it is a necessity for teams involved in the critical care of large burns in children to also be involved in the care of large burns in the adult population. It is also appropriate with any change in provision of paediatric burn intensive care, that it be collocated with a major trauma centre.

Adult Burns:

The incidence of major burns in adults has remained steady over many years but currently there is no burns centre or unit in the London South East Burn network that is collocated with a major trauma centre. As stated above, we believe that centre-level care for adults and children should be co-located with a major trauma centre

Rehabilitation, Outreach and Scar therapies:

Outreach services across the network would need to be bolstered with strategically placed clinics in local hospitals or treatment centres, providing education and dressing support, rehabilitation, psychological support, specialist scar clinics or full physician and multidisciplinary clinics.

Recommendations:

- ***Burn services in the LSEBN should be modelled on providing both burn specific ICU for adults and children in a single centre, that is collocated with a major trauma centre in London and can receive daily input from PICU consultants allowing maximum flexibility between providing specialist service and bed capacity issues and meeting burn care standards taking into account projections in changes of population and deprivation.***
- ***Existing models of care should be enhanced by comprehensive outreach services and the use of geriatric medicine.***
- ***It should have strong ties to a research and academic institute.***

*David Barnes
ODN Chair and Clinical Lead 2017-2018*

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.

LSEBN Patient and Healthcare Professional Information Leaflets

Following the success of the previous LSEBN documents, the SNF pursued the requirements of the Burn Care Standards for Burn Care Networks and Patient Centred Care by developing a library of patient and healthcare professional information leaflets.

In consultation with LSEBN PPE members, feedback received via the LSEBN Burn Care Advisors from the non-specialist clinicians and guidance offered by the Burn Care Standards, the SNF have produced a set of information leaflets, which have been approved by the LSEBN Clinical Governance Group for wider circulation and are now available on LSEBN website.

Patient Information Leaflets

- *Burns first aid and prevention guide*
- *"Bobby has a burn"*
- *"Bobby wears pressure garments"*
- *Enzymatic debridement*
- *Aquacel Ag*
- *Burn assessment with the Laser Doppler Imager*
- *Having a tissue expander (for adults)*
- *Caring for your burn at home (for adults)*
- *Caring for children with minor burns*
- *Caring for your minor burn*

Healthcare Professional Information Leaflets

- *Flamazine*
- *Flammacerium*

LSEBN Wound Care Guidelines

As part of the LSEBN work plan, the SNF have also continued to develop frequently requested wound care guidelines for non-specialist clinicians. LSEBN Guideline document on *Initial Management of Cold Burns (Frost Bite)* sought support from the wider Network team as well as guidance from international colleagues at Helsinki Burn Centre, who have recently published on the subject. LSEBN Guideline on *Initial Management of Ocular Burns* provides essential emergency interventions and treatment in case of thermal or chemical ocular injury and is expertly buoyed by the skilled support from colleagues at the Moorfields Eye Hospital.

General issues

Despite the LSEBN SNF team experiencing clinical and staffing challenges across the Network services, restricting availability of the SNF members to meet and contribute to the work plan objectives, the team has produced documents of highest quality and value. The gratitude of the SNF and the wider LSEBN team must go to the outstanding Queen Victoria Hospital graphics team, who have been most diligent and exceptional in their creativity and design of the LSEBN documents.

It is a compliment to the whole Network team and SNF in particular, that the LSEBN *Initial Management of Ocular Burns*, LSEBN *Burn Blister Management and Burn Blister Deroofing Clinical Practice Guidelines* have now been adopted by the British Burn Association.

The LSEBN has gained a reputation as being the most proactive Network amongst its national peers. The LSEBN documents are widely disseminated across the South East and used as the minimum standard of initial and ongoing care of burn injured patients.

As I depart my 3-year tenure as the LSEBN Lead Nurse, I am incredibly proud of what the SNF has achieved by improving and supporting the standards of care for burn survivors.

***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.

Network Forum

The therapy sub group continues to thrive with good engagement from all burn services. The quarterly meetings have been well attended and the group have now progressed to hold an additional clinical skills training day annually.

Following endorsement by the four Burns ODNs and the BBA, the new Standards of Physiotherapy and Occupational Therapy Practice in the Management of Burn Injured Adults and Children 2017 was published in June. A copy is available via the BBA website.

The updated standards now reflect current practise. Compliance with the standards ensures the burns services comply with the National Burn Care Standard E-8 and aid delivery of the best clinical practise.

Therapies Audit

In January 2018 we undertook a network wide audit against the new standards with the aims of:

- Identifying and promoting good practise through compliance with the National Standards of Physiotherapy and Occupational Therapy Practice in the Management of Burn Injured Adults and Children.
- Ensuring consistent level of care to agreed national standards for therapy.
- Providing evidence of good patient care or identifying where this is lacking.
- Highlighting problems with current practise and identify solutions.
- Promoting collaborative working between burn services in the network.

The audit was completed in March 2018 and results presented to the ODN board. Overall services were 86.5% compliant and we were able to evidence a lot of good practice, with the core area of range of movement and scarring scoring very highly. Where there was need for respiratory physiotherapy services were 100% compliant.

A second audit is planned for September 2018. This will allow more time for the new standards to bed-in, as they had only been introduced three months prior to the audit on this occasion. It will also allow time for recommendations to be instigated. Therefore, we hope to show an improvement in the compliance on completion of this work in early 2019.

Education and development

The therapy group from our network was key in delivering a very successful study day for senior therapists in conjunction with the Burn Therapy Interest Group, held on 2nd October. The day developed clinical expertise in the management of neck burns, including tracheostomy management, scar mobilisation and splint making.

The group, led by the Network Lead Therapist, have participated in the National Burn Care Standards Review working group as part of the network work plan. The lead therapist has also been representing AHP's on the Paediatric specification working group.

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



Service and quality improvements: LSEBN Informatics Group

The network Informatics Group was established in 2016 as a formal, expert user group, bringing together the IBID (burn injury database) data leads from the burn services and enabling the sharing of information and good practice.

This year, the groups work programme has continued to focus on three key issues:

- Support to maintain a consistent approach across the network in regard to the IBID system;
- Continuing the work on refining the Network Minimum Dataset and Quality Dashboard, and;
- Exploring the potential to roll-out the MDS across all burn networks in England and Wales.

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 continues to be 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.

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 Minimum Dataset (MDS), it is possible to extract data from the IBID system to produce our own, network data and activity reports.

During 2017-2018, using our new MDS, we began to trial a new system of compiling aggregated network reports from each service’s IBID records, using shared definitions and processes. These service and network reports include guidance to help services validate their own data, ensuring that services have confidence in the output 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.

Our new MDS only requires 27 main record fields to generate dashboard figures, rather than the 170+ fields listed in the national ‘feeder fields’ document.

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.

This process has produced a much better-validated series of reports. Consideration is being given to rolling out the MDS across the whole country.

*Michael Wiseman
LSEBN Informatics Lead
St Andrews Centre*



Working in partnership (1)

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 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.

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 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 and the Major Trauma Clinical Reference Group. We continue to work closely with the regional and national EPRR teams.

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, through self-assessment and peer-review;
- Emergency Preparedness (EPRR)
- Information and intelligence.

The LSEBN Network Manager is the current Chair of the group and is leading the work on developing and publishing the new Burns Standards in 2018.



Working in partnership (2)

This year, the LSEBN has worked on two national projects, in partnership with other burn ODNs, NHS England and the British Burns Association.

Burn Care Standards

In April 2017, at a meeting between the ODN Managers and the NHS England Trauma Programme of Care Lead, it was agreed that the 2013 national burn care standards would be reviewed and rewritten. The purpose of the review to produce and publish a revised set of professional burn care standards of care and outcomes, with the final report owned and published by the British Burns Association. The LSEBN agreed to take the lead role in this work, on behalf of the ODNs in England and Wales.

A Burns Standards Review Group (BSRG) was established, with representatives drawn from all professions within the burns MDT and geographically representative of all burn services and networks.

The BSRG was chaired by Mr Peter Drew, (BBA Chairman in 2017) and the membership of the group was supplemented by representatives from the Major Trauma Clinical Reference Group.

The objectives of the review were:

- Revise and rewrite the document to clearly indicate what is essential to good care and outcomes for patients (core standards) and what is good practice and aspirational to improve care, outcomes and experience for patients and their families;
- Publish and present the final document to the NHS England Trauma Clinical Reference Group, to inform the commissioning arrangements for specialised burn care

The BSRG has met on seven occasions, between September 2017 and July 2018, and with the support and engagement with all members of the group, it is expected that the final document will be published by 30th September 2018.

EPRR and Mass Casualty Incidents

A major focus for the NHS is the ability to respond to a major or mass casualty incident. NHS England announced a proposal to develop and publish a new “*Concept of Operations*” plan (ConOps) in 2017. It was agreed that this overarching plan required an annex that dealt specifically with burns casualties in a major incident. The Northern Burn Care Network (NBCN) agreed to take the lead role in this work. In April 2017, a small task & finish group was established to develop the annex, with the following purposes:

- To indicate how a significant number of people receiving burn injuries from one or more major incidents could be efficiently and effectively distributed to burn services, suitably equipped and staffed, to deal fully with the presenting injuries and;
- To be utilised as a stand-alone document for a major incident involving burns only or part of the larger NHS England Plan.

The T&F group was co-chaired by Jayne Andrew and Jacky Edwards. By July 2018, a draft document was sufficiently complete to cover the following topics:

- *Phases and notifications;*
- *Activation and roles;*
- *Specialist advice to command & control;*
- *Patient management and consumables.*

The main ConOps document was published in November 2017 and although the burns annex was not fully completed and published, NHS England Emergency Preparedness leads asked ODNs to ensure that the draft annex was fully operationalised immediately.

A national, mass casualty burns incident exercise is planned for late 2018, and the final Burns Annex will be published shortly afterwards.

Service Reports 2017-2018

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 our standards as a place of excellence for burn care in Europe was acknowledged with the St Andrews burns service being the first burn centre in the UK to be awarded the prestigious accreditation by the European Burns association.

This year the centre has had to deal with the increasingly common occurrence of highly antibiotic resistant microorganisms on a number of our major burn injured persons leading to a temporary closure of the burns intensive care unit to maximise patient safety.

It is a credit to all the staff at The St Andrews burn centre that these microorganisms were contained so well and that we can take the experiences from this event for the benefit of patients in the future. We would also wish to express our thanks for the tremendous support from the network manager and all the clinical teams in the network that ensured continued high-quality care for the patients during our time of closure.

We continue to provide a strong output from burns related research and training with 8 burn related publications and many talks or presentations given related to burn care in burn units or conferences across the world.

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.

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

Service Reports 2017-2018

Chelsea & Westminster Hospital, London

The Chelsea and Westminster Burn Service is the only service in London providing care for patients with significant burn injuries. The burns service serves a large proportion of 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).



As newly appointed Clinical Lead for Burns, I'd like first to acknowledge the hard work and tremendous efforts for service improvement of my colleague and previous Lead, Isabel Jones.

From the clinical point of view, Chelsea and Westminster continues being a recognised hub of the highest quality for Burn care serving the population of London and the South East of England within our Burns Network. The excellent resources and clinical work delivered have been recently recognised as excellent in a recent visit by the Care Quality Commission. Since the publication of the previous report, our activity has continued increasing dramatically and our ITU bed occupancy remains high, with unavoidable refusal for admissions in a year of intense clinical activity for the network. Our current project for further expansion of the Intensive Care unit aims to add two more intensive care beds to our current capacity, increasing our ability to look after the most clinically complex and severely burned cases within our catchment area, avoiding out-of-network patient transfer. The Consultant, nursing and allied health professional staff at our Hospital is involved in relevant decision-making forums for Burn care including the major trauma network, the executive group of the British Burns Association and the London and South East Burns Network.

I am honoured to work as Deputy Clinical Lead of the Network supporting Alex Murray, current LSEBN clinical lead. The clinical management of our patients is currently enhanced by a newly established Laser Service with up to four PDL and CO2 Laser lists per week that have treated more than two hundred cases so far. There is an active psychology and nurse-led outreach team that provide support to selected groups of patients at home or other hospitals and institutions.

Declan Collins as research lead has put into place an ambitious and very active program that includes multiple projects delivered in collaboration with a number of prestigious academic institutions. These initiatives include research fellows, BSc students and new technologies implementation. Our nursing body leads an established and very successful program of burn education for burns professionals, and the unit has two key EMSB instructors that deliver, together with the rest of the consultant body a popular EMSB course. Our unit is expecting to be reviewed and receive accreditation from the European Burns Association as a centre of excellence.

***Jorge Leon-Villapalos MBBS MSc Dipl IC FRCS (Plast)
Consultant in Plastic Surgery and Burns
Clinical Lead Burns Service
Chelsea and Westminster Healthcare NHS Fdn Trust
Honorary Senior Clinical Lecturer Imperial School of Medicine
British Burns Association Chair of Education
London and South East Burns Network Deputy Chair***

Service Reports 2017-2018

Queen Victoria Hospital, East Grinstead

The Queen Victoria Hospital in East Grinstead provides regional burn care to Kent, Sussex, Surrey and South London and 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.



Paediatric services are run by our paediatric ward located beside the burns unit with accommodation for up to 9 children. There are two burn rehabilitation beds collocated with the adult burns unit.

The Queen Victoria Hospital provides burns care to the south east of England, covering Kent, Sussex, Surrey and South London and serving a population of approximately four million. We have seen some changes to our key personnel and to our Critical Care Unit set up and continue to work towards improving the service that we provide to our patients.

We are sad to say goodbye to Dr Ken Sim, Consultant Anaesthetist who has been involved with the burns service for many years and to Krissie Stiles who has worked tirelessly in her role as Burn Care Advisor but wish them well in their new endeavours. We have welcomed Mr Paul Drake, Consultant Burn Surgeon to our team, along with Julie Baker as ward manager to our paediatric ward and Denise Lancaster as our Burns Governance Quality and Data Lead. Claire Tait has taken over as ward manager for our Critical Care Unit which has been reconfigured this year.

Our challenges over the last year have been related to staffing shortages particularly in nursing and also bed shortages during peak periods of activity. We continue to work to improve and manage these situations and to minimise their impact on patient care. Our activity levels in both adults and paediatrics increased during 2017 with new referral numbers up for both. Our therapy team provide an excellent burns rehabilitation service to the network and will continue to liaise with colleagues across the network to improve access to this.

We have several research projects running in the department, led by Simon Booth our research nurse. This is an important part of our work and we hope to maintain the level of interest and participation in research into the future. We are currently looking at enzymatic debridement, smart dressings, antibiotic penetration into burn wounds amongst other projects. We maintain strong links to Brighton and Sussex Medical School and the University of Brighton with medical students regularly visiting the unit and participating in research projects.

Collaboration with the Major Trauma Centre in Brighton is ongoing with the aim of establishing a *QVH@Brighton* burn service to enhance the level of patient care that we can provide. We are pleased to welcome Emer Keating, a Darzi Fellow to the paediatric limb of this project.

Finally, after leading our burns team for several years and unstintingly working to constantly improve our service, Mr Baljit Dheansa has stepped down as clinical lead for burns and I have taken over this role from 2018.

*Nora Nugent FRCSI (Plast)
Clinical Lead for Burns
Consultant Plastic Surgeon
Queen Victoria Hospital*

Service Reports 2017-2018

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.

For 2017-2018, our Burns Unit has continued to get excellent patient feedback, despite periods where we have struggled with nursing staff levels. This reflects the hard work and dedication that all members of the team continue to have in delivering excellent care.

Our carbon dioxide laser service for problematic burns scars has been running since October 2017, and we are seeing the positive impact on patients and their scars. Patient reported outcome measures and objective scar assessment tools are being used, and results will be presented at upcoming national meetings.

In conjunction with Restore Research Charity, the team has presented several pieces of work both at the British Burns Association meeting in Swansea and the American Burns Association Meeting in Chicago, both in April. These studies have covered various key topics including Paediatric First Aid, Acid Attacks, Management of Paediatric Scalds and Self-harm.

We continue to run a well-received local Burns Education programme and had a very successful Burns Prevention Day in October 2017, with the fire engine enjoyed by many local children.

In the coming year, we are focusing on professional development of the nursing team and whole MDT, with a big push for an exciting team education programme – supported by LSEBN.

We are also hoping to set up an EMSB course locally, to start recruitment for RCT BEST Scar Study (ran by an MSc student), to continue to support the burns centres for early repatriation of local patients, and to enhance our service as a whole – using the new National Standards as our framework.

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

Service Reports 2017-2018

John Radcliffe Hospital, Oxford

The burn service at John Radcliffe Hospital has been operational as a burns facility since 2016. The service is co-located with the Oxfordshire Major Trauma Centre and is a valuable addition to the LSEBN network. The clinicians at OUH work closely with colleagues at Stoke Mandeville.



Summary of Activity

The following activity figures have been obtained by examining HES data for a 6-month period, October 2017 to April 2018.

Burns Patients: 497	Numbers: (%)
Discharged- no F/U	124 (25%)
Discharged to GP	65 (13%)
Left before seen	14 (3%)
Sent to Plastics clinic	198 (40%)
Referred to SMH	80 (16%)
No outcome recorded	16 (3%)

In summary, there were 497 burn patients of which 80 were referred on to a burns unit and 198 were treated at Oxford. A burns care pathway for patients of the severity that makes them suitable to stay in Oxford is now well established and flow through the pathway generally occurs fairly smoothly. We have not had any significant events or patient complaints around the burns service in the last year.

There are information leaflets given to the patients that explain the care provided and any ongoing treatment needed, with contact details to ensure that they can access advice when needed. The vast majority of these patients heal without complication within 2 weeks.

Compliance with Burn Care standards

There are two areas that we have identified as being priorities for us to improve the standard of care given. First is the pain relief given to the paediatric burn cases for their assessment in the Plastics Clinic. We identified through an audit that adequate pain relief was not being given in a significant number of cases.

An interim plan to resolve this has been put in place so that any child who needs a high level of pain relief will have their dressing done in theatre whilst we investigated what the longer-term solution should be. It has become clear that although we have nursing staff who are competent to sedate children in clinic we do not have sufficient staffing levels for the children to be monitored safely afterwards. We are therefore working towards having an additional clinic facility where we combine children's dressing changes for all Plastic Surgery with the burns care to ensure that an adequately resourced and child friendly service is available for both.

The second area that we are addressing is psychological care. We have met with the psychologist from Stoke Mandeville (Liz Pounds Cornish) to discuss a strategy for this and there is a plan in place for a training day and ongoing support. The aim is that the staff at Oxford become better at picking up psychological distress in order to facilitate the patients that would benefit from further support getting referred on to Stoke for this aspect of their care.

*Ms Sarah Tucker
Burns and Plastic Surgeon
Clinical Lead for Burns*



Forward into 2018-2019

We have already approved and published our work programme for 2018-2019 and have agreed with NHS England our immediate priorities for the year ahead.

The LSEBN Clinical Governance Group met in December 2017 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 continue 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. We are planning to work with the other burns ODNs to roll-out the LSEBN Minimum dataset. This template reporting system is based on a minimum dataset from the IBID database.

Clinical Governance

The LSEBN is leading a national review of the National Burns Standards. This is a collaboration between the burns ODNs and the British Burns Association and is a significant element of the network managers work plan for 2018-2019.

The Network and National audit remain the key element of clinical governance for the ODN. We will continue to hold an annual mortality audit and in 2018, we will once again co-host the national audit event.

Psychosocial Care Forum

We look forward to closer integration with the services at Whitechapel and John Radcliffe. With the upcoming release of new burns standards all six services will need to self-assess against them to identify and close any gaps. We will continue to pursue the goal of keeping our MDTs up to date with psychosocial training requirements. Finally, this year we would like to engage in a new work stream exploring Patient Reported Outcomes Measures – PROMS. We are in discussion with the Centre for Appearance Research (CAR), who developed several burns specific PROMS with the assistance of our patients, to find a way to distribute, collect, collate and analyse outcome data from across the network. This is likely to take the form of a pilot project undertaken with CAR.

Senior Nurses Forum

In 2018, we are saying farewell to Krissie Stiles, who has provided expert leadership to the senior nurse forum since 2014. We all wish her well for the future. A new network lead nurse will start work in September 2018 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.

Network Therapy Forum

Looking ahead to 2018-19 we have several study day and clinical skills training days planned for therapists will all levels of burns experience, including an introduction to burns skills in May, an advanced splinting workshop in June and a national study day on hand burns in October.

The network Lead Therapist will continue to support the national review of burn care standards and the NHS England review of specialised paediatric burn care.



Annex 1

LSEBN Service Activity 2017-2018

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

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 both inpatient and outpatient care. Activity data shown below was provided for the National Burns Mortality Audit meeting, July 2018,

	St Andrews Broomfield Hospital	Queen Victoria Hospital	Chelsea & Westminster Hospital	Stoke Mandeville Hospital
TBSA% Burn Injury <10%	948	1157	2087	782
TBSA% ≥10% to <40%	47	21	46	9
TBSA% ≥40%	19	0	5	1
No TBSA recorded	34	8	0	0
Total all Adult Referrals	1048	1186	2138	792
TBSA% Burn Injury <10%	751	955	1093	464
TBSA% ≥10% to <30%	27	3	18	6
TBSA% ≥30%	7	0	1	0
No TBSA recorded	3	0	0	0
Total all Paediatric Referrals	788	958	1112	470

TOTAL ALL REFERRALS	1836	2144	3250	1262
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Indicative % share of all referrals 22% 25% 38% 15%



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

