LSEBN ODN Board
Tuesday 21st March 2023

Invited:

David Barnes – St Andrews (Chair and Clinical Lead)
Joanne Lloyd – Network Advisor
Vicky Dudman – Network Lead Therapies
Alexandra Murray – Stoke Mandeville
Sara Atkins – John Radcliffe Hospital
Paul Drake – Queen Victoria Hospital
Claire Clarke – NHSE East of England
Pete Saggers – ODN Manager
Lisa Williams – Network Lead Psychosocial Care
Nicole Lee – Network Lead Nurse
Joanne Atkins – Chelsea & Westminster
Kathy Brennan – NHSE London
Gail Murray – NHSE East of England
Rosie Baur – NHSE South East

NOTES

1 Chair's introduction and apologies

DB welcomed all to the meeting. Apologies have been received from: Lorraine Sime, Konstantinos Tsormpatzidis, Sadaf Dhalabhoy, Victoria Osborne-Smith, Joanne Pope and Gareth Teakle.

2 Notes of the previous meeting

The notes of the ODN Board in January 2023 were accepted.

3 Matters arising, not on the agenda

- TRIPS
  - PD gave a brief update on the current position with TRIPS. PD told the meeting that the developer had very recently notified the Trust that no further work would be done to upgrade the existing TRIPS system. The current system is stable and functionality will be maintained, whilst a decision on the longer term is reached. This does mean that the Trust will need to decide urgently how to support and enhance a 'new' TRIPS system for the future, because tele-referrals are a crucial issue for QVH in burns and many other services. There is some finance available for a new TRIPS, including potential financial support from Microsoft.
  - DB reminded the group that the discussion and agreement at the January meeting was that the ODN would make a decision on the preferred burns tele-referral system during this financial year, and preferably before the end of 2023, for implementation in early 2024.
  - PS mentioned that the only viable existing system, used by burn services, is the MDSAS system, used in the South West and the North of England. PS had hoped to invite them to today's meeting, but hadn't been able to make that happen.

Action:

- ❖ **PS to make contact with MDSAS, to ask for further detail of the system and invite the MDSAS team to the June meeting.**

4 Burn Service Update (Verbal)

Issues related to activity, performance and staffing

4.1 Oxford

- SA reported that there were no issues of note. The service is working on operational cross-site collaborations with Stoke Mandeville, looking at the next 3-5 years, including IBID data clerk.

4.2 Stoke Mandeville

- AM confirmed that a new data-clerk has been appointed at SMH and work has begun on tackling the backlog of data. AM thanked Michael Wiseman for helping.
- 1.5WTE additional nurses appointed for the paediatric burn service and the new 18 bedded area is due to open in the next 2-3 weeks.
- In regard to the adult service, they have been fairly busy with referrals and with network support for repatriation and mutual aid.
- Sine the QA visits, the Trust have invited the service to submit bids (£) for expanding the staff baseline and this is very encouraging.

4.3 Chelsea & Westminster

- JA reported that the Trust senior management is undergoing changes, impacting on the leadership for the surgical division and Trust finance. Recruitment is moving forwards for a number of senior nurse vacancies.
- The service is running close to capacity for ICU/HDU and thanked SMH for taking an HDU case over the weekend that allowed ChelWest to keep an ICU bed available.

4.4 Queen Victoria

- PD also reported a series of changes in the Trust management team, including the appointment of a new CEO, Head of Finance and Chair of the Trust Board.
- Activity for adults is stable and paediatrics continue to be OP and day case only. Discussions about ICU continues and there are additional staffing difficulties with the ward level care.

4.5 St Andrews

- DB reported that staffing issues on the rehab ward has eased in recent weeks, although pressures on the outreach team remain.
- With regard to the proposed collaboration in Whitechapel, there are ongoing discussions between the two finance teams.
- With regard to ICU activity, staffing and patient dependency (acuity) means that on occasions the service is limited to four beds.
- KB asked about the collaboration with GOSH and transport. DB responded to report that since the QA visits, there have been a number of initiatives to confirm and improve the relationship with Birmingham and GOS. A meeting is scheduled for April 2023.
- PS spoke about recent conversations with NL and Judith Harriot about intensive care nursing staff and the situation when the ICU is 'full' with adult patients, leading to no capability for a paediatric referral into the St Andrews ICU. PS suggested that it might be helpful to write a letter from the ODN Board to the Trust senior management team, raising concerns about access to paediatric ICU and to encourage a flexible approach to bank and agency staffing.
- GM confirmed that the EoE team have held meetings with St Andrews and further meetings are planned.
- KB asked about refusals for children in the last quarter; PS said this would be covered in the next agenda item.

Action:

- ❖ **PS to write to M&SE regarding bed availability and staffing for children's burn ICU.**

5 LSEBN Performance (Quarter 4 2021-2022)

5.1 Issues Log (ODN Risk Register)

- PS spoke about the latest issues log. Sine the last meeting, the register has been updated to reflect actions from the QA visits. DB asked whether risk 'score' for QVH should be higher, given the situation with refusals, and access to ICU & ward level care. This will be discussed later in the agenda.

5.2 Quality Dashboard

- PS spoke about the recently released Q3 Specialised Services Quality Dashboard (SSQD), noting that there appeared to be a national problem with the report. Various metrics recorded 'zero' activity / compliance, making the report appear to "broken". This seems to be caused either by incorrect data entry at service level, or by the IBID system incorrectly gathering data from service submissions. Either way, the report appears unreliable.
- KB asked how the report is produced. PS confirmed that services enter data into IBID (a minimum dataset) and IBID extracts figures from the central record, and produces the quarterly reports. PS noted that there are historic issues with validation of the SSQD record, but the recent dashboard reports (2022-23) seem particularly poor. There have been numerous discussions with the NHSE national and CRG about this subject.
- KB agreed to speak with the London quality team, to see if there is any support that can be offered to improve matters.

5.3 Refusals (Referrals turned away)

- PS spoke about the recent figures for cases refused (April 2022 to February 2023).
- KB asked if the report could include information about the reason why a patient was refused (staffing, beds full etc). PS said that this data was available in the DOS dashboard and can be included in the future.
- DB suggested that recording of children and adult refusals should be separated.

Action:

- ❖ **PS to re-analyse the refusal data, to include the cause of the refusal, as denoted in the DOS System.**
- ❖ **In future the report will categorise adults and children separately.**

- NL spoke briefly about a new, informal 'WhatsApp' group that has helped out-of-hours communications over the last few weeks.

5.4 Pathways DOS Sit-Rep Bed Availability, OPEL Status and Occupancy

- PS reported the latest activity figures, extracted from Pathways DOS and provided on the new bed dashboard.
- The figures are provided from the national data on the new dashboard and the analysed as a summary report for the LSEBN.
- DB said that this was a valuable report because it highlights a number of key issues, including the number of days that services are declared Burns OPEL 2 (closed to new referrals at the highest level of care that a service would normally accept).
- The report now includes analysis of the non-burns skin-loss activity.

5.5 ODN Team Budget

- PS introduced a report on the network team budget position at Month 11, and the forecast outturn for this financial year. The report highlights a predicted underspend on the budget, caused by pay and non-pay underspends. PS noted that conversations had begun with NHSE London about carrying forward any underspends into the new financial year 2023-24.
- At the time of the meeting, the following sums are expected to be carried forward into the new financial year:
  - £37,636 Training & Education not yet allocated to services
  - £15,582 underspend on this year's team budget (pay and non-pay)
  - £18,498 underspend carried forward from 2021-2022
  - **TOTAL £81,716**

- PS explained that the position reported today may change, if invoices for the training budget are received; this will cause the expenditure to rise, and the underspend to fall, by an equal value.

- PS spoke about a series of proposals included the report, for the team budget in 2023-24 and 2024-25.
  - Changes to the network clinical leadership roles, with 2 Consultant PA's, whether by one or two people holding a position in the network.
  - Because of the expected new specification for clinical networks, it is likely that the network will have a new 'external' Chair of the network, and this means that the network can redesign the clinical leadership role. DB spoke in favour of returning to a two-person rolling agreement with a clinical lead and deputy.
  - In addition, the report proposes that the network team is enhanced with the appointment of a network burns data/informatics analyst. As a network, the preference would be to have a dedicated burns analyst, rather than a shared post with other networks. This would bring the L&SE network into line with other burn networks. The role should include the development of a standardised approach and data sharing.
  - The general discussion suggested that the role might need to be a higher banding and a minimum of two days per week.
  - AM offered to reach out to colleagues in Australia, where they have a well-developed model for data informatics / analytics.

Action:
- ❖ **PS will develop the proposals for the data analyst for consideration at the next Board meeting.**

- PS noted that funding for 2023-24 and beyond would continue to enable the network to have a training and education budget, to support non-mandatory education courses for staff in the burn care MDT.
- A small amount of the budget carried forward into 2023-24 will be available for one-off, non-recurring projects. Services will be invited to submit "bids".

Action:
- ❖ **PS will write to all services, with details of the amounts available in 2023-24 for network funded training and education and the necessary invoice arrangements.**
- ❖ **PS will also invite services to submit bids for one-off projects, with details for the sums available.**
- ❖ **All financial issues related to year-end 2022-23 will be reported at the next Board meeting.**

6 Quality Assurance Reports and Actions

To discuss the NHSE QA Peer Review reports, Service and Network Actions

PS introduced this topic and explained that since the QA visit reports had been circulated and discussed at the January ODN Board meeting, a process for "factual accuracy" had taken place. This followed a lengthy discussion in January about how fair and accurate the reports were. The factual accuracy process was intended to enable services to challenge the report findings but led to only two changes in the recorded compliance report for the St Andrews service and no changes in all other services. The following issues were discussed:

- DB explained that despite the two changes made in the St Andrews report, the overall percentage score of compliance had not been changed and their remained a number of issues not resolved. This included the reported attendance of PS during the QA visit, when PS had most certainly not been in attendance.
- DB said that the process had invited comments from the services but there had been no commentary or acknowledgement of issues in response, to explain why a challenge to the accuracy of the report had been ignored.
- There was no acknowledgement that services have been marked as non-compliant in areas where evidence of compliance had been available, but not seen or asked for on the day.

- DB said that despite the factual accuracy check, the peer review reports remain inaccurate and incomplete, and although there are many positive recommendations, it is difficult to see how this report can be published and sit on the network work plan.

- PS said that he had hoped that the services could acknowledge that the reports might not be wholly accurate but as a network, we could move forwards with the recommendations made and see actions taken into the service and network work plans. However, if the reports remain as they are, they become part of the 'public record' that could be available to CQC and other similar bodies and that at that stage, the inaccurate reports reflect very badly on the Trust and the service.
- DB said that the reports also have to be discussed within the Trust and that it would be helpful if the network could provide a statement to explain how the QA visits were commissioned and how the reports have been written and that following discussions at the ODN Board, there was agreement that the reports are flawed but that a work plan is put in place to take forward the recommendations and actions.

- GM suggested that a formal letter should be sent to the review team, noting the concerns raised at today's meeting and DB and PS agreed with this proposal.
- PS noted that because of a clear conflict of interests for DB as ODN Chair, the letter and statement from the ODN would need to come from PS, if this approach was approved by the ODN Board.
- PS suggested that the letter to Hannah Coyle, as the QA Lead for the visits, should:
  - express concerns about the process and reports, and challenge the assessment of non-compliance;
  - acknowledge that there are recommendations in the reports for the delivery of burn care that need to be taken forward in the service and/or network work plan.

- KB supported a 'balanced' response, providing details and evidence for compliance in areas where the service was assessed as non-compliant.
- AM spoke about the need to feedback to the QA visit team on how services had experienced the visits and "what went well", and what went "less well".
- RB noted that in NHSE SE, they were looking at the process for QA throughout the region and wouldn't use this peer review model, but look at the good points and designing a local QA model. Looking ahead, the model for peer review will be less used, with the emphasis shifting to SOPs, annual reports and dashboards.
- KB asked if peer-review is included in the new network specification. PS said that it was.
- NL spoke and said that peer review should be a positive thing, with shared learning and an intention of improving services. However, the reports as currently written are extremely damaging and reflect badly on the service and the MDT.

- PS noted that the process for assessment was aligned with the 'self-reported' sections in the approved Quality Dashboard. There are questions about how people can access these sections, and one of the big lessons of the whole process was how information was communicated before the visits took place.

- KB suggested that the summary report provided by PS for the meeting today, *(see attachment 07)* could be used as a template for feedback to the visiting team.

Action:

- ❖ **PS will write to Hannah Coyle, to feedback on the process and express concerns, but acknowledge that there are recommendations in the reports for the delivery of burn care that need to be taken forward in the service and/or network work plan.**
- ❖ **This letter should include a formal statement that the network disputes the reports and considers them not to be a fair and accurate reflection of the specialised burn care services.**

8 **LSEBN Work Plan 2023** NHSE London (Host) Programme

- PS had circulated a copy of the proposed 2023 network work plan. The report provides a breakdown of the key topics, including actions related to the QA visit recommendations and includes the draft work plan in the NHSE London format (page 3).

9 **Commissioning Issues** Update on Future Commissioning Model Programme (FCMP)

- PS again noted that the new draft Burn Network specification is due to be released in the next 2 weeks. There will be wide stakeholder engagement, including a stakeholder meeting.

7 **Queen Victoria Hospital**

Referral and acceptance thresholds for adult burn care

- PS introduced this agenda topic
- PS explained that following the QA visit reports, DB had written to the QVH CEO and burns leadership team about concerns related to the upper threshold for referrals and the SOP for accepting / refusing adult cases into the East Grinstead service.
- The letter was copied to the NHSE SE commissioners but hasn't been shared more widely.
- DB added that the issue relates to the lack of essential co-located services and the long-standing discussions about moving the burns service to another location. The subject of QVH burns moving to another location and being compliant with the burn care standards has not been resolved and appears not to be close to being resolved.
- This lack of progress and action leaves the service exposed to areas of non-compliance and the network needs to be assured that sustainable mitigating actions are in place and the threshold for admissions is compatible with circumstances.
- As an interim measure, the letter proposed limiting adult cases at QVH to a maximum threshold of 20% TBSA and not to accept patients who are predicted to require ventilation for more than 24 hours.

- PS summarised the situation:
  - BBA Standards for co-located services not being met
  - Configuration with major trauma (centre or unit) not being met
  - Centre-level and Unit level care thresholds, not compatible with the EG site
  - The need to agree the upper level for QVH to accept referrals

- In response, PD noted the following points
  - At the present time, the service is not able to accept referrals for the higher level cases requiring ICU, due to on-going staff issues and this impacts on a very small number of referrals.
  - Over the past two years, the cases have been adequately managed or have been temporised at QVH before transfer to definitive care. The service is happy to provide care for these cases, and if access to CCU improves, would be happy to continue.
  - PD noted that although the numbers are low, cases were often related to pressures elsewhere in the network.
  - The main issue for QVH is burn staffing and pressures from other specialties at QVH and until that situation improves, the service will not be able to accept centre-level cases.
  - Resus level burns that might previously have been admitted onto the ICU are now being treated in a ward area. These are cases at or below 20% TBSA but the service would be open to taking referrals above this level, with referrals being assessed on a case-by-case basis, dependant on dependency.
  - The service has never taken patients requiring haemo-filtration and at the moment can't take patients requiring mechanical ventilation but there are intermediate cases that are larger burn cases, who don't require renal support or ventilation and QVH are happy to take.

- PD had provided a short narrative and flow chart to describe the referral processes and examples of mitigations in place for access services not co-located. PD added that the plans to relocate burns to the Brighton MTC have now ended and a merger of the two Trusts has been abandoned. There are no plans to revisit these issues in the near future. In regard to referrals and mitigations, PD noted the following:
  - The current SOP is to contact Brighton for external specialties.
  - For external support, MS Teams facilitates immediate access to staff and expertise can be on-site within an 60-90 minutes if needed.
  - There is a recognition that reliance on one single provider is probably not good enough and QVH are looking to improve arrangements with other providers within the region.
  - This wider collaboration will help with specialist input for follow-up care, closer to where the patient needs it.
  - Teams links, often with the patient involved, means that it is possible for experts to support patients remotely, and to make decisions about the need to meet face-to-face.
  - The main issue is access to medical specialties but this is improving. The Trust has increased on-site capability with the appointment of a respiratory physician and neurologist and improvements are being made in on-site dermatology.

- NL commented on nurse staffing, reflecting not only on the issues in critical care, but also with ward / high dependency care. This issue was raised at the senior nurse forum but NL has not yet been able to get a meeting together. Night shifts with only a single nurse on duty is a problem and this appears often to lead to refusals. Both ChelWest and St Andrews are seeing an increase in ward level patients from the QVH catchment area, which in turn leads to difficulties in step-down for patients in the ICU.
- PD noted that nurse staffing was a considerable pressure across the southeast, not least being that this is an expensive area to relocate to. The Trust is looking at improving recruitment and retention.
- PD also noted that from the refusal figures seen earlier in the meeting, the number of refused cases from QVH is lower than at Stoke Mandeville. NL responded to say that this is the number of ICU referrals, and probably doesn't include ward cases.

- DB asked if the NHSE commissioners would like to comment on the discussion, but unfortunately, RB from the NHSE SE team had other commitments and had needed to leave the meeting early.
- PS asked about the letter to QVH and the proposal that the service has an upper threshold of 20%TBSA, until the network is satisfied that the mitigations in place for the burn care standards had been agreed as acceptable. The question for today is whether the ODN Board is happy with the explanation and the flow-chart provided today?
- PD said that taking cases above 20% TBSA, including cases into the critical care unit, was the aspiration for the service and the Trust.

- DB stated that the intention of the letter is to be supportive to the burn service and the team at QVH, to continue to provide care for the large population (in Kent Surrey and Sussex). The issue is that for many years, the situation was going to be resolved by a planned relocation, but that seems increasingly distant. The network wants to support the service in reaching a sustainable position.
- DB noted that timescales and plans are an important starting point and that getting agreement to a baseline position of 20% TBSA is a way to establish a conversation with the Trust and commissioners for the longer future. It is not acceptable to have a situation where patients are lingering in referring EDs, waiting for an out-of-area transfer to London or Essex.

- JL spoke about the uncertainty of burn care. Patients may shift in their condition, after admission and require a secondary transfer to a burn centre. This isn't an optimal situation and could be described as a risk to patients.

- PD responded to say that limiting admissions based on TBSA wasn't the best way of tackling the issue. A 25 year old with a 35% mixed depth scald was different to an older person with a 10% injury and multiple co-morbidities. This makes the case-by-case discussions the best way of deciding which cases are accepted and which ones go elsewhere.
- PD also suggested that despite the high number of days that the service is declaring OPEL 2 (ICU closed), the number of refusals for the same period is low, meaning that demand for these beds isn't material and the argument for a lower threshold provides a red herring.

- PS again asked whether there was consensus for an upper threshold, that is safe and sustainable and in the best interests of the population served by QVH.
- PD responded to say that the best way was to retain the current position, by reviewing referrals and deciding on a case-by-case basis which cases are accepted and can be treated appropriately at QVH, and which cases go elsewhere. Setting a precise threshold is not reasonable, given the earlier conversation about age, severity and comorbidities.

- In conclusion, DB thanked PD for the response, flow chart and discussion today. DB suggested that there needed to be a more detailed look at the mitigations and to gain a better understanding of things like staff rotas, medical cover and nurse staffing. This will help develop a response to the Trust and advice for commissioners.

  Action:
  - ❖ **PS will set-up a meeting for DB, PD and PS to discuss the issue further and prepare a report for the next ODN Board meeting, or sooner if necessary.**

Date of next ODN Board meeting(s)

- ❖ *Proposed:* ***Wednesday 5th July 2023 10:00 to 12.30***

- ❖ *Proposed:* ***Thursday 5th October 2023 Network Board (am) and Network M Audit (pm)***