

**LSEBN ODN Board (Main Group)**  
**Thursday 7<sup>th</sup> October 2021**

**In attendance**

**Burn Service Clinical Leads:**

- Nora Nugent – QVH (ODN Clinical Lead and Chair)
- David Barnes – St Andrews
- Alexandra Murray – Stoke Mandeville
- Joanne Atkins – Chelsea & Westminster
- Sara Atkins – Oxford John Radcliffe Hospital

**ODN Team:**

- Lisa Williams – Psychosocial Lead
- Vicky Dudman – Lead Therapist
- Nicole Lee – Lead Nurse
- Pete Saggars – ODN Manager

**NHS England:**

- Gail Murray (East of England)
- Kathy Brennan (London)
- Lorraine Sime (South East)
- Joanne Pope (East of England)
- Victoria Osborne-Smith (London)

**Notes**

**1 Chair's introduction and apologies**

NN welcomed all to the meeting. Apologies received from Gareth Teakle (ChelWest).

**2 Notes of the previous meeting**

ODN Board 9<sup>th</sup> June 2021.

The notes of the previous meeting were approved as an accurate record of the meeting. A number of issues are covered on the agenda.

**3 Matters arising, not on the agenda**

PS spoke about a number of issues from the previous meeting:

- Peer Review of burn services  
*A short briefing session has been conducted with all services, excepting Oxford. The review paperwork requires sign-off from NHSE (topics in the burns dashboard) and this is likely to cause a delay into the new year.*
- QVH adult burns  
*A working group, consisting of commissioners and managers / clinicians from QVH and UHSB is continuing. An options appraisal is being drawn up. There is also consideration about a possible merger of the two Trusts.*
- RLH Whitechapel burns facility  
*There has been no recent progress with this work.*
- Paediatric Burns Specification Review  
*PS explained that the final draft specification has been agreed by the T&F Group and submitted to NHSE for approval. The document will be considered by the Major Trauma & Burns CRG and then will be sent out for a two week "stakeholder testing" period.*
- Telemedicine (TRIPS)  
*There has been no progress on this subject. Tele-referral systems are noted in the draft GIRFT report for plastics & burns.*

- Service delivery – capacity and capability report  
*At the previous meeting, PS had provided a report on burns bed capacity & capability in the L&SE network and a comparison with the rest of England & Wales. It had been agreed that PS, VO-S and KB would meet to discuss the issue further, but this had not yet happened.*

#### 4 **LSEBN Performance Reports (Quarter 1 2021-2022)**

The following topics are presented for information and discussion.

- Risk Register  
*There are no new topics on the Q2 register. AM reported that there has been progress with the staffing issues at Stoke Mandeville, although final budget approvals are required. If approval is given, this will resolve the staffing issue and the subject can be removed from the ODN register. The matter related to clinical leadership and job plans is also likely to be resolved shortly. KB raised the nomenclature of “risk register” and it is likely that this will be renamed as an “issues log”; this is because accountability for the risk lies with the Trust, rather than the ODN. Further guidance on this issue will come with the new arrangements for ODNs, as part of the reconfiguration of commissioning (Pillar 3).*
- Quality Dashboard  
*PS presented the Dashboard report. This is extracted from the IBID report and presented as a combined ODN report, with graphs and tables. PS highlighted the issue of indicator for “unexpected deaths” and discussions at the national group about validating these cases through the national M&M audit. All mortalities are reviewed at the network M&M meeting. The group discussed the burns pathway and the indicator for patients assessed by a burns consultant within 12 hours. It was noted that this relates to arrival at the burns service, rather than the time from the initial injury. There remains an issue with the IBID record for pain scores at St Andrews for children. This issue is being discussed with the IBID team.*
- Centre-Level Care Refusals (Referrals turned away)  
*PS described the report and explained the definition of a “refusal” used in the report. The cases shown in the report are patients who were turned away for centre-level care, who would otherwise have been accepted by the burn service. This includes cases refused due to a lack of capacity and/or capability. The majority of cases are transferred to another LSEBN service. The report only looks at centre-level care. The following issues were discussed:*
  - *DB suggested that there should be a “target” for the number of refusals.*
  - *SA asked whether the cases “refused” had poorer outcomes.*
  - *VD asked about the timescales for repatriation.*
  - *AM suggested that the “refused” cases could be investigated through the proposed audit of transfer times. JA noted the impact for patients in the care of non-burns clinicians and issues related to levels of fluid resuscitation and temperature.*
  - *LW asked about how the cases are followed up.*
  - *NN asked whether we should be focusing only on refusals that move out of the network.*
  - *PS noted the issues raised at the previous meeting, about the distribution of burns ICU capacity across England.*
  - *NL asked that the discussion recognises that the numbers relate to individual people and we must remember the impact on families, associated with family members being treated out of area.*
  - *JP noted the commissioning and contracting arrangements for specialised burns and suggested that there should be a discussion within each of the Trusts about beds and staffing and the potential benefit of a cost/volume funding arrangement.*
  - *VO-S noted that the discussion needs to identify and articulate the benefits and risks associated with additional commissioner and trust supported capacity. This might include quality measures related to delayed transfer time. A short presentation of the bed occupancy figures would be helpful.*

In conclusion, PS affirmed the need for the meeting between the ODN and commissioners, related to service delivery, capacity and capability.

- Pathways DOS Sit-Rep Bed Availability, OPEL Status and Occupancy  
*PS presented the report of activity, as derived from the daily NBBB SitRep. This analyses bed occupancy (ICU, HDU and Ward care) across the four main LSEBN services, and indicates the occasions when services are at OPEL 2 and/or the ODN is at OPEL 3. The data archive is provided each month to the service clinical leads.*

## 5 **Burn Service Update** (Verbal)

- Issues related to activity, performance and staffing

### Queen Victoria Hospital

- Impact of winter and Covid-19. Green site so not directly involved with Covid cases, but staffing has been affected, particular impacting on ICU.

### Stoke Mandeville

- Running with a red and a green ICU. Hospital often at OPEL 4 with long waits for ED.
- Access to emergency theatres through an “amber pathway”. Utilising SAMBA swab system to get rapid results to reduce delays.
- Staff issues, with staff absences caused by testing positive or for families isolating. General feeling is that pressures are rising across the system, similar to the winter peak in 2020-21.

### St Andrews Broomfield Hospital

- Similar staffing issues at St Andrews, particularly since children returned to school
- A number of MRSA issues and investigations. The rehab ward is very busy

### Chelsea & Westminster

- Staffing not a major issue at the moment although absence is a little higher with children back at school.
- Significant swings in referrals, with intermittent spikes in major burn cases

### Oxford John Radcliffe

- Generally working normally in Oxford, following a difficult summer period.

- Developing a short, written service report
  - PS had prepared a template for a written report, but it was agreed that a verbal report was preferred. PS suggested that the audio record of the meeting ensures a much improved set of written notes.

## 6 **LSEBN team Budget**

- ODN Team Budget: Month 05

PS noted the much improved communication with the C&W finance team and expressed confidence in the figures provided in the Trust budget statement. There are a small number of anomalies and a lag in the invoice system, but generally (at Month 5) the situation is where we would expect to be. The forecast outturn is breakeven.

- Utilisation of the ODN Training & Education Budget 2021-22

PS had provided a short report on the use of the training and education budget in 2021-22. An amount of £50,000 is available and this could be distributed in a “fair shares” basis or invested in a larger “big ticket” project. NN asked whether there was a “big ticket” investment and if not, we should agree a fair share quickly. If there was a big project, it should not be something that required investment beyond the £50k. This would include things such as TRIPS, that would require a much greater investment beyond the £50k available. The following issues were raised:

- SA: producing educational videos, accessed by non-burns staff over the internet. Potential for Oxford and SMH to combine their funding to progress this work. JA noted that some work has already started at C&W (Andy Williams leading). VD noted that some work is also being progressed through the BBA.

LW noted the potential need to invest in professional video content providers. Previous work with Changing Faces has provided an excellent teaching resource, that is used across the network and nationally. DB suggested that these videos should greatly improve the quality of initial burn care, carried out in major trauma centres. NM later spoke about the need to have professional editing of video resources. Hosting the finished video is also a problem, as this is determined by the size of the video file. Some work is being done with the national BIRT Training group, to look at this issue and to try and identify a national resource that can cope with the video size and allow access by non-NHS people.

- DB also spoke about the LSEBN website and improvements that could be made in the information for patients.
- AM noted the need to improve CPD and team training opportunities, to help services catch-up on training resources, that were missed during the pandemic. Also, improving the information for patients, by updating some of the patient information leaflets.
- DB spoke about simulation days, with time allocated for SIM training twice a year. This would involve the entire MDT and it is often difficult to get the whole team together, if there was a SIM study day, it would be easier to plan for staff to attend. NM also spoke in favour of study days for SIM.

In conclusion, it was agreed to set aside £10,000 to facilitate the development of SIM training resources, with the balance of the allocation distributed by the fair shares model.

**Action:**

- ❖ **NM and AM to work together on bringing forward a SIM action plan for 2021-22.**
- ❖ **Each service will nominate one person to join a small T&F group.**
  
- ❖ **PS to write to all burn services to confirm the allocation shares, for training and education and the necessary invoice arrangements.**

## **7 Knowledge Competency Framework**

Audit of therapists use of the competency framework

VD spoke about the recently completed audit. This was conducted across the four main services in July 2021. After the audit in the network, and with some small changes expected in the paperwork, it is planned to share the framework with the BBA Therapy SIG and hopefully, to roll-out the framework across all services nationally in 2022. It was agreed that this has been an excellent project and it is good to see work like this, led by the LSEBN, shared across all burn services.

## **8 Post Pandemic Reflection**

Discussion document – impact of the pandemic on staff and service activities

This report was prepared for the June 2021 meeting but not discussed. It is generally a discussion paper, reflecting on issues related to staff and the impact of the pandemic, but also to potentially review the impact of the pandemic on waiting times for elective surgery. PS asked if the waiting list analysis was a worthwhile exercise. The following issues were discussed:

- DB raised the issue of “hidden” waiting lists, that include planned operations and also he reflected on the difficulty in getting consistent information from Trust managers. AM agreed that Trusts look at the waiting lists in different ways and this exercise might not provide a comparable and consistent view across the whole network.
- PS asked if the analysis was too complicated and could it be simplified, with fewer procedures and a different analysis of waiting times. As a starting point, focusing on Royal College Priority 3s and 4s, separated by adults and children.

**Action:**

- ❖ **PS will circulate a revised template for the service analysis.**

The discussion document also looked at issues related to staff and the impact of the pandemic on their psychosocial well-being. The document asks whether there is a case for supporting one-off funding, to enable each of the burn services to develop a social event or activity (an evening or weekend) for staff to meet and relax away from the hospital environment. DB suggested that although this was a worthwhile concept, it was unlikely to stand up to governance rules in the Trust. NL said that the feedback from the senior nurse forum is that there has been a lot of psychosocial support offered to staff, since the pandemic but what staff are missing is the opportunity to sit and talk to each other, as part of a team. It is these “coffee room” debriefs and the chance to sit with a larger group is what is missed the most. NL noted that this was a common theme across the whole network. It was agreed that this is something that should be considered within each service.

## 9 Network Audit - Transfer times

AM spoke about the proposed data collection for network transfer times, for adult and children (resus sized TBSA injuries). This was first undertaken in 2019 and presented at the National M&M meeting that year. Each service had identified a burns registrar to undertake the data collection. The results of that initial audit had suggested that transfer had not impacted on patient mortality but because it did not consider issues such as length of stay, it was not possible to consider the impact on morbidity. AM presented the new minimum data set, which includes a number of fields that will make analysis of morbidity possible. AM asked clinical leads to look at the MDS and send comments, along with a named registrar at the earliest opportunity. The clinical audit will need to be registered with each service / Trust site. A prospective audit is preferred, running over the period December 2021 to February 2022.

### Action:

- ❖ **DB and JA to send comments on the template to AM as soon as possible, together with the name / contact details for a designated burns registrar for the service data.**

On an audit related matter, JA asked about the network and national audit requirement to collect figures for fluid input and urine output, during the first 48 hours. PS noted that this issue had been first raised at the national audit meeting in April 2021 and it had been agreed that this information would be helpful in understanding mortality cases. The actual descriptions in the audit template were approved by Mr Moiemem (Midland Burns clinical lead). JA Collecting and recording the fluid I/O is complicated and impacted by a number of factors, not least the fluids given in the pre-hospital and/or ED setting. Also, the new electronic patient record systems make it more difficult to record. NN and DB also reported difficulty with the figures. It was agreed that this issue should be discussed again at the national ODN meeting.

### Action:

- ❖ **PS to add the fluid resus to the agenda for the next NBODNG.**

## 10 LSEBN Work Programme 2021-2022 - Quarter 2 update / progress report

The ODN work programme was presented for information. This year's work plan is a mixture of network and national projects. The report provides an update of progress against each topics.

## 11 Commissioning Issues

- Major Trauma CRG  
*The next meeting of the CRG is 19<sup>th</sup> October. No issues were raised at the meeting today.*
- Other Strategic or Delivery issues
  - *KB spoke about the new arrangements for networks, as part of the Pillar 3 work programme for specialised commissioning. A national group is being established to support NHSE and the transition to the new arrangements under the Integrated Care Systems (ICSs). PS is joining this group to represent the burns ODNs.*
  - *JP noted earlier comments made about issues related to the trauma pathway, and early interventions in ED (MTC or MTU) eg: escharotomies*

**Date of next ODN Board meeting(s)**

Confirmed dates

- ❖ *LSEBN ODN Board (Core Group) Tuesday 7<sup>th</sup> December 2021*
- ❖ *LSEBN ODN Board (Main Group) and M&M Audit Wednesday 16<sup>th</sup> March 2022*
  
- ❖ *NBODNG National Burns Mortality and Morbidity Meeting 2021 – Monday 4<sup>th</sup> April 2022*