

LSEBN ODN Board and M&M Audit
Thursday 20th September 2022

ODN Board - 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
Nicole Lee – Network Lead Nurse
Joanne Atkins – Chelsea & Westminster
Gareth Teakle – Chelsea & Westminster
Joanne Pope – NHSE East of England
Pete Saggars – ODN Manager

Notes

1 Chair's introduction and apologies

DB welcomed all to the meeting. Apologies have been received from the following:

Gail Murray – NHSE East of England Sadaf Dhalabhoy – NHSE South East
Lorraine Sime – NHSE South East Lisa Williams – Network Lead Psychosocial Care
Kathy Brennan – NHSE London Victoria Osborne-Smith – NHSE London

2 Notes of the previous meeting ODN Board June 2022

DB ran through the notes of the previous meeting; many of the issues feature on the agenda for today's meeting and a small number of matters arising were noted.

3 Matters arising, not on the agenda

• **Quality Assurance process**

The meeting noted that the QA peer review visits were scheduled to take place in October and November. The membership of the visiting teams is being finalised, and will be notified to services as soon as possible.

• **CEMBIC**

PS confirmed that the CEMBIC report has now been completed and sent to the NHSE national team.

• **Training and Education budget**

Although this is on the agenda today, PS took the opportunity to confirm that in regard to the previous year's funding for the burns module, a letter has been sent to ChelWest and Mid & South Essex Trusts, regarding the raising of an invoice.

4 LSEBN Performance (Quarter 4 2021-2022)

The following reports are standing agenda topics

• **Issues Log (ODN Risk Register)**

The Q2 September report was circulated. PS noted that three issues have been removed, following discussion and agreement at the previous meeting. PS also noted that it was hoped that a number of further issues would be progressed, following the QA Peer Review visits, later in the year.

• **Quality Dashboard**

The Q1 burns QD has not been finalised, following a delay in publication by NHSE. It is reported that the new QD contains a small number of errors, and further work is required to ensure that the Q1 figures are correct and accurate. As soon as the final figures are released, the report will be circulated to ODN members.

AM spoke about issues with data completion at Stoke Mandeville. The IBID coordinator at SMH is unwell and with impending retirement, is unlikely to return to work. One of the junior burns fellows, is keeping track of cases and once a replacement is in place, a retrospective full data capture will be needed.

The group sends best wishes to Les Gray for a full recovery. Assistance from St Andrews and ChelWest will be offered, for training the new person at SMH. The training will be offered to other members of the MDT, adding further resilience to the system. NL confirmed that the training event can be made available to QVH as well.

With regard to Oxford, SA reported that data input is not happening at the moment. There have been staffing difficulties at the Trust and although a “spreadsheet” record is being kept, the data is not being input into IBID. The IBID software is in place and the Trust/Service is seeking to resolve the issue, including a partnership with SMH, to get the data input by the same team.

- **Centre-Level Care Refusals (Referrals turned away)**

PS explained that the refused cases now includes the burn unit refusals at Stoke Mandeville and QVH. There have been 18 cases since April 2022. These are genuine “refused” cases that would normal have been accepted, but for operational reasons (capacity) could not be accepted. 14 of the cases were referred and accepted at an alternative service in the network; 4 cases were referred out of the network (South West or Birmingham). The four cases sent out of the network occurred during periods when the ODN was at OPEL 3 (all ICU capacity was full and no further capability was available).

The meeting discussed the issues of repatriation, and the need to follow-up the cases that are sent out of the network. This includes information provided to the local burns service and to the patient’s GP. It was agreed that this needed a wider, national discussion with the other burn networks, but in the meantime, the National Burns Bed Bureau should be approached and asked to provide some detail about the four cases.

Action

- ❖ *PS will contact the NBBB and ask for the log sheet for each of the four cases, sent out of the LSEBN area.*

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

Services are required to provide twice-daily input to the NHS Pathways DOS system and since the end of April, these figures are loaded into a new burns “dashboard”. The data-set is available as an excel download and from the figures, it is possible to continue to provide a network activity report. The report includes bed availability and OPEL status, and bed occupancy for each burn unit and centre service. The OPEL 3 status for the network is also analysed.

It is likely that burn facilities will be added to the system, although this would likely only be operational in the event of a major or mass casualty incident.

DB expressed support for this report and suggested that they should be included in the service and network annual reports. This was supported by JP, who said that it was important for stakeholders to understand the workload of specialised burn care services.

Action

- ❖ *PS will send a copy of the LSEBN extracted dataset to the service leads.*

- **ODN Team Budget**

PS briefly spoke about the team budget. Month 3 figures indicate a small underspend for the new financial year. PS noted the training and education and highlighted the need for services to submit invoices to claim their share of the allocation.

5 Burn Service Update

Service clinical leads spoke about local issues related to activity, performance and staffing:

Oxford John Radcliffe Hospital (Sara Atkins)

- Mainly positive news from Oxford. Good MDT working and communication with a consultant WhatsApp group.
- Senior nurses sent onto the new burns module, with great feedback on the course content.
- Difficulties related to IBID already mentioned and mitigations and future plans in place.
- Close collaboration with SMH continuing.

Stoke Mandeville (Alex Murray)

- Paediatric capacity will improve as a new 18-bedded ward is being opened on the SM site.
- Senior nursing cover has improved and 2 nurses attended the educational module.
- Ollie Sawyer is starting as a new consultant, starting in a couple of months' time. This will improve the on-call rota arrangements.
- Other than IBID, there are no major concerns at this time.

Queen Victoria (Paul Drake)

- In regard to the planned Trust merger, discussed in previous meetings, talks have ended without conclusion. The discussion about the move of the burns service to Brighton is continuing.
- Staffing levels have been an issue, mainly in critical care although sometimes affecting the burns ward.
- Training is progressing with one member of staff completing the advanced practitioner module.
- Laser services are planned to be started on the EG site, with capital funding approved.
- With regard to consultant appointments, the Trust have appointed a new locum consultant, starting this week, with a fourth substantive consultant post being interviewed in November.

Chelsea & Westminster (Jo Atkins)

- Stable period for activity and referrals.
- A sixth consultant has now been appointed (Dan Markeson) and the appointment of a burns fellow has also been agreed.
- Nurse staffing has also stabilised, particularly on the paediatric unit.
- The psychosocial team is under pressure with staff away sick or taking planned leave.
- The team is working well on prevention strategies, using social media as a message platform. NL is doing a lot of work, including topics such as the dangers of nitrous oxide.
- The laser service has expanded significantly in recent years and an expansion in the laser facility is planned.

St Andrews (David Barnes)

- DB spoke about on-going issues related to developing the service on the Whitechapel site. Although progress is being made, there are still issues to be sorted by Trust management, at both ends of the arrangement. PS suggested that the funding for a service at RLH should become less of an obstacle, when the commissioning arrangements change in April next year. London commissioners will fund London patients, no matter where they are treated.
- The service continues to have issues with outbreak of MRSA and is working with the EoE commissioners on this.

6 LSEBN Network Team

Work Programme 2022-2023 Progress - Verbal update from the team.

PS spoke about the network work plan and commented on a number of the projects and topics:

- **Adult Burns Specification:** after completing work on the paediatric specification, the LSEBN has been asked to lead work on the adult version. A T&F group has been brought together and meetings are planned to begin in October.

- **CEMBIC:** As noted earlier, the report has been completed and is with NHSE. This will become a fairly urgent issue, once NHSE release the report and ask the networks for a response to the recommendations.
- **SOP and Major Incident Annex:** No progress this quarter, although PS expressed the wish to undertake the EPRR desktop exercises, probably in early 2023, if time permits.
- **Transport and transfer audit:** the national work has started, with a study period ending in January/February 2023. There has been a suggestion that most of the data could be extracted from IBID. It was agreed that the study should continue, but the results should be tested / validated against the IBID dataset.
- **Quality Assurance:** As discussed earlier, the peer review visits are planned for October and November.
- **Network website:** No progress this quarter, partly due to the network website being offline for the early part of the year.
- **Nursing and Safe Care:** NL spoke about progress with the Safe Care project. Discussions with the NHSE national team are ongoing.
- **Facial compression:** VD noted that the study day for moulds and masks has taken place and the work is progressing well.
- **Scar Assessment:** The study date is set for November 2022.

7 LSEBN Infant Acceptance Guideline 2022

In 2010-11, the LSEBN prepared a guideline for the referral and acceptance of cases for burns in young or small children. During the summer, it had been agreed that the document needed to be reviewed and potentially revised. A draft document has been produced and circulated in advance of the meeting. The following comments were noted:

- JA spoke about the threshold for PICU (greater than 15% TBSA) and asked why this threshold had been chosen. JA noted a recent skin loss case that had been seen at ChelWest, but at a higher TBSA and agreed with the team at Birmingham.
- DB asked if it was necessary to name the possible hospitals, as there are more than the three named in the draft document.
- PS noted that the original concept for the document was not as a guideline for referring hospitals, but rather as a tool for burns services to make a decision on accepting the referral. PS also noted that the current referral guideline for children (NHSE 2012) does not include this age group as a separate category from children. For the cases with the larger injuries, who do require PICU care, these referrals should be treated as “refusals” and the NBBB should be contacted.
- AM spoke about the smaller “non-operative” burn care cases that might be safely cared for in any specialised burn service.

Action

- ❖ ***DB will do further work on the draft document, and a new draft will be circulated to clinical leads for further discussion.***

- NL spoke about the St Andrews / BCH matrix and suggested that something similar could be developed for each of the services. This would be a LSEBN guideline, to help services “in the middle of the night” to decide whether or not to refer cases to St Andrews.

Action

- ❖ ***NL and PS will liaise to draw up a draft burn unit protocol, for handling referrals that may require centre-level care.***

8 Quality Dashboard – Rehab Prescription

To discuss the operational impact of the nationally approved Rehabilitation Prescription

PS introduced this agenda item, talking about the nationally approved Burns RP that has been rolled-out in 2022. The current RP is an extremely long and time consuming document and concerns have been raised about the use and utility of this format.

There is a strong feeling within the burns MDT that the documentation should be abandoned. VD spoke on behalf of the burns therapists and noted the following:

- VD reported that the BBA SIG had discussed the Burns RP and it was apparent that no burn service was using the RP in the way it was intended.
- JP asked if the format could be adapted locally to a shorter version. PS responded to say that the long version had been signed-off by the CRG and therefore, could not be changed. There is a short version, that is provided for the GP.
- PS also noted that there has been a national conversation about adapting IBID so that a considerably large element of the burns RP could be provided from existing data in IBID.
- The group discussed the short GP version and asked if that was sufficient for the purpose intended. DB noted that the discharge paperwork includes much of what is included in the burns RP and that the two documents are essentially the same thing.
- JP suggested that the aim of the RP is to inform the patient and others about future care needs, and if this was provided in a non-standard format, that would be ok.
- Each of the services is making an attempt to work with the hospital IT services to help pre-fill the document.
- Questions were asked about the potential IBID version of the RP and would it be suitable and fit for purpose.

As an interim solution, it was agreed that services would look at adapting the GP version of the RP, whilst a national position is sought through the NBODNG and CRG.

Action

- ❖ ***PS will provide the services with a MS Word version of the GP Burns RP***

DB noted the situation with PREMS and questioned how the Quality Dashboard could measure compliance with the delivery of something that hasn't yet been developed. This also requires a discussion at NBODNG and the CRG.

9 NHSE Mid-Year Summary Report - Draft reports for 30 September submission

PS noted that NHSE London has circulated paperwork to all London-based networks, related to a mid-year review of finances and the work programme. A draft has been prepared and sent back to London for an early comments. Once the final version has been completed, PS will send it to the ODN members, before it goes to NHSE London.

Items of business for information

10 Commissioning Issues

- **Update on Future Commissioning Model Programme (FCMP)**
As discussed during agenda item 6, the FCMP work is continuing, with new shadow arrangements expected from April 2023. The ODN will be badged as a Clinical Network, and have a much closer relationship with the commissioners than we currently have as an Operational Delivery Network. Nationally mandated specifications are being drafted for the burns networks, including team job descriptions, contracts and Terms of Reference. Once these are available, PS will circulate them to the ODN members.

Date of next ODN Board meeting(s)

Confirmed dates

- ❖ ***LSEBN ODN Board (Core Group) Wednesday 11th January 2023***
- ❖ ***LSEBN ODN Board (Main Group) and M&M Audit Thursday 23rd March 2023***

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