

# LONDON & SOUTH EAST OF ENGLAND BURN NETWORK

End of Year  
Report  
2019 – 2020



# Audience

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

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

**Additionally, the document is intended for:**

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

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

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

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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 2019-2020 we had over 9,000 new referrals, of which around 200 cases were for a burn injury larger than 10% of the body surface area.*

*Of these, over 20 cases involved large burn injuries, requiring intensive care in one of our burn centres.*

## **Vision and purpose**

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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**

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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**

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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**

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

## **Geography**

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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:**

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

*Work is underway to develop a new burns facility in East London and progress will be reported next year.*



# 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 2019-2020, the Co-Clinical Leads and Co-Chairs for the ODN were Mr Jorge Leon-Villapalos and Miss Alexandra Murray.***

It has been a pleasure and a privilege to work as the Clinical Lead of the London and South East Burns Network for 2019-2020. First, I'd like to pay homage to my Co-Chair Alexandra Murray and to Peter Siggers, manager of the Network, for their continuous support, hard work and for contributing to make the LSEBN a model for organizational structure, a hub for governance and a pioneer for initiatives that benefit burn patients through mutual aid and support.

The organizational structure of the LSEBN and its expertise and leadership led to a number of discussions with NHS decision-making forums to analyse the potential impact in Burn Care within our catchment area of the possible change of relations with our European colleagues in a new landscape. There were also thorough round-table conversations regarding the potential of a reconfiguration in the current model of care within the network; specifically debating the possibility of integration of Burn expertise into complex trauma-management centres.

The governance filters of the network continued working satisfactorily along this year through regular multidisciplinary meetings well attended and supported, with changes and vacancies in the leadership of some of our subspecialties successfully appointed and with the network actively participating in National audit and mortality reporting forums.

It is worth highlighting the pioneering role of the network in national initiatives such as the participation in establishing the training program and competencies of the Burns Immediate Response teams. Ultimately, the spirit of mutual aid imprinted in the core of the LSEBN helped in ensuring burn staff and resources contributed actively to a national burns plan to safeguard patient care in times of crisis.

The LSEBN continued collaborating actively with a number of national forums such as BBA, BAPRAS and GIRFT, and ultimately delivering first-class, patient-centred multidisciplinary burn care to our community and beyond.

*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*



# 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.*

This year has been another busy and successful year for the LSEBN team. 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.

During 2019-2020, the LSEBN team moved forwards with work on the new burn care standards, by establishing the national template for service and network self-assessment. The new burn care standards clarify those aspects of care that are essential to good outcomes and the self-assessment process helps identify gaps and areas that require improvement.

I was pleased to learn that work on the national burns mass casualty and major incident planning document had been completed. This is a very valuable piece of work, and now needs to be integrated into the service, hospital and NHS regional plans for major and mass casualty incidents.

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.

**Gareth Teakle,**  
*Divisional Director of Operations Planned Care  
Chelsea & Westminster Healthcare NHS Foundation Trust*

## NHS England London Region

*The London and South East Burns Network (LSEBN) continues to encompass the true vision for a networked approach to care. Their dedication and commitment to driving forward best practice through a collaborative approach and willingness to put in the hard work to deliver change is commendable.*

This annual report identifies key achievements over the last year including new burn care standards and the national template for self-assessment. This is vital to support improvement in patient outcomes and reduce unwarranted variation in care. The publication of the Burns Annex to the NHS England Mass Casualty Concept of Operations is a fantastic achievement involving incredibly hard work. This is a very valuable piece of work to ensure preparedness for mass casualty events. The response to the risk identified for children suffering from smoke inhalation injury has been a true cross-network response demonstrating how good effective collaboration can work in action to benefit patients

The work described above and throughout this report shows the LSEBN taking a leading role in shaping both regional and national level planning and truly contributing to patient outcomes and safety. It is an absolute pleasure to work together with the LSEBN team.

**Kathy Brennan**  
*Senior Clinical Network Lead, 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.*

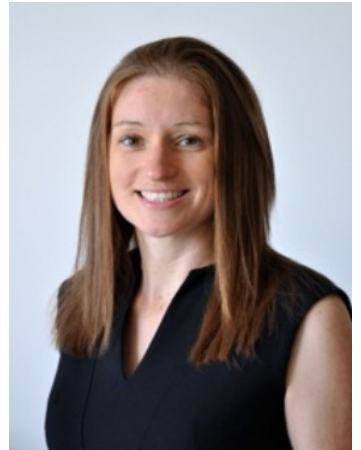
## **Jorge Leon-Villapalos – Co-Clinical Lead and Chair**

*“My passion for burns surgery dates back from early in my Plastic Surgery training in the Pan-Thames rotation in London. It was based in the discovery of the exciting management of the burns patient in a multi-disciplinary fashion together with the wish to follow the lead and learn from the true giants of the specialty at the time. Following completion of my Plastic Surgery rotation, I increased my burns experience with a Fellowship in Paediatric and Adult Burns Surgery and Intensive Care at The Shriners Paediatric Burns Hospital and the University of Texas Medical Branch Adult Burns Unit in Galveston Texas. I have been a member of the BBA national executive and also its former educational Chair. I am the Current Burns Unit Clinical Lead at Chelsea and Westminster Hospital where I have been a Consultant for 10 years following a previous Consultant Post at St Andrews Centre for Plastic Surgery and Burns. I am also a Key EMSB instructors and Course Director. I am excited to be part of the LSEBN clinical lead together with Alex Murray and look forward to the challenges that our specialty faces in training, organization and delivery of care”.*



## **Alexandra Murray – Co-Clinical Lead and Chair**

*“I have worked in the field of plastic surgery and burns for 15 years, training in London and Yorkshire. 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 Fiona Wood and Suzanne Rea at the Western Australian Burns Service, learning modern techniques and how to drive quality forwards. I joined Stoke Mandeville Burns and Plastics Unit in September 2015 and have been clinical lead for the burns service since then. I have enjoyed working within the London and South East Burns Network both as deputy chair and in the recent year as chair. We are a very collaborative network, and work well with the other burn networks, all striving to improve quality of burns care nationally. It has been a privilege to work alongside Jorge Leon-Villapalos as Co-Chair and the rest of the excellent LSEBN team to deliver our important work programme for 2019-20”.*



## **Nicole Lee – Lead Nurse**

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*I have worked within the burns service at St Andrews for 10 years within the burns ICU, looking after complex burn injured patients. My role has developed over the years to senior sister and clinical facilitator which has required me to lead on training in and out of the unit with running our own course on burn care and teaching within other specialty's i.e. paramedic. I was very lucky to take on the role of lead nurse within the network in October 2018 and I feel very privileged to now hold the lead nurse role of the LSEBN leading SNF with their amazing work streams for the future. My specialist interests are within training of burn care to improve outcomes for burn care survivors and simulation training as feel 'practice always helps make perfect'.*



**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”.*

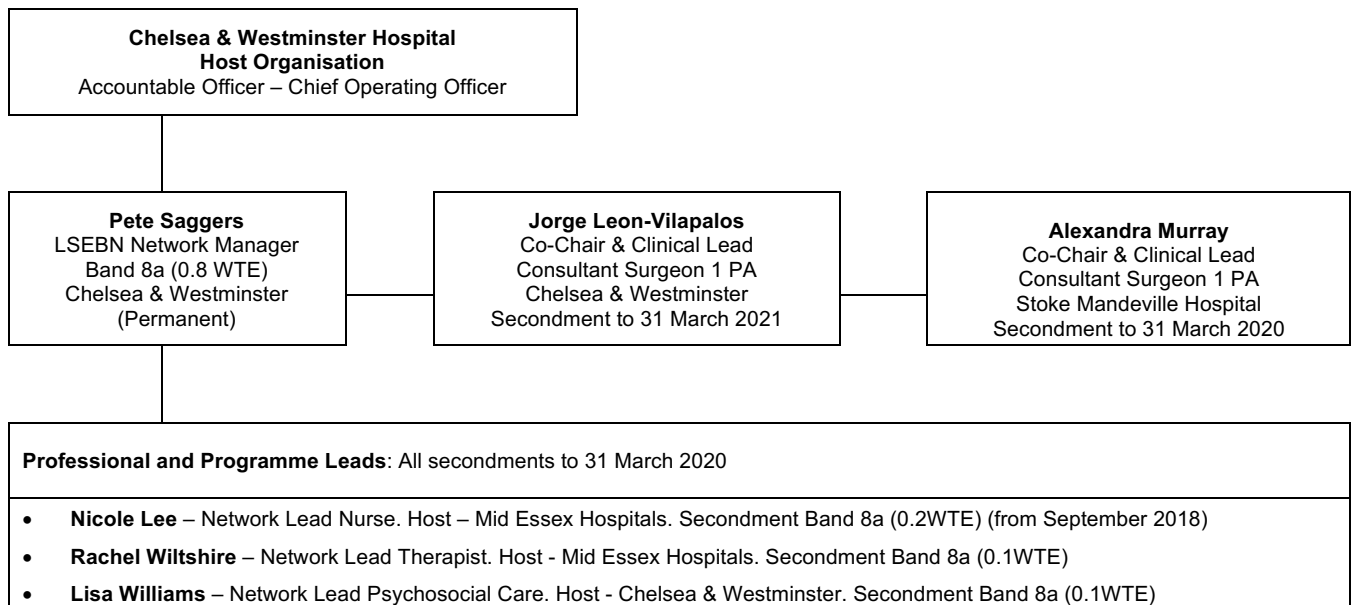


**Pete Sagers – LSEBN Network Manager**

*“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 burn’s 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 spend time in our garden and read”.*



**LSEBN Organisational Structure 2019-2020**





# Network Priorities and Work Programme 2019-2020

*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 holds two mortality and morbidity (M&M) audits each year, at the network summer and winter MDT meetings.** No cases were identified for further comment or action. Additionally, the LSEBN co-hosted the fourth National Burns Mortality Audit meeting, in July 2019. This year, the meeting included participation from the services in Northern Ireland and the Republic of Ireland. Professor Peter Vogt, Director of the Department of Plastic, Aesthetic, Hand and Reconstructive Surgery of the Hannover Medical School, chaired the meeting. Clinicians attending the meeting agreed that this 2019 audit event had again been an overwhelming success. A number of common themes, highlighted in the Chairs report, emerged from the meeting, including:

- Secure airways/ techniques of tracheostomy;
- Discharge and referral quality;
- Incidental non-bacterial infection, and;
- Inhalation trauma and Extracorporeal lung support

It was agreed that the audit process and methodology should again be refined for future years. The LSEBN will continue to support the audit in 2020.

### Emergency Preparedness

**During 2019, there has been a continued focus on emergency preparedness and resilience.** The LSEBN worked within a small T&F Group to finalise the production of a Burns Annex to the NHS England Mass Casualty Concept of Operations document.

The final Annex documentation was approved by the CRGs for Trauma and EPRR in December 2019 and published on the NHSE Website in October 2020.

### Burn Care Standards

The LSEBN led the national work on developing a revised set of burn care standards. Working alongside the British Burns Association (BBA), and running for more than 15 months, this programme of work successfully concluded in November 2018, with the publication of the BBA Standards and Outcomes report. In 2019, the ODN conducted a process for Self-Assessment, with services and the ODN reviewing their levels of compliance, against the burn care standards

### Smoke Inhalation Injuries

Following an issue raised by the London Ambulance Service, the ODN has worked on agreeing changes to the triage pathway for patients with an airway / inhalation injury but without a skin burn injury. Through collaboration with Paediatric, Adult critical care, Major Trauma networks and ambulance services, it is has been agreed that in future, children will be transferred to a major trauma service, with an age-appropriate intensive care unit. This pathway reduces risk and prevents unnecessary secondary transfers of critically ill children.

### London and South East Strategic Review

**In response to a number of configurations, derogations and compliance issues, and the Strategic Vision Statement written by the ODN in December 2017, NHSE London announced in November 2018 that they were planning to undertake a strategic review of specialised burn care.**

A series of meetings were held in early 2019 and an initial report, scoping the issues and developed as a “discussion” document was prepared. This report is being considered by NHSE London. It is noted that the Trauma CRG review of the paediatric burn’s specification will have a significant bearing on this workstream.

## 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.*

Our work plan for 2019-2020 initially focused on four topics:

**Documentation guidelines and policies** The SNF will revise the nursing competencies, in line with compliance with the BBA Burn Care Standards and Outcomes.

*CC3N competencies completed, published and released:*

*Specialist burn competencies -*

*[https://www.cc3n.org.uk/uploads/9/8/4/2/98425184/burns\\_comps\\_single\\_pages.pdf](https://www.cc3n.org.uk/uploads/9/8/4/2/98425184/burns_comps_single_pages.pdf)*

*Advanced burns competencies -*

*[https://www.cc3n.org.uk/uploads/9/8/4/2/98425184/adv\\_burns\\_comps\\_2.pdf](https://www.cc3n.org.uk/uploads/9/8/4/2/98425184/adv_burns_comps_2.pdf)*

**Nurse Education** To develop a new Burn Care module within the LSEBN for easier access to training across the whole network.

- Nursing Course – audit 2019 completed showing need across all LSEBN*
- Tender process universities London – QMUL uptake - work on module commenced joint St Andrews and CW with online view – 2020 pandemic hit university dropped all new courses*
- Module tender process to wider university field across the LSEBN area*
- 2020 Following multiple university interest covid stopping new business and looking at what was needed for the module University of East Anglia (UEA) interest and bid made*
- LSEBN funding agreed and host trust for the LSEBN established*
- Awaiting university start dates to be able to share with the teams UEA panel sitting May 2021.*

**Drugs and Dressings** Nexobrid: Product training event, including and evaluation (audit of outcomes)

- Following review and request of data CW, St Andrews and Queen Victoria all individually doctor led published there Nexobrid data.*
- Nurse led Nexobrid delivery was established 2019 CW and QVH*
- ST Andrews and SM unable to establish*
- 2019 Review of process and requests to share not achieved by QVH*
- 2020 pandemic stopped all*
- 2021 – post covid recovery QVH hosting nurse led Nexobrid teaching and placements open to all LSEBN to share nurse led Nexobrid dates TBC*
- Once implementation established plan to audit in the LSEBN Nursing forum*

**Drugs and Dressings** Dressing pathway: Develop a network-wide Face Care protocol for smokers.

- Project completed and published on LSEBN website.*

**Nicole Lee**  
**LSEBN Network Lead Nurse**  
**Senior Sister / Clinical Facilitator Burns ICU**  
**St Andrews Centre, Broomfield Hospital**



## 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

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**The therapy sub-group continues to have good engagement from all burn services with the quarterly meetings well attended.** There has been excellent collaborative working between the services to share new service developments and clinical skills.

At the beginning of 2019-2020, I reduced the amount of contracted time with the burns network team. This was largely as a consequence of the workload in my day-to-day role as a senior therapist at the St Andrews burns centre. However, I was able to continue to support a number of national projects, including work on the paediatric burn's specification and the new burns rehabilitation prescription.

As network priorities, our work in 2019 focused on the following:

**Knowledge and skills competency framework** for qualified Occupational Therapists and Physiotherapists in Adult and Pediatric Burn Care to ensure all staff have specific training and expertise in burns. This work was completed in Feb 2020 and published for therapists in the network to use to guide training and ensure there is standardization of competencies across the services.

**Return to education, employment and independent living guideline** to ensure community reintegration. The therapists created and approved a standardized guideline for ensuring patients' needs were addressed in relation to returning to education, employment and independent living.

This document ensures that services are compliant with the Burn Care Standard A 06

**Quarterly network therapy clinical reflection, case studies,** peer support. During 2019 the therapy group continued to meet face to face four times a year, rotating the venue between the burn services.

This valuable peer support time was used to share knowledge and skills and reflect on complex case studies so we could learn from each other's experience.

**Participation in national burns therapy training** opportunities to share knowledge and skill, working closely with the BBA Burn Therapist Interest Group who met in Bristol in November 2019 for a study day.

Therapists from the network engaged with burns charities including delivering a presentation at the Children's Burns Trust Parents Conference event, held in London in October 2019

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



## Service and quality improvements: LSEBN Psychosocial Care Forum

### **Progress in Work Plan 2019-2020**

This year's work programme focused on three key issues:

#### Documentation, guidelines and policies:

Following publication of the latest burn care standards (published late 2018) and with specific regard to updated standards for clinical psychology and psychosocial care our group undertook a self-review of our services. We identified gaps e.g. guidelines on mental health patients, suicide and self-injury which we will update and also generated examples of best practice for network wide implementation e.g. clear plan of care documentation.

#### Outcomes:

All services acted as recruitment sites for CARE Burn Scales to provide outcome data. LSEBN was able to tag codes to patients choosing to participate in the study that will enable us to later receive outcome data back (Summer 2020).

Local teams received early feedback from UWE if patients indicated they were struggling, and they were therefore contacted for assessment and support.

#### Improving attendance at PSF meetings:

Following a review of attendance, we agreed to pilot a new meeting strategy this year with a format change – 2 teleconference and 2 face to face meetings. This has proved successful, and we have had representation from all services at each of the four meetings and were able to run two full-day mini-conferences (at Broomfield and Stoke Mandeville). This has also prepared us for the change to remote (net)working as a result of Covid-19. We have agreed to continue this new format into this year.

Psychosocial Activity:	Children	Adults	Total
<b>Number of patients screened</b>	438	847	1285
<b>Number of inpatient sessions</b>	236	812	1048
<b>Number of Out-Patient sessions</b>	373	1057	1430
<b>Number of adults on London Area Support Group Database</b>			105
<b>Number of families on the family / camp database</b>			384*
<b>Number of psychosocial staff trained</b>			56

\* Note: Number reduced from previous year, following GDPR changes and opt-in

#### Matters of concern 2019-2020

Queen Victoria Hospital staff and patients continued to face uncertainty about the future of burns services at their site.

#### Future network workplans 2020-21

- On-going work to meet the Burn Care Standards and to share and implement examples of good practice
- Explore projects and approaches to reducing distress during change dressings for patients, parents and staff
- Pilot project to introduce the CARE scales as a clinical tool for evaluating patient reported outcomes at Stoke Mandeville

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



# Working in partnership

*This year, the LSEBN has worked on two national projects, in partnership with other burn ODNs and NHS England / Improvement.*

## National Partnerships

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**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.

## EPRR and Mass Casualty Incidents

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**A focus on planning for major and mass casualty incidents has been a priority since the inception of the burn networks.** As far back as preparing for the 2012 Olympic games, the burn networks have been working collaboratively on this issue, with a number of documents and exercises. When NHS England published the Concept of operations for the management of mass casualties, it became apparent that the arrangements for burn care would need to be described in a different way. The main ConOps document provides details of NHS England’s arrangements for the response to a mass casualty incident and the requirements of organisations that may support the NHS response. Many of the actions necessary from burn services are different in scale and operation and it was agreed by the NHSE National EPRR team, that a specialised burns Annex to ConOps would be developed.

Early in the work of the T&F Group established to take the work forward, it became clear that a network approach to planning for a major or mass casualty incident was not optimal. No matter what the scale of a burns “major incident”, it was likely that a national response would be necessary.

As a result, it was agreed that the Annex would act as the new National Burns Major Incident Plan.

The Annex includes all of the operational necessities of a stand-alone plan, including activation phases, escalation plan and action cards for all of the key stakeholders, including the National Burns Bed Bureau.

Simultaneously with the work on the Annex, a small group also looked at reviewing the SOP for Surge and Escalation. It became apparent that a small number of changes to the SOP would be necessary, to ensure that the SOP was coterminous in terminology and process, with the Annex.

**Both of these work streams were successfully concluded in late 2019. The Major Trauma and Burns CRG approved both documents in December 2019. EPRR CRG approved them a month later.**



# Forward into 2020-2021

Our Annual Report normally includes a section, looking ahead into the new year and our work plans, moving forwards. However, towards the end of 2019-2020, the World Health Organisation announced the emergence of the Coronavirus, Covid-19 and a global pandemic was declared.

In March 2020, members of the network team attended a Pan-London conference on specialised services, and it became apparent that developing plans, in response to the pandemic, would dominate the work plan for 2020.

**Beyond the pandemic, the key issues and priorities for the network remain largely unchanged:**

**National Issues:**

- Emergency preparedness for major or mass casualty incidents.
- Developing the Burns Incident Response Teams (BIRTs).
- Managing surge and escalation in referrals and activity.
- Improving the reporting mechanism, through the National Burns Bed Bureau and NHS Pathways DOS.
- Working with NHS National and Regional Commissioners, on a number of strategic issues, including the specialised burn care commissioning specifications and the Burns Quality Dashboard.
- Working with other networks on the Burns Rehabilitation Prescription and PREMS / PROMS.

**Network Issues:**

- Ensuring integration between the national EPRR Burns Annex and hospital / service major incident plans.
- Burn Care Standards and Outcomes
- Self-Assessment and Peer-review.
- Training and education initiatives.
- Competencies for therapy staff

*Some of this work has linked into the governance arrangements for burns, during the pandemic period, and work has continued through 2020. However, a number of issues were put “on hold” and it is likely that all of the topic areas mentioned above, will be included in our network work plan for 2021-22.*

# Annex 1

## LSEBN Service Activity 2019-2020

**Total number of all new first referrals to the burn's 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, October 2020.*

	St Andrews Broomfield Hospital	Queen Victoria Hospital	Chelsea & Westminster Hospital	Stoke Mandeville Hospital	Oxford John Radcliffe**
TBSA% Burn Injury <10%	1000	1366	2489	658	81
TBSA% ≥10% to <40%	43	15	41	16	1
TBSA% ≥40%	13	0	7	0	0
<b>Total all Adult Referrals</b>	<b>1056</b>	<b>1381</b>	<b>2537</b>	<b>674</b>	<b>82</b>
TBSA% Burn Injury <10%	927	834	1240	480	31
TBSA% ≥10% to <30%	24	3	13	7	1
TBSA% ≥30%	2	0	0	0	0
<b>Total all Paediatric Referrals</b>	<b>953</b>	<b>837</b>	<b>1253</b>	<b>487</b>	<b>32</b>

<b>TOTAL ALL REFERRALS</b>	<b>2009</b>	<b>2218</b>	<b>3790</b>	<b>1161</b>	<b>114</b>
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Non-Burns SJS / TENS	3	0	0	1	0
Other Non-Burns Skin Loss*	11	0	0	4	0

\*Staphylococcal Scalded Skin Syndrome (SSSS) etc.

\*\*Oxford activity figures relate to the 12 month period June 2019 to June 2020



Acknowledgements:

This network report has been prepared by members of the LSEBN ODN Team. We are grateful to NHS England (London) for providing the template for the report and to all clinical and management members of the five burns services for making contributions to the content.

Further information about the network, and our work, is available on the LSEBN website [www.LSEBN.nhs.uk](http://www.LSEBN.nhs.uk)

