

LONDON & SOUTH EAST OF ENGLAND BURN NETWORK

End of Year
Report
2020 – 2021



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. Each year, we see approximately 8,000-9000 new referrals, of which around 220 to 250 cases are for a burn injury larger than 10% of the body surface area. Of these, around 40 cases involve large burn injuries, requiring intensive care in one of our burn centres. A small number of cases relate to medical skin loss conditions, including Stevens-Johnson syndrome & toxic epidermal necrolysis (SJS-TEN), and Staphylococcal Scalded Skin Syndrome (SSSS).

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 2020-2021, the Clinical Lead and Chair for the ODN was Mr Jorge Leon-Villapalos

The pandemic has been the dominant force and the origin of tidal waves of change in the delivery of health care in the World during this year. The United Kingdom, the NHS, Healthcare and certainly Burn care in our network have not been impervious to the impact of COVID 19.

I'd like to express, first, the immense pleasure and honour of having been able to contribute as Clinical Chair, through truly multidisciplinary interaction with my colleagues at the London and South East Burn Network in the persistence of this organization as a model of governance for the benefit of burn patients and professionals alike.

The challenges and limitations imposed by the Pandemic brought together a strengthened and renewed spirit of collaboration, togetherness and cohesion between the different Networks. This translated into regular virtual gatherings and a common view in the need to preserve Burn capacity and the normal functioning of the different burn clinical delivery hubs in the country. The Network participated actively in the direction of travel set by the National Burns leadership. This ensured that contingency plans anticipating potential overwhelming burn intensive care beds were into place.

The interaction with NHS England colleagues added cohesion and support with these initiatives.

Largely, solidarity, upkeep and a sense of direction together with sensible initiatives gradually kept the initial overpowering signs on burns capacity at bay. One of these initiatives was establishing the bases of functioning of the Burns Immediate Response teams, a first-response option of triage deployment in cases of Major Burns Incidents.

The collaboration with other hubs of Burn Care such as the British Burns Association Executive and the Burns Special Interest group of BAPRAS ensured fluid communication and uniformity of message during this period of crisis.

Involvement in audit at local, regional and National level continued during this period, highlighting the maintenance of governance aims of the network in the analysis of morbidity and mortality cases.

Largely, the Network rose to the challenges of the Pandemic and continued functioning as a nucleus of organizational delivery of burn care.

*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 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.

As was the case across the whole of the NHS, 2020-2021 was an extraordinary year for the LSEBN team. As the impact of the Covid Pandemic swept across the world, clinical and management leaders from the London & South East network were asked to join a NHS England national team responding to the pandemic. Together, they quickly and successfully developed a national surge and escalation plan for specialised burn care. This surge plan was aimed at ensuring that access to specialised care for people with severe burn injuries was maintained, despite the unprecedented demand for intensive care capacity, for patients with isolated Covid-19 infections. A special mention must go to Ms Isabel Jones, a senior burns surgeon here at Chelsea & Westminster, who at very short notice, acted as National Clinical Director for the national burns team. Isabel's leadership of the team was an important factor in the work undertaken.

The LSEBN continues to play an important role in the day-to-day delivery 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

Once again it has been a privilege to work with such a hardworking, compassionate, and expert team. Despite the pressures of COVID and elective recovery the team have continued to ensure the priorities and needs of Burns patients and the associated services are highlighted and addressed.

It has been humbling to see the dedication of network colleagues in ensuring Burns Standards are implemented and responsive. Of note the rapid development of the national surge and escalation plan for specialised burn care. This ensured patients continued to have access to specialised burns care despite the pressures on critical care capacity across the country.

The network has continued to develop its remit and workplan. This includes an increased focus on understanding the performance of Burns services. The team have worked diligently to share data, audit care and collaborate on innovation and improvement. Their work on education and training to support the workforce has been exceptional notably the national training program and competencies for the Burns Immediate Response teams.

This annual reports highlights so many admirable initiatives that make a difference to both patients and staff they are too many to note individually. I would like to add my thanks to the entire team and look forward to many more improvements in Burns care due to their leadership and dedication.

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 burn 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”.



Nora Nugent – Co-Clinical Lead and Chair

My initial involvement in plastic surgery and burn care started in Ireland in 2003 when I worked in the National Burns Centre in Dublin. I developed a specialist interest in burns at that stage and have worked in this area since then. As well as burns training as part of my specialist plastic surgery training, I have also completed a Fellowship in Paediatric and Adult Burns Surgery and Critical Care at The Shriners’ Hospitals for Children, Galveston and the University of Texas Medical Branch Adult Blocker Burns Unit in Galveston, Texas. I took up a Consultant post at the Queen Victoria Hospital in East Grinstead in 2012 and became Clinical Lead for Burns in 2018. I am a member of the British Burn Association and an EMSB instructor. It has been a pleasure to join the LSEBN team and to work alongside our Chair, Jorge Leon-Villapalos.



Nicole Lee – Lead Nurse

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".



Victoria Dudman – Lead Therapist

I have worked at the St Andrews Centre for Burns and Plastic surgery since 2004 working my way up from a junior to senior Occupational Therapist across all areas of the burn care service. My specialist interests are aftercare following discharge from hospital, including scar management and return to daily life and work. I am currently in my 4th year serving on the British Burn Association Board of Trustees as Allied Health Professional representative and I have chaired the Prevention Committee for 3 years. I am now setting up and chairing the BBA Fundraising committee. Previously I have been the secretary for the national Burn Therapy Interest Group; I very much enjoy collaboration and interaction with burn professionals in other services. I feel honoured to take on this post with the Network and I am excited to continue the excellent work of my predecessor.

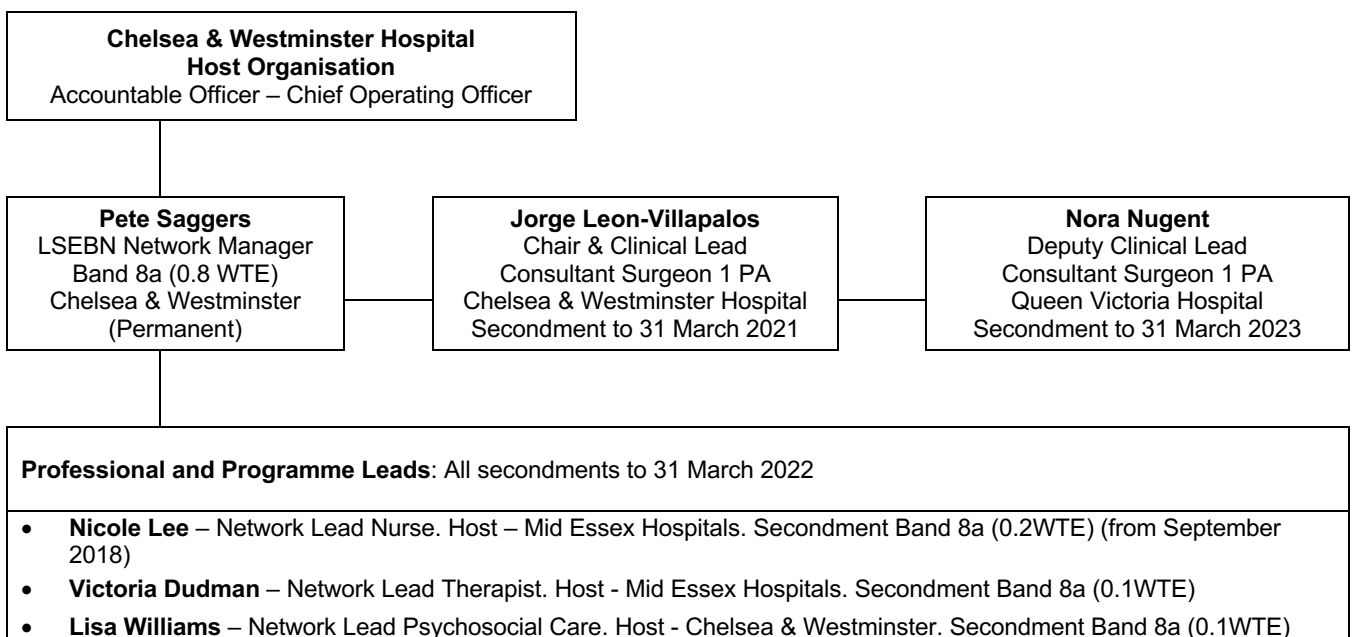


Pete Siggers – LSEBN Network Manager

"I joined the NHS in the 1970's and after working in a number of service and commissioning posts, I 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 2020-2021



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Network Priorities and Work Programme 2020-2021

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. The network Annual Report for 2019-2020 notes the declaration of the Covid-19 Pandemic and suggests that the network work plan for 20-21 will be affected by priorities in issues related to Covid. A report highlighting some of the key events during this time is provided in the “working in partnership” section (page 13). The network work plan was curtailed, but a number of issues were tackled, as part of normal business.

Clinical and Organisational Governance

Audit

Clinical audit is a mainstay of the ODN work programme and was undertaken twice during 2020-21. The ODN undertook the normal business routine of Mortality and Morbidity (M&M) audit, switching to on-line meetings for the first time.

The meetings look at all mortality cases and all recorded serious incidents. To move into line with the national M Audit programme, the network audit periods shifted to reflect calendar years.

Burn Care Standards

Due to the pandemic, the proposal to re-examine the service self-assessment against BBA standards was not conducted. The ODN team did however look at the BBA standards for Burn Networks and agreed to undertake some local work, including:

- G.05.F – Escharotomies / Need for surgery prior to transfer
- G.05.G Transfer policies

Other work was related to Covid or the national workstreams.

Network Meetings

Due to the pandemic, lockdown and arrangements for working from home, ODN meetings shifted to on-line meetings, using a variety of platforms. Clinicians, service managers and commissioners had been meeting throughout the first six months of the pandemic but the first “proper” LSEBN Board meeting didn’t actually take place until September 2020.

As well as matters related to the network work programme, the ODN Board has discussed actions on a number of ad hoc issues, including matters related to such thing as EU Exit; EPRR and Tele-referrals systems; Outcome measures and the Quality Dashboard and; Strategic configuration issues related to Queen Victoria Hospital.

Tele-referrals

As noted above, the ODN has begun to consider the future arrangements for tele-referrals in the network. The current system (TRIPS) requires significant investment to be modernised with mobile App technology, including secure image transfer. This discussion will continue into 2021-2022.

Surge & Escalation

The pandemic has drawn attention to the need for a robust monitoring system for capacity and capability in burn services and networks. The ODN team placed an emphasis on the NHS Pathways Directory of Services; this online system provides a platform for services to provide daily situation reports for the National Burn Bed Bureau SITREP.

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

Advanced burns competencies -

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

We began the year with our previous Lead Therapist stepping down to take on the departmental Lead therapist role at St Andrews. There was a period of 6 months with no lead therapist for the network, however as this coincided with the onset of the pandemic, there was little additional impact on the work plan and the therapy teams at each service remained in email contact throughout.

Prior to my official appointment in October 2020, we held a virtual therapy meeting and have continued to hold meetings virtually over the past year. Due to the reduced travel time and therefore lessened impact on work schedules we have been able to hold therapy meetings more frequently (every 2-3 months) with good attendance and collaboration. However, this format of meeting is less conducive to productive case study discussions and so we hope to return to occasional face to face meetings in the next year.

Return to education, employment and independent living guideline

Following the publication of the new guideline in 2019 we had planned to audit pre and post guideline recording of return to work in patient notes. Due to the pandemic this was not feasible both in terms of time to gather the data and also the effect on normal working patterns for our patients. A pilot version of the audit has been commenced at St Andrews to review the pre-guideline documentation.

National Projects

We have continued to participate in the development of Rehabilitation Prescriptions for burn patients to ensure compliance with the Burn Care Standard E10. The draft documents are currently being trialled in several Burns services. We are also participating in the new national working group set up to develop PREMs (Patient Reported Experience Measures) for burn patients.

The past year has been challenging with altered ways of working and demands on our staffing levels and working spaces. The services within our network have been affected and have needed to adapt in different ways while we all attempt to provide the same standard of care that we are used to delivering.

We have learned new skills and I feel that we have shown resilience and adaptability throughout. It is also apparent that good communication both with our patients and our colleagues is so vital to everything that we do.

Victoria Dudman
LSEBN Lead for Therapies
Senior Physiotherapist
St Andrews Centre, Broomfield Hospital



Service and quality improvements: LSEBN Psychosocial Care Forum

2020-2021 LSEBN Psychosocial Overview

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

Activity:

Somewhat to our surprise, given the general dip in admissions at the start of the first Covid lockdown, we have actually continued to see the steady growth (6%) year on year in psychosocial activity across the network as observed over the last 6 years of data collection.

Screening:

Screening activity has crept up slightly (1%) but the areas of most growth was paediatric therapy sessions (up by 32%) mainly in outpatients (41%).

There was no overall change in adult therapy activity but a 10% increase in adult inpatient sessions was cancelled out by a 10% fall in adult outpatient sessions.

We continue to grow our patient databases for those interested in adult, family and Club activities. This now stands at more than 500 names.

Teaching and training:

A big surprise has been that we have provided training to more than double the number of staff (121) compared to last year which puts us back on track and is impressive given the challenges of prioritising staff training in our hospitals during this time of Covid.

Future network workplans 2020-21

- A pilot study, using the CARE Scales as routine patient reported outcome measures (PROMS) in outpatient scar clinics at Stoke Mandeville as a potential model for all services to use, if this proves successful and useful. This has been rolled forward from last year as it could not be activated due to service changes related to Covid.
- A review across all services of best practice and recommendations to carry forward as a result of changes to methods of providing psychological support to burns patients due to Covid restrictions and technological innovation.

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



Working in partnership

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. In March 2020, clinicians and managers from the LSEBN were asked to provide a national role, working with NHS England, in the planning for a response to the Covid-19 pandemic for all specialised burn services in England & Wales.

National Covid Projects

In March 2020, a new National Burns Network was established. The team consisted of:

- Isabel Jones, Burns & Plastic Surgeon at Chelsea & Westminster (appointed as National Clinical Director),
- Carolyn Young as NHSE Trauma & Burns Programme of Care commissioning lead
- Pete Siggers as Network Coordinator.

This new national network was aimed at working closely with the existing ODNs and taking a lead on delivering a framework for specialised burn care, in the context of CV19.

Starting in mid / late March and throughout April, a tremendous amount of time and effort was put into developing a national surge plan for specialised burns, with the aim of maintaining access for patients who required burn care. This work focused on providing care for severely injured patients, who required intensive care and mechanical ventilation.

During this period, various documents were drafted and published, including:

- statements of key principles for patient care (a specialty guide for burns), including guidance for elective work
- escalation plans, to ensure a national mutual aid model was in place for adult and children’s burn care.

In mid-April, the National COVID-19 Specialised Services Emergency Planning guidance for specialised burn care services was issued by the NHSE Regional Operational Leads. The plan for burns required all burn services and burn networks to maintain access to specialised burn care, until local capacity or capability was exhausted. Services were asked to first seek mutual aid within their burn networks, but as a “last resort” measure, two services were identified as “ring-fenced” for specialised burn care.

- Adults: St Andrews, Broomfield Hospital, Chelmsford (Mid Essex Hospitals NHS Trust)
- Children: Birmingham Children’s Hospital.

During the first wave of the pandemic, there was a national surge in the requirement for ventilated bed capacity, for patients with a primary diagnosis or positive test for CV19. In the burn plan, “ring-fenced” meant that the two Trusts hosting the burn services would protect the bed capacity and would not utilise the bed capacity for patients who did not have a burn injury.

As matters transpired, the national lockdown led to a very significant reduction in demand for specialised burn care. Bed occupancy in burns ICU fell to an unprecedented low, during April, May and early June. However, by September, as society returned to normal behaviour, referrals for burns were returning to normal levels.

Despite further periods of restriction and lockdowns, activity remained at normal or higher than normal levels. Although circumstances meant that the national surge plan was not actually utilised during the first waves of the pandemic, it remained in place for the whole of 2020-2021.

The Government is expected to announce a public enquiry into the Covid Pandemic, and therefore, this LSEBN Annual Report provides only a very short summary of the events that impacted on burn care, burn services and burns professionals during 2020.



During 2020-2021, the LSEBN continued to work on a small number of national projects, collaborating with the other specialised burn care ODNs covering all of England and Wales.

EPRR and Mass Casualty Incidents

At the beginning of the pandemic, work was undertaken to adapt the Pathways DOS on-line data system to enable a daily Situation Report to be generated for burns. Simultaneously, we expanded the DOS system to include a series of tables that would be used in the event of a mass casualty or major incident. The DOS system was initially established with a report detailing bed availability. This is used by the National Bed Bureau to support the provision for mutual aid, when a specialised burns provider is unable to accept a referral. Three new sections have been added:

Part B and Part C:

These sections are to be completed in the event of an incident. Part B analyses the additional surge capability that the burn services will make available, over and above their normal business model.

Part C describes the ability of the burn service to provide staffing for a Burn Incident Response Team (BIRT). These teams of experts will travel away from their normal base, to work in the trauma services managing the major incident

Part D:

This is a new section developed to enable stakeholders to monitor bed utilisation and bed occupancy, during the pandemic. Section D analyses bed occupancy at each level of care (ward, high dependency and intensive care) and separately looks at beds occupied by patients:

- with a burn injury (or another condition normally cared for in a burns service) or;
- from other specialties or patients requiring care for Covid symptoms.

Another area of work related to tele-referrals. The LSEBN and other burn networks, spent some time reviewing the use of a variety of tele-referral systems and the potential to adopt a single provider across the whole burns system in England & Wales. Within the four burn networks, there are three systems already in place and there needs to be a consensus agreement to move forwards with a preferred provider. Although no final decision, this issue will undoubtedly return and will almost certainly require a national procurement process.

Surge & Escalation SOP

The standard operating procedure for surge & escalation in burns intensive care was finally signed-off by NHSE during 2020-21. This vital document sets out the necessary steps and actions that burn services, networks, commissioners and the national bed bureau will adopt, during periods when services are not able to meet the demands for capacity and capability.

The SOP explains the steps of escalation, using the Operating Pressure Escalation Levels (OPEL), that indicate whether a service or network is experiencing pressure in accepting referrals.

The SOP is a crucial document, used by services as part of their normal day-to-day business activities.

National Mortality Audit

The LSEBN again joint-hosted the national burns audit meeting. Delayed by the pandemic, the meeting took place in October 2020 and was chaired by Professor Steven Wolf, from the Shriners Burns Hospitals for Children, Galveston

CRG – Paediatric Specification

Following agreement at the Major Trauma & Burns CRG, the LSEBN was asked to lead on the development of a new paediatric burns specification. The first meeting of a new Task & Finish Group took place in March 2021 and this project will be described in more detail, in next year’s Annual Report.



Service Reports 2020-2021

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 day-case adult beds. In addition, there are 6 paediatric inpatient beds (2 HDU), and 11 adult inpatient beds (2 HDU).



Chelsea and Westminster Hospital provides expert, multidisciplinary burns care for both adults and children in the heart of London and the South East of England. Our Adult Centre and Paediatric Unit continues collaborating closely with our LSEBN colleagues in order to provide continuation of care at a time of changing delivery of care and resource reconfiguration in the Network.

The challenges of the Pandemic brought the need to adopt exceptional measures to warrant the delivery of Burn care at our Trust. A strict approach towards safety according to established national guidelines and limitation of COVID expansion was combined with actions to continue treating burns patients.

The decrease in major trauma and by extension major burn incidents meant that the vast majority of cases seen were either treated with temporising measures or with a strict sense of clinical priority to maximise the paucity of anaesthesia support, heavily engaged in supporting the ITU effort at the peak of the Pandemic. Elective activity was restricted and a special rota was put in place in order to avoid exposure to COVID infection in key Burns staff. These efforts were mirrored nationally and supported by a National Burns leadership group that provided cohesion and guidance in addition to a common approach in an exceptional context.

The multidisciplinary approach during this period remained abut had to adjust to the circumstances of the period. Overall, the department was able to support the local, regional and national efforts to provide burn care in the face of potential overwhelming odds.

I feel proud to be part of this group of driven, determined, focused and enthusiastic colleagues that have gone, together and within the umbrella of our Network and nationally, through a period of unrivalled difficulty and continued delivering excellence in burn care. I am sure that this spirit of collaboration and mutual solidarity made the absolute difference during this unique world health tragedy for the benefit for our burn patients.

*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
London and South East Burns Network Co-Chair 2019*

Service Reports 2020-2021

Queen Victoria Hospital, East Grinstead

The Queen Victoria Hospital is situated in East Grinstead and provides regional burn care to Kent, Sussex, Surrey and South London. It 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. There are two burn rehabilitation beds collocated with the adult burn's 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 received a similar number of adult and paediatric referrals compared to last year.

Globally 2020 was an extraordinary year for us all. Here at the Queen Victoria Hospital, East Grinstead, our burns team continued to provide high quality burn care throughout the COVID-19 pandemic. Like all healthcare across the UK, we had to adapt our way of working and incorporate more stringent personal protective equipment (PPE) protocols for outpatient, ward, critical care and theatre environments as well virtual patient pathways. Early on in the pandemic, the Queen Victoria Hospital was designated a 'Green Site' and a cancer hub by our local Cancer Alliance. Our burns and plastic surgery trauma services also continued. We developed 'green', 'amber' and 'red' patient pathways and designated hospital areas for each.

Our burns team coped admirably with two physical ward moves for the adult team and one for the paediatric team during the year as the hospital was reconfigured to the new environment and pressures. They pulled together as a team and continued to look after our patients with the same professionalism and quality of care in unfamiliar environments and with additional pressures and protocols due to COVID-19. We continued to treat similar numbers of patients overall with some quieter periods during the first lockdown followed by extremely busy periods over the rest of the year and into 2021. Unfortunately we had to manage an outbreak of clostridium difficile in early 2021 which reduced our admissions in March 2021.

Virtual clinic pathways were brought into place quickly and we have maintained some of these pathways in place as part of our standard working patterns. While QVH was not a COVID hospital site, the impact of the pandemic has been enormous and has permeated every aspect of burn care provision. However, we feel very fortunate to have been able to continue to provide care for our patients with relatively little disruption for the patients in spite of the upheavals and without some of the COVID pressures that our colleagues across the Network and the country have faced.

I would like to end on a positive note! At the end of 2020, we were also delighted to welcome Nicole Lee as our new Burns Matron. Nicole joined us from a senior role at St Andrew's in Chelmsford and also holds the Lead Nurse role at the LSEBN. Aniko Ponce has also stepped up into our Burn Care Advisor post.

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

Service Reports 2020-2021

Stoke Mandeville Hospital, Buckinghamshire Healthcare NHS Trust, 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. For 2020-2021, our burns unit team have continued to deliver high quality care, despite the challenges of the pandemic and staffing shortages. Our burns consultant team has expanded further, with the great addition of Mr Daniel Markeson who has completed a burns fellowship in Chelmsford and has excellent burns-research experience. We hope that this expansion becomes substantive in 2022. We welcome Naomi Maffey as our advanced occupational therapist. Naomi was working in a more junior position before, and is now an even more integral member of our acute burns and follow-up scar service. We are delighted to have her on the team. We have also welcomed Anna Cartwright (senior clinical psychologist) and Subbanke Vanniyasingham (assistant psychologist), both bringing extremely valuable support to our adult and paediatric patients, and allowing us to achieve 100% compliance with national burns standards for psychology.

After much effort, especially from Debbie Turvey, our burns unit sister and our network lead nurse, Nicole Lee, we have finally been able to expand our Band 6 nursing team. We hope to continue to grow our nursing body in line with national standards of care, and to facilitate professional development. We congratulate Helen Corkill and Youping Zhang in achieving these 2 new roles from our in-house nursing team. Our nurses have worked tirelessly through the last 12 months, often with staffing shortages, and covering extra shifts to keep the service running. We have seen an 100% increase in complexity of injuries (2020 versus 2019), reflective of social isolation, neglected comorbidities and the pressures on central London throughout the heights of COVID. Despite lockdowns, our case numbers and admissions have also stayed relatively constant.

Our multi-disciplinary scar service continues to get busier, offering both video and face-to-face consultations. The introduction of thorough on-line collection of Patient-Reported Outcome data has allowed for stream-lined triage of patients, as well as facilitating research and validating our care strategies. Our nurse practitioner, Zoe Avent, continues to offer a nurse-led CO2 and PDL laser service, and this is hugely beneficial to our patient group, especially with ongoing challenges accessing elective theatres throughout the pandemic.

Despite the pandemic, we have had positive outputs in research, with a Blonde-McIndoe sponsored Royal College of Surgeons fellow – Miss Daisy Ryan. Daisy has driven forward our scar service research, as well as facilitating access to allograft, working closely with the 'ReGen Medical' team who have supported an on-site customised freezer. On-site allograft will allow us to further expand our usage of enzymatic debridement for small and medium sized burns.

Daisy will soon be awarded her MRes from the University of Oxford. Miss Mina Ip has also been working with us as a research registrar. This post was secured by Professor Fadi Issa following international interest in the 'Restore' burn-wound cooling model. This burn wound model has proven to be a landmark piece of work, and was presented at BAPRAS 2020 by Mr Hugh Wright – previous 'Restore' fellow – as the prestigious Hunterian Lecture. We hope to continue running research fellowships through the department over the coming years and continue this great work.

We very much enjoy the great collaboration we have with our colleagues across the London and South East Burns Network, and remain fully active in supporting all network activities. We continue to work closely on governance and patient-pathways with the Oxford John Radcliffe Major Trauma team - as our nearest burns service and facility, with them joining our multi-disciplinary team on a weekly basis to discuss difficult cases. We look forward to the challenges and rewards of 2021/2022.

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

Service Reports 2020-2021

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.

Who could have predicted such an end to 2020 and the effect that it was to have on the NHS but the team at St Andrews Burns Centre managed to develop and improve the service over the course of 2019/2020.

It was great honour that our own Professor Peter Dziejewski gave the Wallace Memorial Lecture at the British Burns Association meeting 2019, hosted by the Pinderfields Burns service in Leeds. He again managed to humbly give huge credit to the whole burns community for their dedicated work throughout the years perhaps underplaying the massive inspiration and impact that he himself has had on burn care and burn related research in the UK and beyond.

Overseas Burns support. The St Andrews burns team has been supporting education and training in Zambia through the 'Out of Africa charity for a number of years. A multi-professional team visited the University Teaching and Levy Mwanawasa General Hospitals Lusaka. They were humbled by the improvements in outcomes achieved by the passionate burn care team since the last visit and provided another comprehensive training package.

Closer to home the successful training in minor burns courses and the enhancement of surgical simulation training continued.

December 2019 saw an international burns disaster of devastating scale with the White island volcano eruption in New Zealand. I'm glad that one of our adult burns nurses was picked to make up part of a UK volunteer burns team to go to the other side of the world and aid our Burns colleagues at the National Burns service of New Zealand at Middlemore Hospital, Auckland.

Our therapy team introduced a burns breakfast club. This supervised club allowed the patients in the adult burns rehabilitation to start the sometimes difficult tasks of improving the skills of daily living following major burn injury, taking the patients away from their bed and allowing the patients to chat and help support each other whilst enjoying their morning meal. Also on the therapy front, the purchase of newer scar therapies such as the dermoroller and scar massage devices.

The Unit continued with its multi-centre collaboration in burns and related research with a number of publications in peer review journals by members of the MDT and notable presentations and posters at conferences at home and abroad.

The COVID pandemic then brought many challenges to the running of a specialist service I would like to thank again the whole team who should be proud by the way we continued to provide patient centric care and adapt our practices to ensure that high quality care continued to be delivered.

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

Service Reports 2020-2021

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.



At the beginning of the year our consultant Sarah Tucker, left the role of Burns lead and handed over the responsibility to me. Many thanks to Sarah for her hard work getting the facility up and running! Another sad departure was that of our senior nurse, Siji Joseph. Many of you will know her from the meetings, her passion for burns was inspirational however she was appointed as a Plastics ANP in our elective setting and I know will do brilliantly.

The year for me has been one of assessment, and hopefully the start of a more collaborative relationship with our neighbouring burns unit, Stoke Mandeville. There are many things that are working well, and this year by making some logistical changes and with the help of our IT services we know have data being added to IBiD. We have also completed an audit looking at what our referring teams would value the most for the future, these will underpin improvements that we make.

Our ambitions for the next year are to focus on increased collaboration with Stoke Mandeville and the wider supporting teams, improved aligned pathways, more teaching and protocols that cover simple injuries to the most severe and to inspire our teams to work together and innovate!

*Ms Sara Atkins
Burns and Plastic Surgeon
Clinical Lead for Burns*



Forward into 2021-2022

Our Annual Report normally includes a section, looking ahead into the new year and our work plans, moving forwards. However, by the end of 2020-2021, it was clear that Covid-19 would continue to impact on health services and healthcare for a further period of time.

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

National Issues:

- Providing a lead role in the development of a new, paediatric burns specification
- Emergency preparedness for major or mass casualty incidents. A large-scale EPRR incident is planned for the summer of 2021.
- 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, by introducing an autonomised burns “dashboard”. This work is being planned jointly with NHS Digital.
- 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.

Network Issues:

- Finalising the network-wide Regionally Accredited Burn Care Course, working closely with an academic partner.
- Developing a new ODN Performance report, for the ODN Board, including:
 - Network Risk register
 - Burns Quality Dashboard
 - Refusals
 - Service activity
- 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

Service Activity 2020-2021

NEW REFERRALS (IN-PATIENT AND OUT-PATIENTS)

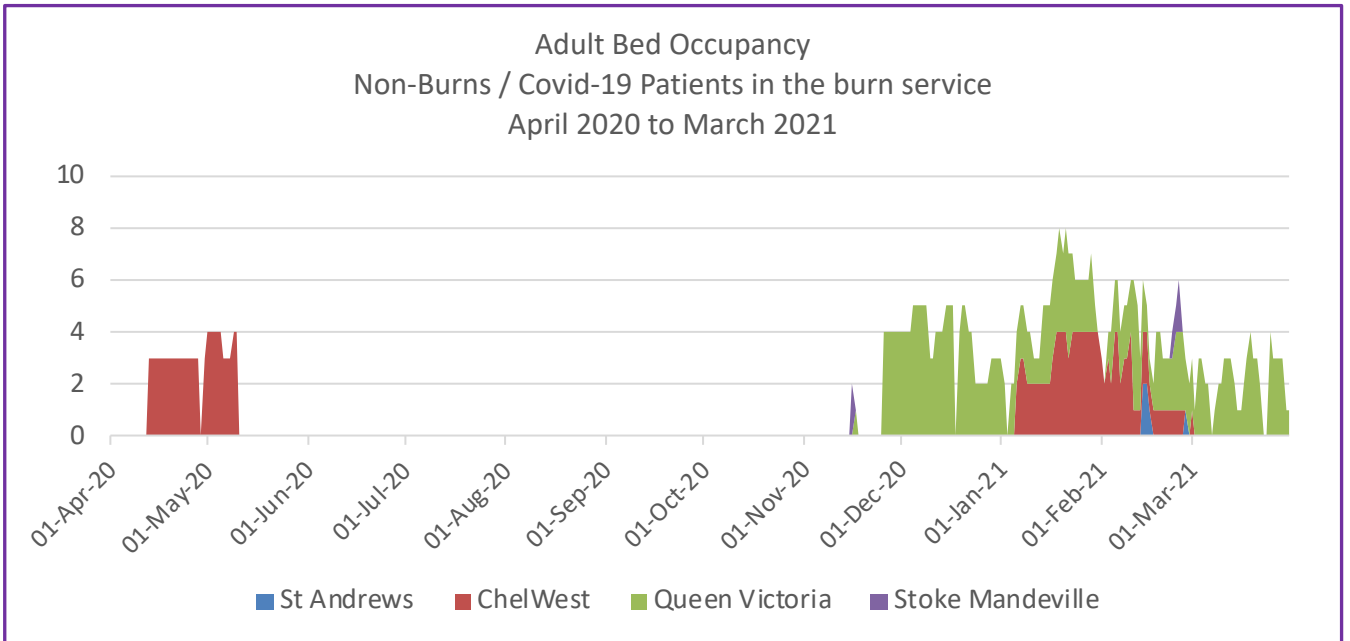
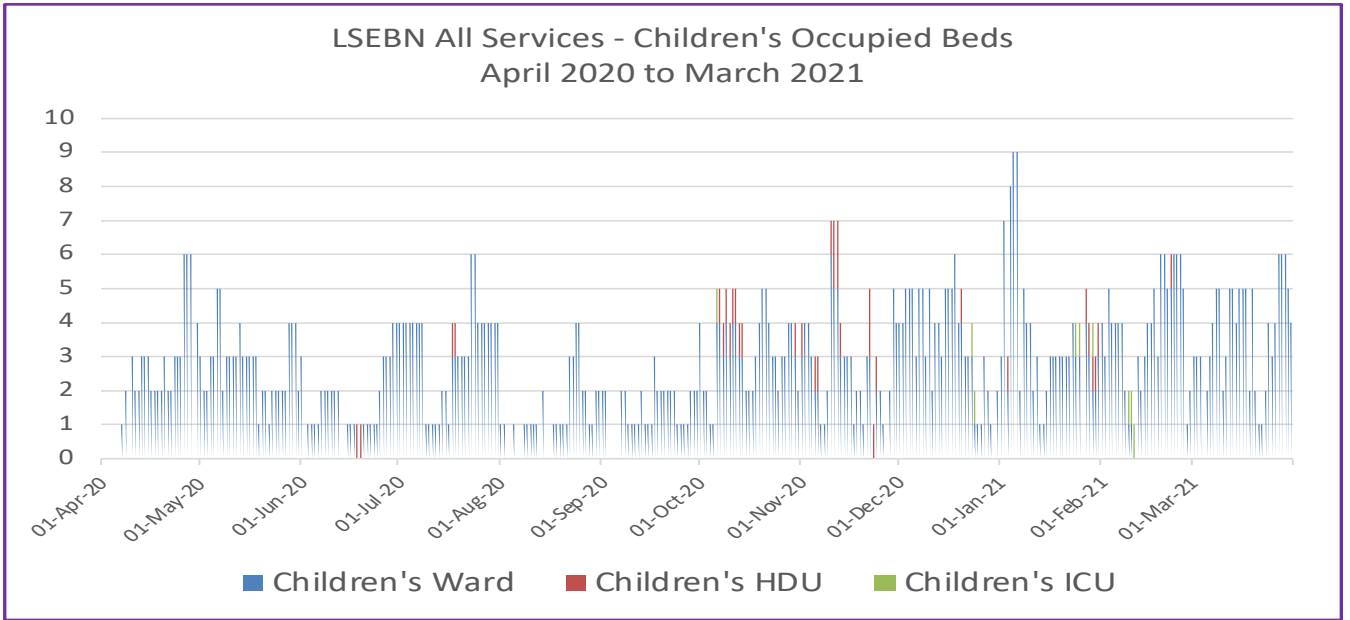
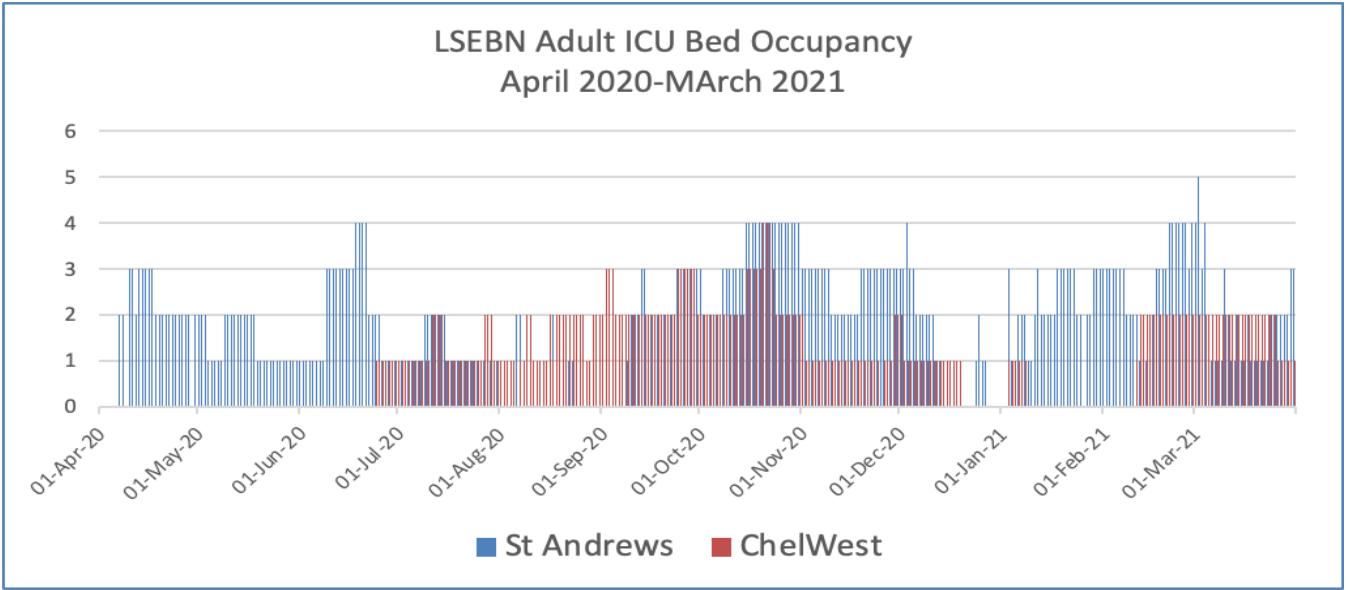
Due to the change in the audit cycle, moving to periods of whole calendar years, this report provides figures for new admissions covering a nine-month period, **April to December 2020**.

	St Andrews Broomfield Hospital	Queen Victoria Hospital	Chelsea & Westminster Hospital	Stoke Mandeville Hospital	Oxford John Radcliffe
TBSA% Burn Injury <10%	788	861	1725	510	98
TBSA% ≥10% to <40%	25	27	25	17	1
TBSA% ≥40%	11	0	9	0	0
Total all Adult Referrals	824	888	1759	527	99
TBSA% Burn Injury <10%	751	567	1243	290	80
TBSA% ≥10% to <30%	20	0	10	9	0
TBSA% ≥30%	0	0	0	0	0
Total all Paediatric Referrals	771	567	1253	299	80

TOTAL ALL REFERRALS	1595	1455	3012	826	179
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<i>Non-Burns SJS / TENS</i>	8	2	2	0	0
<i>Other Non-Burns Skin Loss*</i>	5	7	0	1	0

**Staphylococcal Scalded Skin Syndrome (SSSS) etc.*





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