

minutes

COBIS Steering Group

31st October 2019 – Gyle Square, Edinburgh (Boardroom 1)

Author: Jamie Nimmo

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Confirmed Attendance:

Mr Hilal Bahia	Consultant, Plastic & Burns	NHS Lothian
Ms Gillian Calder	Physiotherapist	NHS Greater Glasgow and Clyde
Dr Rebecca Crawford	Consultant Clinical Psychologist	NHS Greater Glasgow and Clyde
Mr Alain Curnier	Consultant Plastic Surgeon	NHS Grampian
Dr Julie Freeman	Consultant in Paediatric Anaesthesia	NHS Lothian
Dr Charlotte Gilhooly	Consultant in Anaesthesia	NHS Greater Glasgow and Clyde
Mr Gavin Hallford	Data Analyst	NHS National Services Scotland
Ms Jacqui Ivison	Charge Nurse	NHS Greater Glasgow and Clyde
Ms Roselynn Kennedy	Acting Senior Charge Nurse	NHS Greater Glasgow and Clyde
Mr Peter Lindle	Consultant Paramedic	Scottish Ambulance Service
Ms Breeda McCahill	Burns Nurse Practitioner	NHS Greater Glasgow and Clyde
Ms Kirsty Munro	Consultant, Plastic Surgery	NHS Tayside
Mr Jamie Nimmo	Programme Support Officer (Minutes)	NHS National Services Scotland
Mr Kaz Rahman	Consultant Plastic Surgeon	NHS Grampian
Mrs Sharon Ramsay	Paediatric Nurse Specialist	NHS Greater Glasgow and Clyde
Mr Mark Stevenson	SBCC Chair	Scottish Burned Children's Club
Mrs Lisa Stewart	Programme Manager	NHS National Services Scotland
Mr Stuart Watson	Consultant Plastic Surgeon (Chair)	NHS Greater Glasgow and Clyde
Mr Dan Widdowson	Consultant Plastic Surgeon	NHS Lothian

TC:

Dr Lisa Black	Consultant - Emergency Medicine	NHS Ayrshire & Arran
Dr James McBrayne	Consultant, Critical Care & Anaesthesia	NHS Grampian

VC:

Dr Murray Geddes	Clinical Lead for Critical Care	NHS Lothian
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In attendance

Dr Kim Kirkwood	Clinical Psychologist	NHS Greater Glasgow and Clyde
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Confirmed Apologies:

Mrs Jackie Dunlop	Lead Nurse	NHS Greater Glasgow and Clyde
Mrs Angela Harris	Head of Scotland	Changing Faces
Mrs Claire Lawrie	Programme Manager	IMS, NHS National Services Scotland
Ms Elaine McClure	Acting Deputy Charge Nurse	NHS Greater Glasgow and Clyde
Mrs Valerie McIntosh	Senior Charge Nurse	NHS Grampian
Ms Denise Smith	Senior Clinic Nurse	NHS Tayside



Chair
 Chief Executive
 Director

Professor Elizabeth Ireland
 Colin Sinclair
 Fiona Murphy

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service

1. Welcome, Apologies and Introductions

Mr Stuart Watson (Consultant Plastic Surgeon, NHS Greater Glasgow and Clyde, Lead Clinician and Chair) welcomed everyone to the meeting. Introductions were made and apologies noted as above.

2. Minutes & Actions from the Last Meeting

Minutes from the previous meeting which took place on the 23rd May 2019, were approved by the group as an accurate record.

It was agreed that there would be some time at the end of the meeting to hear about general updates from colleagues in Glasgow, Edinburgh, Dundee and Aberdeen.

3. Clinical Guidelines Review: Fluid Resuscitation in Adults

Mr Watson acknowledged that various colleagues had been involved in the review of the 'Fluid Resuscitation in Adults' Guideline and invited Dr Charlotte Gilhooly (Consultant in Anaesthesia, NHS Greater Glasgow and Clyde) to provide an update. Dr Gilhooly explained that they have been testing a guideline in Glasgow that had been widely used with no issues. The team in the west use Hartmann's, whereas other NHS Boards use alternatives. It was noted and agreed that there is not enough evidence to suggest that any one solution is more effective than another. Mr Watson raised the suggestion of changing the wording from "Hartmann's" to "balanced crystalloid solution". The group agreed, particularly with the input of Dr James McBrayne (Consultant, Critical Care & Anaesthesia, NHS Grampian) and Dr Murray Geddes (Clinical Lead for Critical Care, NHS Lothian). Dr Geddes added that there should still be a place for the use of albumin, but that it should be in conjunction with specialist advice.

Mr Watson offered to work with Dr Julie Freeman (Consultant in Paediatric Anaesthesia, NHS Lothian) to review the Paediatric Fluid Resuscitation Guideline.

The group agreed that once the guideline had been updated, it could be shared for final sign-off before going live on the COBIS website.

Action – Dr Gilhooly to share updated guideline for sign-off before being uploaded to the website by Mr Jamie Nimmo (Programme Support Officer, National Services Scotland).

Action – Dr Freeman to review the Paediatric Fluid Resuscitation Guideline

4. Adult/ Paediatric Clinical Guidelines

Mr Watson opened up the discussion about the other COBIS guidelines, noting that the majority of them only required minor updates in order to meet the new review date requirements.

A conversation followed, around the size of burns in children considered for referral to specialist burns centres. The current guidance suggests that they should be referred with a burn greater than 3%, however it was agreed that this was more subjective in reality and that often it would be closer to 10%. Mr Alain Curnier (Consultant Plastic Surgeon, NHS Grampian), added that it also depends on where the burn is, and that a facial or neck injury would be more likely to be referred. Mr Watson suggested rewriting the guidelines to have a more common-sense approach around clinical judgement. This should avoid unnecessary transfers, where patients are travelling long distances, only to be referred back.

Dr Freeman made the group aware that she was working with two trainees who had offered to develop a guideline on toxic shock. She added that another useful one to look at would be the paediatric nutrition guideline. Mr Watson suggested an option of creating a shorter version of this, as the current one was very comprehensive. The group agreed that a shorter version would be more accessible.

Action – Mr Watson to review all COBIS guidelines for approval by March 2020.

Action – Dr Freeman to review the Paediatric Guideline on Nutrition.

5. UK National Burn Standards

Mr Watson shared the progress that the NHS Greater Glasgow and Clyde burns services had made with aligning to the national standards, adding that the process had been extremely useful. Mr Watson also noted that Glasgow would be utilising the support of an independent person to carry out a review.

Mr Curnier gave his perspective on behalf of Aberdeen Royal Infirmary, highlighting the good skillset in place currently. One area that was not matching up to the standards was the number of patients being seen, as the average was closer to between 80 and 90 per year, so below the suggested threshold of 100. Mr Watson suggested that he and another colleague from one of the other units visit Aberdeen to carry out a peer review early next year. It was agreed that this would be a useful exercise for all four areas and was suggested that one doctor and one nurse would be a good combination.

Action – *Mr Watson to co-ordinate peer review visits between Glasgow, Grampian (Jan/Feb 2020), Lothian (March/April 2020) and Tayside (March/April 2020).*

Ms Kirsty Munro (Consultant, Plastic Surgery, NHS Tayside) highlighted the ongoing issues in Ninewells Hospital, particularly in adult care; with the burns ward being incorporated into a new specialist ward; the retirement and resignations of key members of the team and the 6-month closure of the burns unit. Notably, 50% of the burns and plastics nurses had left. Ms Munro thanked Mr Watson for writing to the management team, as this was influential in the recent decision to re-open the burns unit. A recruitment process was now underway to get more nurses in place. However, they would require specialist burns training as several of them were new to the profession. Ms Munro added that the lack of staff has resulted in difficulty gathering data, which means there is a lack of evidence to support the importance of the unit remaining open. Mr Watson offered to visit with senior nurses, once the unit re-opens and the staff are in place.

Action – *Mr Watson to arrange a visit to Ninewells Hospital with senior nurses to assist with training and to go through the burns standards.*

Mr Watson pointed out that the reciprocal visits to each unit would not be about judging the service but would offer the opportunity to feed back to management if there are areas that could be further supported or developed, to ensure the units are aligning with the national standards.

6. National Burns Hub

Mr Watson reported that the National Burns Hub had been discussed at length in the COBIS Annual Performance Review, which had taken place prior to the Steering Group meeting. Mr Watson checked with those present that the COBIS consensus and position was to support the hub in addition to three 'Facilities' (Lothian, Tayside and Grampian). Although there is evidence to support this model, Mr Watson did add that it may be reviewed if the patient numbers drop significantly in any particular area in the future.

Dr Freeman raised a concern relating to ScotSTAR regarding the transfer of patients across Scotland. She advised it would be helpful if Mr Watson could clarify that the Patient Referral Pathways have not yet changed. Mr Peter Lindle (Consultant Paramedic, Scottish Ambulance Service) suggested it would be appropriate for him to contact Ms Sandra Stark (Service Lead) or Dr Drew Inglis (Associate Medical Director). Mr Lindle added that there are other factors that are taken into consideration for transfer, for example, whether the patient is being transferred by road or air.

Action – *Mr Watson to liaise with ScotSTAR to clarify current referral pathways.*

Mr Watson summarised the progress with the national hub so far, explaining that the proposals had gone through the National Specialist Committee and had been approved. The proposals were now awaiting financial approval, although there was no particular timeframe set out for this.

Mr Watson highlighted an ongoing issue in the West of Scotland, whereby there is a shortage of Anaesthetists, leading to a number of surgical cancellations. The group concurred that Mr Watson should make a recommendation that the hub cannot go live until this issue is addressed.

Action – *Mr Watson to write to NHS Greater Glasgow and Clyde to recommend delaying the national hub until the shortage of anaesthetists is addressed.*

7. ED Trauma App Update

Mr Watson invited Dr Lisa Black (Consultant in Emergency Medicine, NHS Ayrshire & Arran), to provide an update on the Emergency Department Trauma App. Dr Black reported that the app was still in the early stages of development and that the proposed launch date in 2020 may not be achievable. Dr Black asked if the clinicians in the group would be happy to contribute to the consultation on the burns section of the app, so that it meets the requirements of COBIS. The group agreed to collaborate as required.

Dr Freeman asked Dr Black to confirm with the developers that the app would be CE approved as per the new regulations for medical devices due to be enforced from May 2020.

Action – *Dr Black/Dr Julie Gordon to confirm with Dr Lowe that the app will meet the CE requirements.*

8. Scottish Government Consultation on Fireworks

Mrs Lisa Stewart (Programme Manager, National Services Scotland), reported the network's collaboration with the Scottish Government on the sale and use of fireworks. As part of the consultation, there had been an online survey, a number of focus groups, a social media campaign and a round table event earlier in the year, which was extremely well represented. Mrs Stewart highlighted that there had been over 16,000 responses to the survey and that 80% of respondents welcomed a ban on the sale of fireworks to the public, whilst 92% were in favour of more controls. It was recognised that a blanket ban could have the negative effect of pushing the use of fireworks underground. As a result of the consultation, the Scottish Government had produced an action plan, which outlined recommendations for communities, the general sale of fireworks, use of fireworks and information sharing.

Mrs Stewart highlighted the current survey on Emergency Department presentation of patients with firework-related injuries. The survey would capture information on the cause and location of the incident, site of injury and burn management. This would be the first survey of its kind in Scotland. It was noted that COBIS had been referred to in the Scottish Government's recommendations, demonstrating the quality and importance of this work.

Mr Mark Stevenson (Chair, Scottish Burned Children's Club - SBCC), expressed some disappointment with the lack of depth within the recommendations, suggesting that there could have been more clarity and detail. He noted that Sainsbury's would no longer be selling fireworks, following recommendations from the Dog's Trust.

Mr Stevenson also discussed another positive experience, where one of the Scottish Burned Children's Club members did a talk with a group of individuals, who had been involved in a fireworks-related incident last year. As a result, half of the individuals engaged with Police Scotland and have since gone on to carry out talks to younger students at their schools themselves.

Mr Stevenson stated that the SBCC proposed a minimum price for fireworks, in a similar way to alcohol in Scotland. He advised he would advocate for more community events to reduce the use of fireworks at home. Mr Stevenson concluded by proposing another option for managing firework sales. This was to introduce online competency checks for people wanting to buy fireworks, which would give them an e-code that they could take to the retailer.

Mr Curnier, whilst acknowledging the positive impact of this work, suggested there still needs to be a spectrum of opinion on this issue and that firework displays were enjoyed as part of many celebrations.

Mrs Sharon Ramsay (Paediatric Nurse Specialist, NHS Greater Glasgow & Clyde), asked if consideration had been given to reducing the period of time when fireworks could be sold. This was being considered as one of the options.

9. Courses and Future EMSB Courses

Mr Watson reported that surgeons in Dundee were interested in delivering the 'Emergency Management of Severe Burns' (EMSB) course in Scotland. It was suggested that St John's in Livingston could be a suitable venue for running this training towards the end of 2020. It was acknowledged that there would be a requirement for some of the clinicians to go on refresher courses to enable them to run the EMSB course. Mr Kaz Rahman (Consultant Plastic Surgeon, NHS Grampian), suggested liaising with Mr Kazim Azar (Registrar, NHS Grampian) as he was the only person qualified to run the course.

***Action** – Mr Rahman to speak to Mr Kazim Azar about getting involved in the EMSB course.*

Mr Watson informed the group that there would be a one-day training course in Glasgow in November for junior doctors and nurses.

Mr Curnier asked whether COBIS was running an annual event in November. It was noted that the network jointly delivered the Trauma Conference this year as an alternative, to raise the network's profile.

Mr Stevenson requested the opportunity to speak on behalf of the Scottish Burned Children's Club at any future events, which was welcomed. Mr Stevenson also highlighted some of the other ongoing discussions they were having around running roadshows and hosting a day of workshops, to help promote the service. It was noted the Mr Stevenson would be working with Mr Nimmo on this as part of a quality improvement project.

Dr Freeman asked if Mrs Stewart could share NHS Lothian contact details with her so that she could encourage her colleagues to try and improve referrals to the Scottish Burned Children's Club.

***Action** – Mrs Stewart to share clinical contact details with Dr Freeman*

10. Regional Teaching Sessions – Belford Hospital and Monklands

Mr Watson made the group aware that there would be two regional training sessions taking place in November, one at Belford Hospital and one at Monklands.

11. Update from the Comms Group

Mr Watson invited Mrs Ramsay, as Chair of the Communications Group to share any updates. Mrs Ramsay highlighted the lack of referrals to the Scottish Burned Children's Club from areas other Glasgow as a key point raised at the last meeting. A quality improvement project was underway to address this.

Mrs Stewart noted that there had been a suggestion to condense some of the guideline leaflets into a single one. It was agreed to delay printing until there are clearer developments in relation to the national hub as this will affect the content. Ms Breeda McCahill (Burns Nurse Practitioner, NHS Greater Glasgow and Clyde), pointed out that they tend to give patients leaflets at different stages of care, rather than all at once, and a trial would be needed if a condensed guidelines leaflet was to be produced.

Mr Stevenson attended a parents' forum in London along with the Family Liaison Officer for the Scottish Burned Children's Club, where there was a lot of input from physiotherapy and psychology. There were discussions on the emotional journey for parents of burned children, as well as scar management and aftercare. A key takeaway from the day was that more needed to be done for patients after being discharged from hospital. Mr Stevenson emphasised how useful and interesting this event was and that he was keen to run a similar event in Scotland in 2020, if they can get sponsorship or support.

12. Update from the Data Group

Mr Watson invited Dr Gilhooly, as Chair of the Data Group and Mr Gavin Hallford (Data Analyst, National Services Scotland), to provide any updates on behalf of the Data Group. Dr Gilhooly commended Mr Hallford for the positive impact he had made since recently joining the network and noted that there had been great progress in refining the data requirements and outputs. A dashboard had been developed, highlighting the key outputs of the data collected on the clinical audit system (CAS). Dr Gilhooly reported that they had been considering accessing other sources of useful data.

Dr Gilhooly updated the group on GDPR, noting that there was a strong case put forward for the importance of collecting data to help achieve the outcomes of the network but seeking consent was a potential barrier. Dr Gilhooly recommended continuing recording consent, until it is confirmed as no longer required. It was noted that patient data should still be uploaded to CAS, even when consent had not been possible.

Dr Freeman raised a concern on gathering data for patients from outwith Scotland, without a CHI number. It was suggested and agreed that data for these patients could be recorded on paper in the interim and could possibly be added to the system at a later date.

Mr Hallford agreed to share an updated version of the dashboard with the group for data up to the end of October. It was agreed that this dashboard would help encourage departments to collect data as they would be able to see the results.

***Action** – Mr Hallford to share an updated dashboard (up to the end of October 2019).*

Any Other Business

Mr Watson invited the group to share any other business to be discussed.

Mr Rahman reported that the North of Scotland Major Trauma event that had run in Aberdeen had been a great success and noted it was important to maintain links with the Scottish Trauma Network (STN). It was agreed that COBIS would request a session at the STN trauma event next year as well as running a specific COBIS event.

***Action** – Mrs Stewart to request a burns session in next years' Scottish Trauma Network Annual Conference.*

Mr Watson informed the group that his tenure as Lead Clinician would be coming to an end in May 2020 and that he would not be looking to extend this. He invited any interested parties to contact Ms Catriona Johnson (Programme Associate Director, National Network Managed Service, National Services Scotland), for more information on the role. It was noted that this would not be a typical Lead Clinician role as the majority of the focus would be on incorporating the network into the national burns service.

Mr Lindle enquired as to when and how the impact of the national hub would affect the Scottish Ambulance Service. Dr Gilhooly advised that the proposed number of patients being transferred had been considered in the initial proposals. It was suggested that the CAS data would be useful. Mr Lindle was concerned that the number of patient transfers required was an under-estimate. Mr Watson picked up on the potential issue of patients being over-triaged (though the Triage Tool) away from the peripheral units. It was agreed that triage criteria for burns should be made clear to the Trauma Control Centre.

***Action** – Steering Group to develop a Guidance Document for the Trauma Desk to inform adult/paediatric triage of burns.*

Date of next Steering Group meeting to be confirmed.