

minutes

COBIS Steering Group

Thursday 25th June 2020 – Microsoft Teams

Author: Mr Richard Crawford

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Confirmed Attendance:

Mr Stuart Watson	Lead Clinician (Chair)	NHS National Services Scotland
Mr Hilal Bahia	Consultant, Plastic & Burns	NHS Lothian
Dr Lisa Black	Consultant – Emergency Medicine	NHS Ayrshire & Arran
Ms Gillian Calder	Physiotherapist	NHS Greater Glasgow & Clyde
Tracey Campbell	Staff Nurse	NHS Greater Glasgow & Clyde
Dr Rebecca Crawford	Consultant Clinical Psychologist	NHS Greater Glasgow & Clyde
Mr Richie Crawford	Programme Support Officer (Minutes)	NHS National Services Scotland
Mr Alain Curnier	Consultant Plastic Surgeon	NHS Grampian
Mrs Jackie Dunlop	Lead Nurse	NHS Greater Glasgow & Clyde
Dr Julie Freeman	Consultant in Paediatric Anaesthesia	NHS Lothian
Dr Murray Geddes	Clinical Lead for Critical Care	NHS Lothian
Dr Charlotte Gilhooly	Consultant in Anaesthesia	NHS Greater Glasgow and Clyde
Mr Gavin Hallford	Data Analyst	NHS National Services Scotland
Ms Roselynn Kennedy	Acting Senior Charge Nurse	NHS Greater Glasgow & Clyde
Ms Kim Kirkwood	Clinical Psychologist	NHS Greater Glasgow & Clyde
Ms Jacqui Ivison	Charge Nurse	NHS Greater Glasgow & Clyde
Mrs Claire Lawrie	Senior Programme Manager	NHS National Services Scotland
Mr Peter Lindle	Consultant Paramedic	Scottish Ambulance Service
Dr James McBrayne	Consultant – Critical Care & Anaesthesia	NHS Grampian
Ms Breeda McCahill	Burns Nurse Practitioner	NHS Greater Glasgow & Clyde
Ms. Elaine McClure	Acting Deputy Charge Nurse	NHS Greater Glasgow & Clyde
Mr David McGill	Consultant Plastic Surgeon	NHS Greater Glasgow & Clyde
Mrs Valerie McIntosh	Senior Charge Nurse	NHS Grampian
Ms Kirsty Munro	Consultant, Plastic Surgery	NHS Tayside
Mr Jamie Nimmo	Programme Manager	NHS National Services Scotland
Dr Lia Paton	Consultant In Intensive care and Anaesthesia	NHS Greater Glasgow & Clyde
Mr Kaz Rahman	Consultant Plastic Surgeon	NHS Grampian
Mrs Sharon Ramsay	Paediatric Nurse Specialist	NHS Greater Glasgow & Clyde
Dr Eleanor Robertson	Speciality Trainee Plastic Surgery	NHS Greater Glasgow & Clyde
Mrs Alexandra Speirs	Senior Programme Manager	NHS National Services Scotland
Mr Mark Stevenson	SBCC Chair	Scottish Burned Children's Club
Ms. Lynn Struthers	Clinical Nurse	NHS Lothian
Mr Alastair Turner	Consultant Paediatrician	NHS Greater Glasgow & Clyde
Mr Stuart Waterston	Consultant Plastic Surgeon	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

Mr Dan Widdowson
Evelyn Wilson

Consultant Plastic Surgeon
Nursing Assistant Burns Unit

NHS Lothian
NHS Lothian

Confirmed Apologies:

Dr Julie Gordon
Dr Chris McGovern

Consultant – Emergency Medicine
Radiographer

NHS Ayrshire & Arran
NHS Greater Glasgow & Clyde

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.

Mr Watson thanked everyone for their efforts and service during the COVID-19 pandemic. He said that the burns community had emphasised the value that COBIS brings and highlighted the importance of professional relationships in dealing with the crisis.

Mr Watson voiced his concern that a senior colleague in NHS Lothian had requested the transfer of all burns patients to Glasgow throughout the course of the pandemic. This request put colleagues in NHS Greater Glasgow & Clyde in the difficult position of having to reject transfer requests.

Mr Watson requested that if anyone knew why this was the adopted stance that they should contact him directly. Mr Hilal Bahia (Consultant in Plastic and Burns, NHS Lothian) suggested that this was down to miscommunication. Mr Watson noted that his unit had received a direct call from a senior figure from NHS Lothian, which was very clear. Mr Watson noted that this put him and colleagues in an awkward position.

After voicing concerns around the appropriateness of the request from NHS Lothian, Mr Watson emphasised the lesson learned was that the COBIS network should be utilised to discuss such important issues in future. Members should be able to speak to one another to avoid any future situations like this.

Action: *Use the Network to work together for Burns Care across Scotland*

2. Minutes & Actions from the Last Meeting

Minutes from the previous meeting which took place on the 31st October 2019, were approved by the group as an accurate record.

3. Clinical Guidelines Review: Adult/Paediatric Clinical Guidelines

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 had been testing the guideline in Glasgow with no issues.

Dr Julie Freeman (Consultant in Paediatric Anaesthesia, NHS Lothian) noted that she had shared the latest version of 'Paediatric Fluid Resuscitation' with colleagues and would be sharing a guideline on 'Toxic Shock' in the near future. Colleagues were invited to review these and provide feedback.

Action – Dr Gilhooly *to share updated guideline for Fluid Resuscitation Protocol with Steering Group for any final amendments*

Action – Steering Group to provide feedback on guidelines by 20/08/20

Action – Mrs McIntosh with Jen Greenhaugh regarding working with Paediatric Guidelines

Action – Mr Watson to review all other guidelines that need updating for COBIS website by 30/09/20

4. UK National Burns Care Standards – how can boards assist one another (originally reciprocal visits were planned)

Mr Watson suggested setting up online video calls between the four main burns units to review performance against the burn care standards. Mr Watson agreed to send a questionnaire document in advance to fill in for each standard. Ms Kirsty Munro (Consultant Plastic Surgeon, NHS Tayside) said this was an excellent idea, especially given the issues in NHS Tayside, outlined at the last Steering Group meeting. Ms Munro noted that they had to transfer out a 28% burn in Tayside after the burns unit was absorbed into the surgical HDU. Mr Bahia agreed that this would be beneficial on behalf of NHS Lothian, as did Mr Kaz Rahman (Consultant Plastic Surgeon, NHS Grampian) on behalf of NHS Grampian. Mrs Valerie McIntosh (Senior Charge Nurse, NHS Grampian) said that Jen Greenhowe (Consultant Plastic Surgeon, NHS Grampian) would be keen to be involved on the paediatric side of this in Aberdeen.

Mr Watson agreed to send an extract of the standards to the above contacts in each of the units (as well as Anaesthetists), along with the questionnaire. He also agreed to send out suggested dates.

Action – Mr Watson to share extract of burns standards and questionnaire to each of the 4 main burns units

Action – Mr Watson to send proposed dates for video calls to run through standards across all 4 burns units

5. National Burns Hub/Burns Services Review

Mr Watson stated from the outset that the network should make a strong case for having one national hub and three other units. The Steering Group agreed that this was still the preferred option, as opposed to the earlier recommendation of one hub and two units. Mr David McGill (Consultant Plastic Surgeon, NHS Greater Glasgow & Clyde) said that he was strongly in favour of one national hub and three regionalised centres. Aberdeen and Dundee have proved extremely successful and invaluable to the regions. Ms Munro also confirmed that she was supportive of this model. With the ongoing work in the Dundee burns unit, Ms Munro noted that management were now beginning to re-engage with the work that was being carried out by COBIS. Dr Rahman said that there is a need for a tertiary centre for the worst cases. These cases may require repatriation to the regional burns units from the national hub. Mrs McIntosh suggested that hospital management put burns to the back of the queue, and having evidence in place to show management would be extremely useful. The standards were designed to maintain safe levels of care.

Dr Rahman said that there had already been engagement with the national trauma units in Dundee and Aberdeen, and questioned what the impact would be on major trauma. Mr Watson noted that more work could have been done around a joined-up approach and that this was a lesson learned.

Dr Julie Freeman (Consultant in Paediatric Anaesthesia, NHS Lothian) said that she had attended a trauma network meeting and that burns were of low priority. Dr Freeman felt the meeting would benefit from having a surgeon or representative from COBIS on the group. Dr Eleanor Robertson (NHS Lanarkshire) had been in conversation with the Scottish Trauma Network and noted that STAG (Scottish Trauma Audit Group) injury scores exclude burns as they are seen as too complex.

The Steering Group agreed that it made more sense to have the three units rather than two.

Mr Watson said that there is a National Planning Burns meeting that will take place on 16th July. It would be appropriate to push for the three units at this meeting.

Mr Watson noted that the threshold for burns transfers was too low and that the transfer of major burns patients was smaller than the previous review had suggested. The group agreed and supported Mr Watson.

Mr Watson made the following threshold suggestions for referring to the national hub:

- 10% partial thickness burns in children
- 20% partial thickness burns in adults
- 7-8% deep burns in children
- 12-15% deep burns in adults

Dr Freeman said that the resuscitation threshold was at 10% for children. Consultation with a Plastic Surgeon would be required for any children aged five to eight with 10-15% superficial burns. Dr Freeman emphasised that consideration would need to be given when transferring these children.

Mr Watson agreed with Dr Freeman and said that the initial criteria were no longer appropriate and needed to be more reflective of the skills of everyone. Ms Munro suggested that a caveat should be in place that consideration should be taken on individual cases. If outlined clearly, this could stop the unnecessary transfer of patients.

6. Scottish Government Consultation on Fireworks

Dr Robertson presented on a Fireworks consultation that had been done in collaboration with Kerry Davis and the Scottish Government's Firework Review Group. A public consultation carried out in 2019 generated more than 16,000 responses which contributed to the report. The findings were presented at a meeting on 5th March 2020. The main focus was on fireworks injuries, which were defined as being a sparkler upwards. Fireworks, although explosive, are defined differently from pyrotechnics. The review was based on various datasets (from Trak and OPERA) for the period of 2008 to 2019 in NHS Greater Glasgow and Clyde. Firework injury data was then collected between 15th October and 12th November 2019, from every ED and MIU in Scotland. Acknowledgements were made to all who consulted on the study.

It was noted from the study that highest instances of firework injuries occurred in areas of high deprivation. These injuries occurred mainly in November around bonfire night. These injuries were normally sustained by young males and the most common injuries were to the hand and wrist. The dataset from the 15th October to 12th November 2019 showed that there were 90 calls made for patient receipt in areas of high deprivation. It was also found that inpatient numbers for this period were reported as being from areas of high deprivation. Through the Freedom of Information Act, it was possible to get Police Scotland recorded calls from the various times of day and the area they were from, which was presented on a heat map. The information highlighted a progressive build-up of calls over the lead up to bonfire night. There was also clear prominence of hand injuries.

Dr Robertson also presented on a child that had sustained severe hand trauma from a firework injury. Dr Robertson gave insight into the gravity of the injury and the recovery path that was followed by the child. It gave a stark picture of the injuries that can be sustained by fireworks. There was also evidence of hand injuries being sustained by adults.

The group was also presented with the economic data that goes along with the treatment that a fireworks injury carries. Such injuries can have massive impact financially on the NHS. This

looked at the health economics of the treatment of the injury itself, as well as the long term physical and mental care that would be required for a child.

7. Education Group – to be re-established

Mr Watson passed to the Steering Group for thoughts on the Education Group being re-established and clinician led. Mr Bahia thought that it would be useful to have and felt previous efforts had been patchwork. Mr Watson invited Mr Bahia to lead the group. Mr Bahia was in favour of this. He also said that he had access to the simulation suite at St Johns, Livingston. He felt that would help set up something more robust.

Mr Watson stated that the group had previously met three times a year and that nurses had previously been involved. Dr Lia Paton (Consultant in Intensive care and Anaesthesia, NHS Greater Glasgow & Clyde) said that sharing resources was a good way forward from a critical care perspective. Simulations were used locally and for Advanced Nurse Practitioner training. Mrs Lisa Black (NHS Greater Glasgow & Clyde) said that there was a plan to formalise education within Accident and Emergency. This would be useful to have but is currently out with remit.

Mr McGill said that the support was strong for supporting an educational component and it would be good to support Aberdeen and Dundee. If Mr Bahia was happy to chair the group Mr McGill would be in favour. Mr Jamie Nimmo (Programme Manager, NHS National Services Scotland) agreed to co-ordinate the group. The Steering Group decided that members would consist of:

- Mr Hilal Bahia
- Mrs Valerie McIntosh
- Dr Kaz Rahman
- Mr Alan Curnier
- Ms Kirsty Munro
- Fiona Hogg
- Mrs Sharon Ramsay
- Mr Stuart Watson

The group confirmed that they were happy with this.

Mr Mark Stevenson (Scottish Burned Children's Club) said that the education group should be strong and that the SBCC would be happy to support as required.

Action – Mr Jamie Nimmo to co-ordinate the organisation of the group and to develop Terms of Reference

Action – Group to have first meeting before 30/09/20

8. Education – EMSB Courses, Webinars, Continulus (Online Training) and Annual Event

Mr Watson informed that there was a variety of nursing/surgical and psychology courses that were currently available. Mr Watson said that there will training videos available through COBIS and will carry full accreditation. The video would be part of a six-hour course which he would highly recommend to colleagues, especially those that would like to enhance skills or those at the start of their education. Mrs McIntosh asked Mr Watson whether there were any plans to bring back Emergency Management of Severe Burns (EMSB) courses. Mr Watson said that planned EMSB courses would be deferred until next year. Mr Watson thanked Edinburgh and Dundee for the work that they had put into EMSB. He made the group aware that there were several good videos for nurses regarding dressings etc. as well as theoretical and practical lectures.

Action – Mr Crawford to share links for Continulus and other training materials with the group

and add to the COBIS website.

9. Update from Comms & Engagement Group

Mrs Sharon Ramsay (NHS Greater Glasgow & Clyde) advised that due to COVID-19 that there had not been much happening on this front. Mr Stevenson said that his focus had been on increasing the awareness of the Scottish Burned Children's Club. The SBCC Leaflet could be translated into several languages, if required. Mr Stevenson also said that there had been an increase in the number of referrals coming in. Mr Stevenson thanked the group for their support and for the recent funding that had gone towards producing videos for the Scottish Burned Children's Club. The link for the video was included in the COBIS Newsletter. Mr Stevenson did advise that they had had to cancel several events due to the outbreak of COVID-19. SBCC were looking forward to getting back to normal and that donations were still coming in.

10. Update from Data Group

Dr Gilhooly said that there hadn't been a good response from her request for members from Dundee or Aberdeen and asked if anyone would like to (or knew someone who might want to) be involved in the group. Mrs McIntosh said that she had previously put someone forward but they hadn't heard anything. She will re-forward the contact details again. Ms Munro had said that she had been in touch with Mr Gavin Hallford (Data Analyst, National Services Scotland). Mr Hallford confirmed that he would be able to carry out training. He was planning training for Tayside and would also organise training for Aberdeen and Edinburgh. Mr Hallford confirmed that quarterly reports would be produced and sent through to each of the units at the end of each quarter.

Dr Gilhooly confirmed that she will be retiring on the 30th June 2020 and would therefore no longer be chairing the group. Dr Lia Paton would be taking up the position of Chair on the Data Group. Dr Gilhooly will give informal support in the interim. Mr Hallford provided an overview of the information that will be sent to each unit on a quarterly basis. He also explained what each of the units should be able to get out of the information.

Dr Gilhooly said that it was important that the date of the injury goes into the report as this is required and will enhance the data in the report.

Action – Valerie McIntosh to provide details from NHS Tayside who would like to be involved. Details to be sent to the COBIS mailbox.

Action – Mr Hallford to send through quarterly data to each unit.

Action – Slide to be included by Mr Hallford at each Steering Group meeting

Action – Mr Crawford to add Lia Paton to Steering Group distribution list

11. Lead Clinician Update

Mr Watson informed that group that Mr David McGill would be taking over as Lead Clinician from the 1st October 2020. During the lead up to this time, Mr Watson would be supporting Mr McGill and wished him a warm welcome to the group.

12. Any Other Business

The group expressed their gratitude to Dr Gilhooly and Dr Freeman for the contributions that they had made to COBIS over the years and wished them well for the future.

Mr Nimmo informed the group the first COBIS newsletter would be shared shortly.

Mr Nimmo expressed that due to COVID-19 and the new way of working there may be other avenues in which the COBIS budget could be spent. This could be added as an agenda item at the next Steering Group meeting.

Mr Nimmo also advised that the groups would be set up on Microsoft Teams and notifications will be received when actioned.

Mr Bahia asked whether photo referral was being used by any of the other areas as there seemed to be an IT block when NHS Lothian tried to introduce it. Mr Bahia described this as an invaluable resource that should be utilised as it is a good way to assess and advise on a patient. Mr Bahia asked whether this is something that COBIS would be able to support. Mr McGill said that 'Near Me' and 'Attend Anywhere' were working well in NHS Glasgow, with no issues. Dr Gilhooly said that there had been movement with NHS Greater Glasgow and Clyde IT, as several systems could be used. Dr Gilhooly believed that this was worth promoting across Scotland. It was acknowledged that there is a Scottish Clinical Transfer app which accommodates this type of consultation. The issue currently is that the app is still being refined. Mr Rahman said that NHS Orkney and Shetland have been using Microsoft Teams for referral consultations.

Mr Watson asked that a doodle poll be sent out for the next Steering Group, but would prefer the end of September as he would be stepping back from the group at this point.

Mr Stevenson wanted to thank Mr Watson for his help and support during his time as COBIS Lead Clinician.

Mr Watson thanked everyone for their continued commitment to the COBIS Network

Action – Mr Crawford to ensure that each individual has been added to Teams and individual groups

Action – Mr McGill to meet with **Mr Bahia** to discuss the photo consultation.

Action – Mr Watson to get in touch with Accident & Emergency Ophthalmology (NHS Forth Valley) to discuss what IT system used for telemedicine.

Action – Doodle poll to be issued by **Mr Crawford** to find suitable date for next Steering Group