

minutes

COBIS Steering Group

Thursday 21st January 2021 – 10:00 to 12:00

Microsoft Teams

Author: Mr Richard Crawford

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Confirmed Attendance:

Mr David McGill	Lead Clinician (Chair)	NHS National Services Scotland
Mr Hilal Bahia	Consultant, Plastic & Burns	NHS Lothian
Ms Lynne Coyne	Plastic Surgery Specialist Nurse	NHS Fife
Mr Alain Curnier	Consultant Plastic Surgeon	NHS Grampian
Dr Rebecca Crawford	Consultant Clinical Psychologist	NHS Greater Glasgow & Clyde
Mr Richie Crawford	Programme Support Officer (Minutes)	NHS National Services Scotland
Dr Murray Geddes	Clinical Lead for Critical Care	NHS Lothian
Ms Jennifer Greenhowe	Consultant Plastic Surgeon	NHS Grampian
Mrs Angela Harris	Head of Scotland	Changing Faces
Ms Jacqui Ivison	Charge Nurse	NHS Greater Glasgow & Clyde
Dr James McBrayne	Consultant – Critical Care & Anaesthesia	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
Mrs Sharon Ramsay	Burns Nurse Specialist	NHS Greater Glasgow & Clyde

Confirmed Apologies:

Dr Lisa Black	Consultant, Emergency Medicine	NHS Ayrshire & Arran
Ms Deborah McCallum	Plastic Surgery Nurse	NHS Fife
Ms Samantha Seeds	Station Manager	Scottish Fire & Rescue Service
Mr Stuart Watson	Lead Clinician	NHS National Services Scotland



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 David McGill (Consultant Plastic Surgeon, NHS Greater Glasgow and Clyde, COBIS Lead Clinician and Chair) welcomed everyone to the meeting. Introductions were made and apologies noted as above. Mr McGill acknowledged the impact that COVID-19 had had on capacity within each of the main units and that this was not likely to ease anytime soon. Ms Kirsty Munro (Consultant Plastic Surgeon, NHS Tayside) advised that Ninewells currently had 200 patients with COVID. This had also resulted in 20 anaesthetists and 20 nurses self-isolating.

2. Minutes & Actions from the Last Meeting

Minutes from the previous meeting, which took place on the 10th September 2020 were approved by the group as an accurate record.

3. UK National Burns Care Standards

Mr McGill advised that he had previously worked on the National Burns Standards with Mr Stuart Watson (Consultant Plastic Surgeon, NHS Greater Glasgow and Clyde) with plans to carry out reciprocal reviews around Scotland to identify any areas for improvement. With the current impact of COVID-19 this had been placed on hold. This will be picked up again once the pandemic restrictions are eased. Mr McGill asked all members to ensure that the standards are implemented and advise of any gaps. Mr McGill acknowledged that given the current circumstances that this will not always be possible.

Action: Burns units to maintain UK National Burns Care Standards and advise of any gaps as identified.

4. National Burns Hub/Burns Service Review

Mr McGill advised the group that he had not been given any formal information recently regarding NHS Greater Glasgow and Clyde's bid to host a National Burns Hub. Mr Jamie Nimmo (Programme Manager, NHS National Services Scotland) was able to provide a brief update, which indicated that the bid was due to be reviewed by the Board Chief Executives in February 2021 and that the finance case was also currently being looked at. Mr McGill noted that there was currently nothing to suggest that the bid would not be successful. He hoped that he would be able to provide a further update at the next Steering Group.

Mr McGill advised that as an interim measure, burns transfers should be negotiated on a case by case basis. Given how busy everyone was at the moment, Intensive Care Unit transfers into Glasgow could be difficult to accommodate, but Lothian may be able to step in if that was the case. In instances where it is not possible for the patient to transfer, Mr McGill, Mr Watson and Mr Nick Arkoulis (Consultant Plastic Surgeon, NHS Greater Glasgow and Clyde) would be available in an advisory capacity and may travel if required.

Dr Lia Paton (Consultant in Intensive Care and Anaesthesia, NHS Greater Glasgow and Clyde) advised that there had been feedback on the patient transfer process to the Glasgow Royal Infirmary (GRI) Critical Care Unit. The feedback came from Critical Care Teams at referring hospitals regarding the complex discussions that needed to take place before transfer of critically ill burns patients to GRI. The document produced on transfers was designed to clarify the process. The unit has come up with a process checklist to help with the patient transfer. This has gone out to the Scottish Critical Care Delivery Group and Dr Paton wondered whether it would be useful for COBIS to host this on the website. Dr Paton then shared the document with the Group members via Microsoft Teams and advised that it had been vetted by the Critical Burns Teams at the GRI. Ms Munro acknowledged that it was very useful and that the current Plastic Surgery Manager for NHS Tayside had understood that patient funding needs to

be available prior to transfer. Dr Alain Curnier (Consultant Plastic Surgeon, NHS Grampian) agreed that it was a useful filter if the Intensive Care Unit wouldn't be able to cope with a certain patient. Mr McGill advised that the support has been there from the management in the GRI when patient transfers have been requested. The model seemed to be working well at the moment and colleagues were happy to help out and support as much as they possibly could, and would liaise with Dr Paton to get patients in.

Mr McGill finished by saying that the Burns Care Standards can be revisited once things begin to return to normal.

Action: Dr Paton to send Mr Richie Crawford (Programme Support Officer, NHS National Services Scotland) the Patient Transfer Process.

Action: Mr Crawford to load the Patient Transfer Process to the COBIS website.

5. Update from Education Group

Mr McGill invited Mr Hilal Bahia (Plastic & Burns, NHS Lothian) to give an update on behalf of the Education Group.

Mr Bahia began by saying that he thought that the COBIS Annual Education Event went well and that feedback he had received was good. Mr Crawford advised that Certificates of Attendance were in the process of being issued. Mr Bahia advised members that the Education Group were hoping to have the next Annual Education Event date confirmed shortly. A Microsoft Forms had been distributed to select an appropriate date for Education Group.

Mr Bahia advised that the last time that the Education Group met they spoke about completing the review of the clinical guidelines and that this would continue to be part of the remit of the group. Mr McGill acknowledged that there were still guidelines that needed to be updated and should be straightforward to tweak and update on the website. Mr McGill advised that a working list of the guidelines can be distributed and outstanding guidelines can be picked up by members to take forward.

Mr McGill advised there were a couple of guideline development suggestions that came out of the COBIS Annual Education Event, primarily 'Management of Burns in the Elderly' and 'Formulary for Burns Patients', which will include information on dressings and pharmaceuticals. Mr Nimmo advised that the Network team had compiled a list of the current clinical guidelines available on the COBIS website, along with their review dates. This had been addressed by the Education Group and plans would be put in place to ensure as many of these were up-to-date (and on the correct templates) as possible, by the end of the reporting year. Mr Nimmo also advised that he would be discussing the COBIS 2021/22 workplan with each of the subgroups at the next meetings in order to get more input from those involved. Ms Jacquie Ivison (Charge Nurse, NHS Greater Glasgow and Clyde) advised that GRI have their own formulary document which is updated by the senior nurses and would be more than happy to share with the Education Group. Mr McGill asked Ms Ivison to share with Mr McGill, Mr Bahia and Mr Nimmo prior to the next Education Group meeting. Ms Ivison advised she would be happy to do this but will review first to see if any additions are required.

Mr Bahia advised that he had been contacted by surgeons that were based in the Highlands and Islands and asked if it would be possible to deliver some lectures on what patients they can refer and what patients they can look after. They had requested a brief lecture on the Management of Burns and the Management of Hand Injuries which Mr Bahia anticipated would last about 20 minutes for each. Mr Bahia thought that in the meantime he can refer them to the COBIS website and the Continulus modules. Mr McGill believed that, from an Education Group point of view, it would be good to work out a schedule for online teaching particularly for Emergency Departments. This is something that could be arranged among the group to cover the different parts of the country. If this is done as Teams based teaching it should be able to reach a lot of people remotely without having to travel. It would be good to tie in with the

Emergency Departments and deliver some teaching twice a year if possible to address change overs in staff to maintain awareness and education.

Mr McGill then spoke about Child Protection referrals in Emergency Departments and spoke of an incident that hadn't been picked up in the Emergency Department, so it would be beneficial to include this in any training. Mr McGill advised that he had been in discussion with Mrs Sharon Ramsay (Burns Nurse Specialist, NHS Greater Glasgow & Clyde) about creating a Burns Pro Forma for Paediatric Burn Referrals, which could be loaded onto the website and in turn direct the Emergency Departments through teaching. This would be important to consider non-accidental injuries and would provide a checklist when looking at referrals for patients. Mr Bahia agreed that lectures twice a year would be of great benefit, especially at handover times. Mr McGill acknowledged that this is something that can be picked up at the next Education Group meeting

Action: Mr Crawford to arrange for Certificates to be issued to presenters and attendees to the COBIS Annual Education Event.

Action: Education Group to look at developing guidelines for 'Management of Burns in the Elderly' and 'Formulary for Burns Patients'. Ms Ivison to review and update, if required, the GRI Formulary Guideline to see if this can be developed as the national guideline.

Action: Education Group to discuss creation of education lectures for Management of Burns and the Management of Hand Injuries Highlands & Islands and online teaching for Emergency Departments)

Action: Education Group to discuss creating bi-annual lectures, incorporating Child Protection referrals.

6. Update from Comms & Engagement Group

Mr McGill invited Mrs Ramsay to give an update on behalf of the Communications and Engagement Group.

Mrs Ramsay began by speaking about the Emergency Department posters to determine whether or not these were still useful. Ms Munro advised that NHS Tayside Emergency Department received some posters in the last few weeks and this caused a bit of panic as it made the Emergency Department think that current guidelines had changed without prior notification. It was confirmed that these were the existing posters that had already been circulated and approved by the Steering Group, and that they did not contain anything new or controversial. Dr Paton confirmed that most laminates were being wiped down with anti-bacterial wipes and that there was no special lamination required.

Mrs Ramsay asked if the Steering Group would be happy for the Scottish Burned Children's Club (SBCC), Changing Faces, Dan's Fund and Clinical Psychology to present at the next COBIS Annual Education Event.

Mrs Ramsay advised that Mr Crawford was putting together a Twitter calendar of events that could be promoted (Burns Awareness Day etc.) on the COBIS Twitter. The online referral form for the SBCC was to be finalised and then it would be ready to be translated. Mrs Ramsay also confirmed that the group now had representation from Lothian and Aberdeen with Ms Munro confirming that she would attend for NHS Tayside in the interim. Mr Crawford would also be pulling together the next COBIS newsletter. Mr McGill requested that if members had any items to be included in the newsletter then these should be sent to Mr Crawford.

Action: Mr Crawford to double check if specialist laminate required for emergency department posters in light of the COVID-19 pandemic

Action: Any Emergency Department posters to be issued out with a covering letter explaining why they are receiving them.

Action: Education Group to discuss the date for the next Education Event.

Action: Steering Group members to send any items to be included in the newsletter to Mr Crawford.

7. Update from Data Group

Mr McGill invited Dr Paton to give an update on behalf of the Data Group.

Dr Paton began by thanking everyone for their continued efforts in entering the data. Dr Paton made the point that the more complete the data is, the more useful the data will be. Dr Paton advised that there was still the ask to have a member of the Data Group from each of the four main burns units. It was noted that the Data Group is currently West of Scotland heavy and has some representation from Lothian. Dr Paton asked if any members from Aberdeen or Dundee would like to be involved or knew of any colleagues that could be involved. Ms Jennifer Greenhowe (Consultant Plastic Surgeon, NHS Grampian) and Ms Munro were both happy to be involved.

The Group have been looking at reducing the workload of data collation and data entry. Some initial discussions had taken place on developing the Clinical Audit System (CAS), however there would be development costs involved and this process would be looked at as part of the 2021/22 workplan. Dr Eleanor Robertson (Speciality Plastic Surgery Trainee, NHS Greater Glasgow and Clyde) had been looking into a solution for the West of Scotland, which may be able to run in tandem with the CAS development project. There was currently an ongoing review of the database fields to identify those that were surplus to requirement. It was noted that it would be valuable to get user input for this to ensure that any changes have a recognised benefit. A CAS user survey would be issued in due course. Some fields relating to the British Burns Association Standards would be added as part of this work to show compliance. Frailty Assessment was also something that was being looked at. Ms Greenhowe advised that Ms Sue Thornton (Paediatric Dietician/Service Manager, NHS Grampian) had been entering data for Aberdeen and the adult inputs were up to date. There was currently a lack of data entry on the paediatric side, but it was noted that there are trainees working on a pro-forma as part of a Quality Improvement project that will help with the data collection backlog.

Dr Paton advised the group that Mr Gavin Hallford (Data Analyst, Information Management Services, NHS National Services Scotland) normally sends out a quarterly report but had been redeployed due to the pandemic. Mr Nimmo advised that another colleague had sent the reports through and Mr Nimmo would distribute the reports later in the day.

Mr McGill reiterated that the Network was keen to look at the frailty data as well as deprivation.

Action: Ms Greenhowe and Ms Munro to be representatives on the Data Group for Aberdeen and Dundee respectively.

Action: Mr Crawford to issue invites to Ms Greenhowe and Ms Munro for Data Group

8. Any Other Business

Mr McGill reminded the group to direct the nurses and trainees to the Continulus modules and use the resources.

The Multi-Disciplinary Team meeting that has continued to take place on a Monday has been extremely useful in sharing information and best practice among units. This would be continued

on a long term basis due to its success. Mr Bahia had received feedback that the time of 16:00 conflicts with the handover of staff. It was also noted that the meetings were beginning to become progressively longer. Mr Bahia thought it would be worth looking at to fine tune. Mr McGill thought it may be worthwhile having the less complex cases first followed by the complex cases. Ms Munro noted similar timing concerns, but had devised a rota for who would attend each meeting and present if required. Trainees have confirmed it is a great learning tool. Ms Greenhowe suggested it would be a good to have an agreed template for the rota.

Mr McGill asked group members to contact the network team with any suggestions for updates or additions to the website.

Mr McGill brought up a meeting of an innovation group he had attended regarding VCreate. This is a software that is used for sharing complex photos that is secure. Mr McGill believed this was something that could play a role in burns triage. He was aware that some emergency departments take photos but some cannot do this due to theft of equipment. Having live video would be of great benefit, especially if a patient is potentially being transferred from another unit. Mr McGill advised that he would take this discussion forward with Glasgow. He also advised that there is a Scottish Clinical Transfer app, which is in use, but the data is not recorded to the phone or device. Mr Bahia advised that this is something that he had been working on for a long time and his main stumbling block was IT for NHS Lothian, which was blocking the use of such technology. Mr Bahia also advised of a company called MDSass which has created an app for burns referrals immediately uploading the photo to a secure server. Orthopaedics and Trauma departments in Lothian also expressed an interest in this app. VCreate had already been approved in Glasgow and would be a good starting point.

Mr Bahia asked if anyone used a 'grab box' (of surgical equipment), if they had to go to another hospital, as equipment was not always available. Mr McGill advised that he just puts something together when and if he has to go to another hospital.

Dr Paton shared a Standard Operating Procedure (SOP) regarding patient transfers. It was thought this could help clinicians that don't come across these scenarios on a regular basis. Dr Paton advised that this had already been sanctioned in NHS Greater Glasgow and Clyde and was being used locally. It was agreed that this could be added to the COBIS website. Dr Paton also advised that her area would be happy to be contacted in an advisory capacity. Mr Bahia advised that this was something that could be picked up by the Education Group.

Action: Mr McGill to send an email to the Monday MDT members asking for thoughts on the format and discussion for the meetings.

Action: Education Group to review the process of topics discussed at the Weekly MDT's meeting and fine tune.

Action: Mr McGill, Mr Watson and Mr Arkoulis to see if there is a way to refine the topics available for discussion at the weekly MDT's. Other units will be asked to review likewise.

Action: Education Group to look at creating a standard attendance rota for the Monday MDT.

Action: Dr Paton to share SOP regarding patient transfers

Action: Mr Crawford to load SOP to COBIS Website.

Action: Discuss the SOP at the next Education Group.

9. Next Meeting

Next Steering Group Meeting will be Thursday 13th May 2021

