

London and South East of England Burn Network
Memorandum of Understanding 2020
between specialised burn care providers, the host provider trust and the LSEBN ODN Team.

1 Purpose

- 1.1 The London and South East Burn Operational Delivery Network (LSEBN) represents 5 providers of specialised burn care services across London and the South East of England. The five services are:
- Broomfield Hospital (St Andrews), Chelmsford;
 - Chelsea & Westminster Hospital, London;
 - Queen Victoria Hospital, East Grinstead;
 - Stoke Mandeville Hospital, Aylesbury and;
 - John Radcliffe Hospital, Oxford.
- 1.2 This memorandum of understanding (MOU) confirms:
- the partnership between the five hospitals and confirms the commitment of each to the LSEBN and to partnership working with the each other, and;
 - the roles and responsibilities of the host provider.

The ODN Terms of Reference are included at Appendix A.

2 Background

- 2.1 The Burn ODNs were initially developed in April 2013 and based on the four existing managed clinical networks with national cover. The LSEBN covers all or part of three NHS England regions; London (all), East of England (all) and South East (all, except Hampshire and IoW).
- 2.2 The LSEBN is responsible for the delivery of a coordinated and consistent care pathway across the Network. This will be undertaken by:
- Advising commissioners about priorities, service development needs and the risks associated delivering specialist burn care;
 - Assuring that systematic clinical governance processes are in place at key stages of the patient care pathway and between organisations. As a minimum, these should aim to identify and manage risk, improve clinical outcomes, and provide information regarding both the activity and quality of the burn services within the network;
 - Ensuring progress towards equitable and timely access for all patients at every point along their care pathway, from time of injury to discharge. This includes access to rehabilitation appropriate for their individual needs, and the ability to re-enter the burn care treatment pathway for reconstructive surgery or scar management;
 - Development and delivery against an agreed work programme;
 - Compliance with the national work programme by engaging and collaborating with the NHS England regional programme managers responsible for the Programmes of Care for both Trauma and Women and Children;
 - Compliance with and delivery against the contract agreed with the commissioning Area Team;
 - Agreeing and managing a risk management system, and;
 - Agreeing and producing an annual report.
- 2.3 This MOU sets out the commitments that each of the specialist burn service providers is prepared to make to the Network. Once signed, it confirms that their individual Trust boards have agreed the MOU.

3 The principles for all provider services

- 3.1 As signatories to this MOU, we commit to the following principles that outline the shared expectations which will underpin the LSEBN and to implementation of any interventions agreed by member organisations.
- 3.2 We will:
- be prepared to share the cost of the operational and clinical input required to manage the Network; either in kind or at cost. Such costs to be agreed in advance;
 - release clinical time to engage and support the delivery, recognising the importance of core staff being part of the solution;
 - work together regardless of organisational boundaries to develop cost-effective, innovative pathways of specialist burn care that are centred around patients, rather than the service;
 - seek opportunities to achieve improved outcomes across specified areas of specialist burn care, including standardisation of clinical management and upskilling all members of the network;
 - share relevant cost and income data to support further analysis of benefits and their realisation; and;
 - uphold the Network's boards terms of reference, including its governance structure.
- 3.3 Recognising that all organisations are likely to face strategic, financial and operational pressures over the course of implementation, we agree to be fully committed to the above principles notwithstanding these pressures.
- 3.4 In addition, our Chief Executives and Medical Directors, or their nominated representatives, commit to supporting the establishment and progress of the Network by:
- promoting the LSEBN and its activities throughout their organisations;
 - acting as ambassadors for the LSEBN across their respective sustainability and transformation partnership (STP) footprints;
 - acting as advisors to the Network when troubleshooting any issues that arise; and;
 - facilitating closer system working and collaboration across organisations to support the Network to deliver the agreed work programme.
- 3.5 The LSEBN will provide partners to the MOU with updates on a regular basis; this will include an annual report.
- 3.6 The LSEBN Partnership Agreement and Terms of Reference, and this Memorandum of Understanding will be reviewed annually.

4 The principles for the Host Trust

- 4.1 The Host Provider, Chelsea & Westminster NHS Foundation Trust, is responsible for the following in relation to the LSEBN:
- enabling the ODN to function within an agreed financial envelope;
 - holding contracts of employment for ODN staff;
 - providing a Senior Manager as responsible to support the host function and act as Line Manager;
 - maintenance of separate ODN Cost Centres, with the ODN Manager managing the budget and receiving reports;
 - providing HR functions and employee support structures and services, and;
 - providing payroll services to ODN staff.
- 4.2 The host Trust employs the network manager. Other members of the team may be seconded from other hospitals in the network. In such circumstances, the host Trust retains operational responsibility for the seconded persons.

4.3 The LSEBN ODN Team is currently funded (2019-2020) by NHS England London. In the event that the cost of funding the LSEBN ODN team moves to a tariff, or membership model, arrangements will be necessary to reduce the financial burden and staff employment risks on the host Trust.

To ensure the sustainability of the network and in such circumstances, all stakeholders within the network (services and commissioners) will be responsible for a fair share of the running and employment cost of the network team.

The MOU has been prepared by:

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Approved by the LSEBN ODN Board, December 2019

**London and South East of England Burn Network
Memorandum of Understanding between Specialised Burn Care Providers and between the
LSEBN ODN Team and the Host Provider Trust.**

This memorandum of understanding has been agreed by the following parties:

Mid Essex Hospitals Trust	
Clare Panniker, Chief Executive Signature: Date:	David Walker, Chief Medical Officer Signature: Date:
Chelsea and Westminster NHS Foundation Trust	
Lesley Watts, Chief Executive Signature: Date:	Zoë Penn, Medical Director Signature: Date:
Buckinghamshire Healthcare NHS Trust	
Neil Macdonald, Chief Executive Signature: Date:	Tina Kenny, Medical Director Signature: Date:
Queen Victoria Hospital NHS Foundation Trust	
Steve Jenkin, Chief Executive Signature: Date:	Keith Altman, Medical Director Signature: Date:
Oxford University Hospitals NHS Foundation Trust	
Dr Bruno L Holthof, Chief Executive Signature: Date:	Professor Meghana Pandit, Chief Medical Officer Signature: Date:

APPENDIX A

LSEBN – Operational Delivery Network Board Terms of Reference

Chair

A ODN Chair

- A.1 The LSEBN ODN Clinical Lead will be the Chair of the LSEBN Board. As with all Board members (*see paragraph 4*) the Chair will ensure that Board recommendations are made in the best interests of the Network as a whole and are not influenced by locality or organisational bias.
- A.2 The network Clinical Lead and Chair will serve a term of two years. The first year will be to act as Deputy to the existing chair, and in the second year, to take the full Chair and clinical lead's lead.
- A.3 The network Clinical Lead and Chair, and the deputy Clinical Lead should not be employees of the same NHS Trust.

B Membership

- B.1 In addition to the chair, the membership of the ODN Board will be drawn from the specialised burn service organisations, the NHS England Specialised Commissioning teams and the ODN Network team members.
- B.2 The ODN Board will operate at two levels:
- ODN Core Group
The core group will consist of the network clinical lead and chair, network professional leads, PPE representative, host Trust manager and NHS England regional commissioners (London, East of England and South (South East)). The core group members will attend four ODN meetings each year.
 - ODN Main Group,
The main group will consist of the core group, plus all other burns service clinical and management representatives. The non-core group members will attend two meetings each year.
- B.32 The purpose of creating a tiered ODN Board is to reduce the number of meetings requiring clinicians to attend. The core members have protected time for network duties, whilst other clinicians do not, and may need to balance clinical obligations with network meetings.
- The ODN Main group meetings will coincide with the ODN M&M Audit meetings.
- B.4 The chair has the authority to invite co-opted associate members to the board to provide specialist expertise for a defined period of time. For example, these may include clinicians from major trauma / Emergency Departments or Public Health Specialists. The Network Team will attend and will provide the secretariat function to the ODN Board.

Quorum

C Quorum

- C.1 Membership of the LSEBN Board (main group) is offered to the lead clinicians and service managers from each service (to a maximum of 12 people). To be quorate, the Chair and a representative of the network team should be present, together with at least one senior clinical representative of the burns team from each of the four main burns services.

D Responsibility of Board Members

- D.1 It is the responsibility of LSEBN Board members to ensure that Board recommendations are made in the best interests of the Network as a whole and are not influenced by locality or organisational bias.
- D.2 Members will provide the Board with their personal expertise as informed by professional and local experience, ensuring their input reflects the breadth of understanding in their locality or specialty, avoiding purely personal opinion.

E Frequency

- E.1 The ODN Board will meet on four occasions each year:
- Summer: Main ODN Board, business meeting (date to coincide with M&M Audit meeting)
 - Autumn: ODN Core, mid-year business review
 - Winter: Main ODN Board, business meeting (date to coincide with M&M Audit meeting)
 - Spring: ODN Core, review and approve future Work Programme

F Decision making

- F.1 The underpinning principle is that decisions are to be made by reaching consensus between the ODN Board members. The Main ODN Board meeting will be responsible for agreeing any issues requiring a formal decision by the ODN.

In the event that a vote is required then each organisation (burn service/Trust) will have one vote and on any occasion when a majority is not achieved then the chair will have the casting vote.

- F.2 Members of the ODN Board must have authority to vote on behalf of the organisation(s) that they represent.

Decisions requiring financial resources from member organisation(s) or decisions that significantly affect the financial position of member organisations must be agreed with those organisations involved and their appropriate commissioners.

G LSEBN ODN Board Governance

- G.1 The LSEBN ODN Board is not a statutory body and is established as a clinical advisory Board to member organisations (NHS Trusts). The following principles underpin the LSEBN ODN Board:

- The host provider is responsible for ensuring that the Burns Network Board is accountable to the organisations represented by its members.
- A robust governance framework underpinning the Network is fundamental for both provider and commissioner assurance. There is a formal governance and accountability framework that includes all the constituent parts of the Burn Network.
- All provider organisations individually report to their own organisations using their own governance arrangements to cover local clinical practices.
- The Burn Network reports to and is accountable to the Executive Board of its host organisation for providing the function of the network.
- Each member organisation (NHS Trust) is contracted using the standard contract to operate within the protocols and procedures that are agreed by the Network Board.

- G.2 Contractual accountability is achieved by reports and minutes from the Burn Care Network Board being shared with the NHS England specialised commissioning teams.

- G.3 Collaboration with the national work programme to promote improvement, innovation and efficiency initiatives is achieved by sharing the minutes of Burn Care Network Board meetings with the NHS Regional Programme of Care managers for Trauma.
- G.4 The Network will produce an annual account of Network activities and achievements, which must make specific reference to activity, quality and clinical governance.

H National Work Programme

- H.1 The LSEBN will work closely with other burns ODNs and collaborate with a national work programme, focusing on nationally sensitive initiatives that require a common strategy and implementation across the whole of England and Wales. This will include such matters as Emergency Preparedness (EPRR) and Mass Casualty / Major Incident planning and National Audit.
- H.2 The LSEBN will participate in the National Burns ODN Group (NBODNG). The NBODNG consists of the ODN Clinical Leads, managers and lead nurses and acts as a joint sub-committee to the four, burns ODNs (LSEBN, Midlands, South West UK and Northern Burn Networks).

*LSEBN Terms of Reference 2019 v2
November 2019*

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