

**Notes of the LSEBN ODN Board**  
**Wednesday 8<sup>th</sup> June 2016**

**In Attendance:**

- Baljit Dheansa – Queen Victoria Hospital
- Peter Dziejewski – St Andrews
- David Barnes – St Andrews
- Alex Murray – Stoke Mandeville
- Isabel Jones – Chelsea & Westminster
- Lorna Donegan – NHS England (London)
- Konstantinos Tsormpatzidis – NHS England (London)
- Robert Hodgkiss – Chelsea & Westminster
- Rachel Wiltshire – LSEBN
- Lisa Williams – LSEBN
- Krissie Stiles – LSEBN
- Pete Saggars – LSEBN

**Apologies from:** *Kat Young (NHS England National), Sian Summers (NHS England (South), Simon Myers (Royal London Whitechapel), Sarah Tucker (Oxford John Radcliffe)*

**1 Chairs Welcome and Introduction**

*BD welcomed everyone to the meeting and acknowledged the apologies registered.*

**2 Notes of the previous meeting (April 2016)**

*The notes of the April meeting required changes to the agreed dates of future meetings, but were otherwise recorded as an accurate reflection of the meeting.*

**3 Matters arising**

• Funding:

PS noted that funding for the LSEBN team in 2016-2017 had now been confirmed by NHS England nationally. Funding would be available at the same value as the previous year, although not through CQUINS. PS also commented that this funding was only guaranteed for one year; NHS England have announced that a review of the longer-term funding arrangements for all ODNs will be undertaken in the autumn.

• IBID & Informatics:

PS announced that the LSEBN team have appointed Michael Wiseman as IBID and Informatics Project Lead for the network. MW is currently the IBID lead at St Andrews and will be seconded to the LSEBN for a maximum of 20 working days, ending in January 2017. MW's role will be to develop a network-wide reporting system, utilising data extracted from the IBID system and enabling a structured data and activity report to be routinely provided to services, commissioners and the ODN Board. The role is time-limited in the first instance, but it is hoped that a more permanent arrangement, similar to the LSEBN professional leads, will be implemented for 2017.

• Public & Patient Engagement:

PS further announced that the LSEBN team would be further enhanced by the appointment of three Public & Patient Engagement leads for the network. They are:

- Bethany Hughes;
- Polly Brooks, and;
- Peter Leszczynski.

All three will take up their roles from 1 September 2016, initially for a period of six months, to 28 February 2017. This would be for a maximum of 8 working days. PS has arranged to meet with the three before the next ODN meeting.

There was unanimous support for this development from ODN members and a brief discussion about what the three PPE leads might focus attention on as a “PPE work plan”, including the website interface and aspects of the clinical work programme, including patient leaflets and inspections.

- IBID and ICNARC:

LD spoke again about the conference she had attended in March, but confirmed that no further progress had been made to discuss the potential for the ICNARC system to be extended to include burns ITU. LD commented that she has attempted to link with Dr Anne Pernille Toft-Petersen, who is undertaking burns mortality research with ICNARC and had presented her high-level findings of the audit/data analysis for people being treated for burns.

The meeting discussed the potential for using ICNARC although it was noted that IBID covers all burns care but ICNARC is ITU care only. It was further noted that with the exception of the LSEBN area, most other burns ITU is contained within a wider general intensive care service, making integration between ICNARC and burns more relevant. PD said that he would be willing to have a dialogue with Dr Toft-Peterson about this matter.

**Action:**

- ❖ ***LD will write to the ICNARC CEO (Kevin Hunt) inviting a formal approach to the LSEBN, through Professor Dziewulski, to progress this issue further.***

#### **4 Burns Major / Mass Casualty Incident Exercise Vesta**

PS introduced this subject to the meeting. Exercise Vesta is being organised by Public Health England and NHS England (London) as a mass casualty burns exercise, planned to test the resilience of burns networks, and NHS England on a national and international basis.

The scenario will focus on a “Romania” sized event, with mutual aid likely to be needed from outside of the Borders of the UK. Participation will be needed from all services in the LSEBN (clinical, management and EPRR), together with representation from other burn networks across the country.

The meeting discussed the possible scenarios that might be suitable for the exercise, and it was agreed to use the experience of the Kuwait wedding incident in 2009, with over 50 severely injured adults and children (TBSA >40%) and a similar number of less severe injuries (TBSA 15-40%). BD and DB will discuss the precise breakdown of casualties, and PS will send the details to the exercise coordinator at PHE for discussion at the exercise steering group.

**Action:**

- ❖ ***BD and DB will research the Kuwaiti incident and make proposals for the scenario. PS will communicate the results to Hilary Moulds at PHE.***

## 5 LSEBN Partnership Agreement

PS spoke briefly about the LSEBN document, which includes the Terms of Reference for the ODN Board. At the April meeting, a draft had been circulated and a small number of changes had been agreed.

This final version was ready for approval and adoption by the ODN. It was unanimously agreed to accept the document. PS asked that each service circulate the document to Trust CEO's and other appropriate senior managers.

**Action:**

***PS to circulate the final version to all ODN members at the earliest opportunity.***

## 6 LSEBN Work Programme 2016-2017

PS reported that a series of changes to the draft Work Programme had been actioned since the April meeting and this version was presented as the final draft. The meeting discussed the content of the paper and asked that after a small change was made to the Psychosocial section, the ODN Board should adopt this Work Programme.

**Action:**

***PS to amend the document as discussed and circulate the final version to all ODN members at the earliest opportunity.***

The meeting discussed the way that this and future work plans were developed. In the past, the Winter MDT meeting has been used to identify potential priorities for the coming year and BD suggested that the expertise within the Network Team should be better utilised to provide the first drafts. The Winter MDT meeting could then be focused on educational subjects, or specific clinical issues, such as care of the dying or "futile treatment".

The group discussed this particular issue, and PD noted that "futility" has different definitions across the country and we should be clear that some patients would receive active treatment in some places, and others might not. BD said that we should develop a standardised approach across the LSEBN, either through a standard protocol or algorithm.

It was agreed that the LSEBN Winter MDT would consider the following issue: *to agree an approach to managing futile burns.*

BD raised the issue of additional resources (manpower) for the ODN team. The network work programme has been curtailed to an achievable level, primarily because of the finite amount of time that team members can dedicate to their network duties. If the ODN team budget has sufficient resources, it would be possible for additional time to be made available to the network leads and functions for nursing, therapies and psychosocial care. Members agreed this as a good use of the available resources.

**Action:**

***PS to discuss the ODN team budget with business management team at Chelsea & Westminster and report to the ODN Chair at the earliest opportunity.***

## 7 **Commissioning Intentions – Facility care**

PS reported on the meeting held in April with Oxford and Whitechapel, and commented that this had been a very positive meeting. Since then, further discussions have taken place between the Trust teams and NHS England commissioners and a second network meeting to discuss this topic is due to take place on 23<sup>rd</sup> June.

PS noted one particular issue related to an action from the last meeting. Responding to the draft notes of the April meeting, Sian Summers (NHS England South) suggested that the rewrite of the model of care may not be necessary, particularly in the case of the Oxford service. This was due to the other agreed actions from the April meeting, related to investigating contract income to support the development of a Trust/Service business case, and the agreed governance partnership between Oxford and Stoke Mandeville.

## 8 **National Burns ODN Group**

BD described the establishment of the new Major Trauma CRG, which merged with burns in April 2016. The clinical membership is expected to be equal between trauma and burns, with four representatives each. The actual members and Chair have not been finalised but all appointments to the new CRG are expected to be completed by mid-summer.

PS noted that once the CRG membership and chair is known, the burns ODNs will begin a dialogue about where and how the ODNs can support the work of the CRG.

## 9 **Dates of next meetings**

**AMENDED DATE:**

**PLEASE NOTE THAT THE NEXT ODN BOARD IS Wednesday 5<sup>TH</sup> October 2016**

- **Clinical Governance Group Winter MDT – Tuesday 13 December 2016**