

**Notes of the LSEBN ODN Core Group Board meeting
Friday 29th April 2016**

In attendance:

- Baljit Dheansa – Queen Victoria Hospital
- David Barnes – St Andrews
- Krissie Stiles – Network Lead Nurse
- Rachel Wiltshire – Network Lead Therapist
- Lorna Donegan – NHS England (London)
- Pete Sagers – Network Manager

Apologies from:

Lisa Williams, Kat Young, Sian Summers, Stephanie Newman, Susan Woolard, Carolyn Young

1 Chairs Welcome and Introduction

Mr Dheansa welcomed everyone to the meeting and noted the apologies given above.

2 Notes of the previous meeting January 2016

The notes of the previous meeting were approved without amendment.

3 Matters arising from previous meeting

• **Funding for LSEBN Network Team April 2016**

LD noted that NHS England commissioning Intentions for 2016-2017 confirmed the funding for ODNs for a further year. Funding will be made available at the same level as the previous year and there will be a national discussion at NHS England about the long-term solution.

• **National and Network Audit**

PS noted that arrangements were almost complete for the national and network audit meetings, due to be held in June 2016. PS has met with the LSEBN IBID leads to secure the data requirements and progress for the national meeting was on schedule.

• **PPE update**

PS noted that the arrangements to appoint three PPE members were progressing. Correspondence asking for expressions of interest has been sent to all organisations and individuals who attended the PPE Event in 2015, with a closing date in mid May.

4 LSEBN Partnership Agreement 2016-2017

PS introduced the revised document, describing the background and explaining key changes to the terms of reference. The meeting discussed the document page-by-page, and the following amendments were agreed:

- 4.4 and 4.5 – this section should be amended to reflect the most recent discussions about the burns facilities;
- 4.12 – the table analysing potential future financial contributions for the ODN team should be removed. An amended text should explain that future funding may be necessary from all stakeholders, including NHS England;
- 6.4 – it was agreed that the network Clinical Lead should also chair the Clinical Governance Group;
- 7.4 – there was a brief discussion about the deputy clinical lead for 2017-2018, and it was agreed that nominations from the Stoke Mandeville service should be sought.

Action:

- ❖ **PS will redraft the document and circulate a final draft to members for the June ODN Board.**

5 LSEBN Work Programme 2016-2017

PS introduced the revised work programme report, noting that a number of alterations have been made since the April meeting. During this introduction, BD made a proposal that the future network work plans should not be developed at the Winter MDT meeting, but should be first drafted by the network team, and presented to the MDT meeting in December. This way of working would best utilise the expertise of the network team, and free the winter MDT meeting for education and training.

The meeting then went through the work plan tables, noting and changing the following sections:

- 1.2 – Surge and Escalation / Major Incidents: this section should be reworded to show that the ODN was supporting a national review of the BMIP, rather than leading the work;
- 1.3 – Patient data and mapping: the importance of this work was acknowledged but it was agreed that there was a larger piece of work that may need to be started in 2017;
- 3.1 – Blister management: KS noted that a considerable amount of work had already been undertaken and the revised guidance was almost ready for publication;
- 3.2 – Patient Information Leaflets: it was noted that this topic would benefit from input from the PPE representatives, and that there was great potential to learn from other networks who may have already have good practice examples;
- 3.3 – Referral and transfer documentation: KS was also able to report progress on this topic, and the meeting discussed the requirement for synergy between the two documents. There was a brief discussion about the potential to make the documents available in an electronic format, accessed on-line or by tablet. It was acknowledged that this was something that could be explored but that there would be significant security and data protection issues to be resolved;

A this point in the meeting, BD raised the matter of the volume of work described in the work plan, suggesting that this long-list document may need to be trimmed to a shorter list of high priorities, perhaps with only three topic areas.

There was also some discussion about a policy for non-survivable burn injuries. LS noted that there were papers available from the Midlands Burn Network but there were some issues about who makes the decision whether or not the injury is survivable. DB spoke about the considerable experience at St Andrews and that there is a strong belief that it is burns professionals who should make the decision, not ED/trauma.

DB spoke about the process for phone calls, discussions and decisions, and that the management of death is a really important issue for services, and that input from is needed to support patients and their families. BD suggested that this issue was taken forward to the winter MDT meeting for discussion about principles and processes.

4.1 – Therapies documentation: RW introduced the therapies work plan, noting that it had been reviewed to match the nursing plan. RW spoke about the links being made with the two burns facilities at Oxford and Whitechapel and that a review of all therapies documentation was the priority for 2016. The therapies forum will work closely with KS and the SNF.

4.2 – Standards: RW noted that the therapies forum had originally wanted to concentrate on the education/teaching packs but this has been removed from the new draft document. A considerable amount of work has already been completed for paediatrics and this will be finalised (requiring sign-off by the ODN Board). With regard to the national work on standards, RW reported progress made working collaboratively with the other burns ODNs . RW noted that it was hoped that the work would be completed before the end of 2016, and that the revised standards would need approval from the BBA SIG, and the ODNs.

4.3 – Outcomes: It was agreed to remove this work topic and to carry it forward into 2017-18.

The meeting again discussed the fact that the work plan was being “trimmed” essentially because of the financial resources available to the ODN team. BD asked if there was any appetite to increase the ODN team (manpower hours and time) to enable more work to be done? It was agreed that this should be discussed at the next main ODN Board meeting (June), specifically to consider the potential to increase the amount of time (hours per week/month) dedicated to network duties.

5.1 and 5.2 – With regard to the psychosocial work plan, it was agreed that the first two issues were reasonable and achievable.

5.3 – Outcomes: It was agreed that the proposed work on outcomes would be postponed to 2017-2018.

The final discussion about the work programme focused on the work necessary to support the new burns facilities. It was agreed that section 3, 4 and 5 should each have a line added to reflect the support from the three professional forums.

Action:

❖ ***PS will edit and amend the draft document to reflect the changes agreed at this meeting, and a final draft Work Programme will be prepared for the June ODN Board.***

6 Commissioning Intentions for ODNs: Developing facility level care at RLH and Oxford

BD introduced this topic, describing the meeting held earlier in April between the LSEBN team, clinicians and managers from Oxford and Royal London Whitechapel, and commissioning leads from NHS England. Overall, this had been a very positive meeting and a number of key principles and actions have been agreed to move forward. The notes of the meeting had been made available to ODN members and a second meeting is planned for the end of June.

There was a discussion about the situation at RLH, and the need to move quickly to organise a larger stakeholder meeting with RLH burns and trauma clinicians and managers, and perhaps the hospital CEO (Alwen Williams). LD said that she would liaise with Karim Brohi (RLH trauma lead) to ensure there was a voice for trauma.

7 National Burns ODN Group and Burns CRG

The meeting briefly discussed the results of the NHS England consultation on the future arrangements for clinical reference groups. It was noted that the burns and trauma CRGs are to merge into a single Major Trauma CRG. This new group will have an equal number (4) of trauma and burns clinical members. PS reported a conversation between the NHS England National lead for burns, Kat Young, regarding the NBODNG terms of reference. KY has suggested that this issue is next discussed after the new burns CRG members are in post, and a decision has been made about ant requirements for a clinical advisory group.

8 IBID Minimum Data set

BD reported that the IBID leads at the four, main hospitals had agreed a revised minimum dataset for IBID. It is important to note that the MDS does not include all IBID fields, but does include the important clinical and demographic information and data for the Burns Dashboard.

LD raised an issue related to ICNARC (the adult OCU database). LD has recently attended a conference at which it was noted that there was evidence for ICNARC being used for burns. The issue will be raised with the ICNARC coordinators and it may be appropriate to bring this issue to the ODN Board, later in the year.

9 **LSEBN Work Programme 2015-2016 – Progress Updates (Q4)**

The Q4 documents were received at the meeting, with no immediate comments.

10 **Any other business**

Two additional issues were raised at the end of the meeting.

- KS reported that she has been approached by London Fire Brigade for assistance and advice about an education pack for children's safety and fire / burns prevention. The meeting agreed that this was an important subject, and that KS should attend a meeting with LFB but that any work that comes from this might need additional funding from outside of the LSEBN budget.
- PS asked the meeting to note that KS and the TRIPS team at QVH had been nominated for a Health Service Journal Innovation Award. The awards are being presented in May and QVH have agreed to support KS and one other person to attend the ceremony in Manchester.

10 Date(s) of next meetings

Proposed dates for 2015-2016

- **National Audit (Birmingham) – Tuesday 28th June 2016**
- **ODN Core Group meeting – 5th October 2016**
- **Main ODN Board / Clinical Governance Group Winter MDT – 13th December 2016**
- **ODN Core Group meeting – 8th February 2017**