

**LSEBN ODN Board (Core Group)**  
**Wednesday 5<sup>th</sup> October**

**In attendance:**

- Baljit Dheansa (Chair) – QVH
- David Barnes – St Andrews
- Krissie Stiles – QVH
- Rachel Wiltshire – St Andrews
- Lisa Williams – Chelsea & Westminster
- Michael Wiseman – St Andrews
- Shola Adegoroye – Chelsea & Westminster
- Bethany Hughes – PPE Member
- Peter Leszczynski – PPE Member
- Konstantinos Tsormpatzidis – NHS England London
- Lorna Donegan – NHS England London
- Dan Eve – NHS England Midlands & East
- Pete Saggars – LSEBN

**Notes**

**1 Chairs Welcome and Introduction**

BD welcomes all to the meeting. Apologies have been received from received from Kat Young, Joanne Pope, Sian Summers and Robert Hodgkiss. Shola Adegoroye is attending the meeting on behalf of RH. Dan Eve is attending on behalf of JP. Polly Miller, PPE Member, was unable to attend this meeting.

**2 Notes of the previous meeting June 2015**

The notes of the previous meeting were approved.

**3 Matters arising from previous meeting**

Three issues were raised from the previous meeting:

- IBID and ICNARC

It was noted that no further progress had been made in this area, and that the forthcoming meeting between burns leaders, NHS England and the CRG Chair, Chris Moran, was expected to include a discussion about IBID and TARN, the trauma dataset.

- LSEBN Annual Report 2015-2016

PS noted that the annual report had been published. It has been circulated to members, NHS England and the other burns ODNs. A copy is provided on the ODN website. BD commended the team on the publication.

- ODN team budget arrangements with Chelsea & Westminster

PS noted that the annual report had not included a budget for the network team, as Chelsea & Westminster had not been able to provide an accurate income & expenditure statement. PS spoke earlier in the month with Rob Hodgkiss, who has undertaken to make efforts to resolve the position. BD and LD both noted that the role of the host trust should include the provision of up-to-date financial information. SA commented that this was not an acceptable situation and she will escalate the issue within the C&W organisation to solve this. It was agreed that SA would ensure that a report for 2016-2017 (year to date) would be available for the next ODN Board meeting in December, together with the correct figures for 2015-2016. As discussed at previous ODN meetings, any accrued surplus in the ODN Budget will be utilised to support additional hours for members of the network team.

- ❖ **Action: SA to make arrangements for the ODN Budget statement to be prepared and to meet with PS at the earliest opportunity**

#### 4 NHS England Commissioning Intentions

- 2016-2017 - Paediatric Burns

LD noted that some work had been started in 2015-16 but no great progress had been made. This topic features in the NHS England plan for 2017 and it is probable that the new trauma CRG will take a stronger view. It was agreed that this issue should be discussed with Chris Moran at the forthcoming meeting in November. LD noted that the new Trauma CRG is meeting next week and they will certainly discuss this issue.

- 2017-2018 - ODNs and national funding arrangements

LD confirmed that funding for all ODNs in 2017-19 would be met by NHS England. However, the funding value will be subject to a negotiation between the host Trust and NHS England and this reinforced the need for the ODN team to have a clear view of the current budget expenditure.

- Facility-level care in the LSEBN

Good progress is being made with the Oxford service. Sian Summers has reported that OUH is being placed onto the Provider eligibility list (PEL) that was recently reviewed for PbR. SS has shared the key requirements and the contracted activity and discussions have taken place regarding activity with CCGs etc. Kat Young is looking at IBID access for the trust, and Sarah Tucker is working on an internal business case for funding of the service and she is going to keep us updated on progress.

The situation with Royal London Whitechapel is less progressed. An initial meeting has taken place but so substantial progress has been made. PS noted that he had held a meeting in September with Simon Myers and Neil Bourke at RLH. It is clear that the clinical team are frustrated by the situation but recognise that a business case will need to be developed.

One issue raised by SM was the need to have a clearer understanding of the activity that a service in east London might attract. PS had noted that the St Andrews service in Chelmsford does receive a high proportion of referrals from East and North London and that it was probable that a significant number of these cases would have gone to RLH if a service was provided there. It was agreed that to support the development of an OBC for the service, some information about historic activity in Chelmsford should be shared with Simon Myers and the team at RLH.

❖ **Action: PS to make available to RLH Whitechapel, a copy of the LSEBN Network and St Andrews activity reports from 2011-2012, highlighting activity from the East and North London commissioning groups.**

- Acute service reconfiguration in Essex

PS noted that during a recent informal meeting at St Andrews, concerns were raised about a potential reconfiguration of acute hospital services in Essex and the potential impact on the burns centre in Chelmsford. DE spoke about the NHS England (M&E) STP (Sustainability and Transformation Plans) in Essex. The STP includes consideration for burns, cardiac surgery, cancer services and vascular care.

DE confirmed that there had been no formal discussion yet within the EOE ODN meeting, but that the LSEBN would need to be informed and involved.

❖ **Action: PS to contact Ruth Ashmore at NHS England M&E and ask for this issue to be discussed at the next EOE ODN group.**

## 5 Public and Patient Engagement – developing a work plan for 2016-2017

PS introduced and welcomed BH and PL to the meeting, and gave a short briefing on the background to PPE in the ODN work plan. PS had met with BH, PL and PM in September to discuss ideas for a PPE work programme and the purpose of today's item is to allow the ODN group to further discuss topics and agree a way forward. The following issues and topics were raised:

- Public facing information: BD noted the important of the information that is available to patients and their families, including the use of the LSEBN website. The network needs to be clear about what is available, but recognise that the "LSEBN" is an unlikely search phrase in Google. The PPE member's involvement is an opportunity to develop a consistent approach to patient leaflets and literature, across all services, and we should have the ambition to produce similar, if not the same products across the network.
- Support groups: What opportunities are there for developing a link between the various support groups and the ODN. BH noted that she was already linking into a number of the different support groups but this was not on a formal basis, and there isn't a route to feedback to the ODN on issues raised by people at the various groups.
- Working with the professional leads: BD spoke about the prospect of a formal liaison between the PPE member, the professional leads, and the support groups. This was an opportunity to get feedback on the "good and bad" issues and experiences.
- The potential for PPE members to influence and engage with operational issues, such as IFR's (Individual Funding Requests) and audit

BD noted that three themes were emerging for PPE engagement:

1. Information and documentation
2. Feedback from patient support groups
3. A better dialogue with and between the MDT professional leads

It was agreed that a formal process is started as soon as possible. At the beginning, work should be undertaken on the patient leaflets and documentation.

- ❖ **Action: The MDT professional leads will meet with the PPE members, immediately following the meeting, to discuss the detail of a short-term work plan, to develop a consistent approach to patient leaflets and documentation**

## 6 LSEBN Winter MDT Meeting

The agenda and content of the Winter MDT meeting was not discussed in detail. It was noted that previous conversations had raised the matter of the management of futile burns, and this will certainly form part of the programme for the day.

- ❖ **Action: BD and PS to meet and agree a agenda / programme for the December MDT meeting.**

## 7 Emergency Preparedness

PS gave a short update on the Surge and escalation SOP and Exercise Vesta. A briefing note has been circulated to attendees of the Exercise, and a full, official report from Public Health England, is expected in late October or early November. PS noted that it was very likely that the four burns ODNs will need to work with NHS England to develop a robust approach to managing both surge situations and major and mass casualty incidents.

It was further noted that this issue is to be discussed at the forthcoming meeting of burns leaders, NHS England and the CRG Chair, Chris Moran.

## 8 **LSEBN Work Programme Q3 2015-2016**

The MDT professional leads have provided a short briefing paper for their areas of work. Today's meeting was the first opportunity to receive feedback on the progress of the LSEBN Informatics project. MW spoke about the work undertaken so far, and was pleased to report that sufficient progress has now been made on the St Andrews data, and a meeting with the other service IBID and Informatics leads was needed. MW is confident that the work can be completed in time for a launch in 2017-2018.

A second significant issue was the report from DB and KS, that work undertaken by the Senior Nurse Forum has been adopted by the Australia, New Zealand and Canada burns services. This international recognition reflects the excellent work undertaken by KS and the senior nurses in the network.

### Items of business for information

#### 9 **Update on matters arising from recent national meetings**

As noted earlier in the meeting, a national meeting is being held with the new Trauma CRG Chair, Chris Moran, and clinical leads from all burn services and the National Burns ODN Group. The meeting is taking place on 17<sup>th</sup> November.

#### 10 Date(s) of next meetings

- **LSEBN ODN Board and  
Clinical Governance Group Winter MDT – Friday 16<sup>th</sup> December 2016**