

LSEBN ODN Board  
Friday 15<sup>th</sup> January 2016

## NOTES

### **In attendance:**

Isabel Jones: Chelsea & Westminster  
Alexandra Murray: Stoke Mandeville  
Sarah Tucker: Oxford

Lorna Donegan: NHS England (London)  
Neil Bourke: Royal London Hospital (Barts Health)  
Karl Munslow-Ong: Chelsea & Westminster  
Pete Saggars: LSEBN

## **1 Chairs Welcome and Introduction**

IJ welcomed members to the meeting. Apologies have been received from:  
*Peter Dziejewski, David Barnes, Baljit Dheansa, Nora Nugent, Simon Myers, Joanne Pope, Paul Cain-Renshaw, Diana Cargill, Neil Macdonald, Sian Summers and Carolyn Young.*

## **2 Notes of the previous meeting September 2015**

The notes of the previous meeting were approved.

## **3 Matters arising from previous meeting**

### **3.1 Public and Patient Engagement**

PS explained that the PPE event held in June 2015 had resulted in recommendations for PPE members on the ODN team. A report of the event had been provided to the ODN meeting in September but due to the uncertainty about future funding for the ODN, no action has been taken. A “holding” message has been sent to everyone who attended the meeting.

The group discussed the ODN funding (see 7 below) and KMO commented that because it was important that the ODN has a proper PPE presence and as the proposed resources were relatively small, the ODN should move forwards with the proposals, but make explicit the uncertainty about funding. LD commented that perhaps PPE members should not be reimbursed anything more than travel and expenses, but KMO responded to say that the ODN should get on with it as soon as possible.

#### **❖ Action**

**PS will arrange a meeting with Shola Adegoroye at C&W to develop a plan to move forwards.**

### **3.2 Service and Activity Reports**

PS explained that since the last meeting, no direct progress has been made on the LSEBN activity reports. The previous Q2 reports had contained a number of inconsistencies, partly caused by the differing approaches to defining in-patient and day case activity, and the different commissioning models across the network. KMO commented that the ODN should perhaps continue to collect and publish the data because this would expose the inconsistencies and lead to some scrutiny to the causes.

PS explained that he had held meetings with the IBID leads for the four services and they had discussed the possibility of redefining the dataset so that these anomalies would be reduced and the network would potentially have some useful, headline information to look at.

PS added a comment about the need to have some leadership and expertise in this important area of the ODN work programme. PS said that he did not have the in-depth knowledge of the IBID system to take a lead role, and that perhaps the ODN should appoint an IBID/Informatics lead to the ODN team, in the same way that the burns MDT is represented by leads for nursing, therapies and psychology. It was agreed that this was a good idea and the ODN should go ahead at the earliest opportunity.

❖ **Action**

**PS will urgently bring forwards proposals to appoint a network lead for IBID and Informatics.**

### 3.3 Burns SOP (implementation) and Major Incident Plan

PS noted that the SOP for surge and escalation was now implemented across the ODN and he thanked the burns services for their support in operationalising the SOP. PS noted that there were a small number of issues that needed to be addressed, and that he was in contact with Katharine Young at NHS England.

PS also commented on the utility of the SOP during the recent events following the nightclub fire in Romania, noting that as expected, the SOP had not been of complete value as a tool for a major incident. IJ commented that many of the “mutual aid” processes in the SOP had worked very well, and that there would be few similarities between the Romanian incident and a similar-sized incident in the UK. The meeting briefly discussed the Romanian incident and response and agreed that a full debrief was needed.

## 4 **Commissioning Intentions for Operational Delivery Networks (ODNs)**

PS gave a short introductory briefing on the report circulated to the meeting. Following the 2011-2012 strategic review, seven burns services had been peer-reviewed and proposed as facilities in the LSEBN. Since then, only two hospitals remain interested in providing burn care at this level, and following a number of meetings and conversations, NHS England in London had proposed a plan to take the issue forward for John Radcliffe Hospital in Oxford, and Royal London Hospital in East London.

A self assessment document has been circulated to the two services, helping to better understand the current situation and provide a gap-analysis on burn standards. A second document was also circulated, intended to provide some interim information about planned activities and finances.

PS commented that the situation for these two hospitals was mirrored by a similar situation in the Midlands network and that attempts had been made to raise this issue through the Burns CRG. IJ noted that there had not been much discussion at the CRG but added that the situation couldn't move forwards without CRG approval.

The meeting discussed the current contract situation for burns at the two hospitals and noted that the John Radcliffe Trust had been able to agree some investment in the service (to meet the burn standards) but that this had not resulted in any changes to contract income, due to the block contract with the local CCG. ST commented that the Trust are looking to redefine the contract and that the introduction of tariff-based contract should improve the situation. However, ST also noted that a move to a tariff contract might also have risks, because some of the activity is HRG coded as “specialised” and this might lead to the CCG refusing to pay.

NB spoke about the situation at Royal London Whitechapel, saying that the service is continuing to push forwards with a business case in the Trust. This would almost certainly focus on day case and outpatient activities. Once an outline business case is ready, and has internal approval, the service would be in a better position to seek Chief Executive approval and being a formal dialogue with commissioners.

PS spoke about the need to maintain momentum. As recommended in the report to the ODN, PS suggested that a stakeholder meeting should be held at the earliest opportunity, and this was agreed.

❖ **Action**

**PS will arrange a meeting with key stakeholders, with the intention of holding the meeting before the end of April 2016. The objective of the meeting will be to establish a common understanding of the key issues and opportunities, and to agree a common and consistent way forward.**

Due to the similar position in the Midlands Burns ODN, PS agreed to raise the issue at the next National Burns ODN meeting (February 23<sup>rd</sup>)

## 5 LSEBN Work Programme 2016-2017

IJ gave a short introduction to the draft document circulated to the meeting. The ODN had held a network-wide MDT meeting in December and following discussions in professional sub-groups and plenary session, a series of proposals had been made for the future work programme. The draft work programme includes two main areas - Clinical Governance and Professional groups. Since the MDT meeting, a number of comments have been made to say that the draft programme might be too ambitious and may need to be trimmed. IJ proposed that a number of alterations should be made to the draft document:

- Section 1: The priority for the ODN is to work on the model of care for burns facilities; Surge & Escalation and the development of a major incident plan should remain in the work programme, but work on IBID is a national issue and should be removed. Likewise, the work with the reconfiguration of the service at East Grinstead is a local issue and should not be included in the ODN work programme.
- Section 2: The ODN will continue to focus on audit and clinical governance and this should remain on the work programme. The LSEBN is taking a lead role in the delivery of national audit. The work on the model of care should remain, but move to section 1.
- Section 3: The work undertaken by the senior nurse forum has been outstanding in 2015-2016, and the meeting paid particular regard to the work of the network lead nurse, Krissie Stiles. The proposals made for 2016 should remain as presented.
- Section 4: It is proposed that the priority for the network therapy group is to work on the documentation, guidelines and policies, and to make progress to unify the therapy guidelines across the whole network. The meeting discussed the other proposals on the draft document, and commented that there need to be more thought and clarity on what constituted a priority for the network. The proposed work on national standards needs to be better understood, with specific regard to the role the LSEBN plays with the other burns ODNs in England. There was a suggestion that proposals for reviewing and developing new outcome measures in therapies should be delayed, with a completion date planned for 2017-2018
- Section 5: The network psychology group was briefly discussed. It is recognised by burn services that resources are stretched and the work of the network group needs to be reviewed to a manageable and achievable level. PS will discuss the draft proposals with Lisa Williams.
- Section 6: This part of the work programme is essentially a demonstration of work in progress and will remain unchanged.

❖ **Action**

**PS will redraft the work programme and circulate a revised version to ODN members.**

## 6 Network and National M&M Audit 2016

PS informed the group of the agreement to hold the national audit meeting in late June 2016. It has also been agreed that each of the burn ODNs should conduct their own network audit in advance of the national meeting. The LSEBN Annual Audit meeting will take place on Wednesday 8<sup>th</sup> June 2016. PS is meeting with the service IBID leads later in January to finalise the dataset and a consistent template for both audit meetings. It was agreed that to be ready for the network audit meeting, services would need to have gathered information and completed the template, ready to return to PS by the second week of May.

### ❖ Action

**PS will circulate the final version of the audit template to service leads by the first week of February, with a clear set of instructions for completion.**

## 7 Funding for LSEBN Network Team April 2016

This matter was discussed as part of the matters arising from the previous meeting. PS noted that he had recently attended the East of England ODN Oversight Board and at that meeting, the NHS England representative had confirmed that the 0.1% CQUIN method would continue to be used in 2016-2017 for ODNs. LD confirmed that NHS England in London was aware of this information but no definitive decision had yet been reached. IJ and KMO both commented that it was very difficult for the ODN to make any plans without confirmation of the funding for future years. LD responded that she was fairly confident that the CQUIN method would be used but this was not yet definite.

PS commented on the on-going discussions with C&W business and finance leads to provide the team with an accurate position with regard to the 2015-2016 budget and expenditure.

### ❖ Action

**PS will arrange a meeting with IJ, KMO and Shola Adegoroye to conclude these discussions.**

## 8 LSEBN Partnership Agreement 2016-2017

This issue was not discussed in great detail.

### ❖ Action

**PS will recirculate the document with a request for written feedback from ODN members before the end of February 2016.**

## 9 LSEBN Work Programme 2015-2016 – Progress Updates (Q3)

### 10 St Andrews – Paediatric Protocol for Centre-level care

### 11 National meetings - National Burns ODN Group Revised Terms of Reference

The reports presented for these three agenda items were noted, but not discussed in detail.

## 12 Date(s) of next meetings

Proposed meeting dates and venues

- **ODN Board - Tuesday 29th March 2016 (at Chelsea & Westminster)**
- **ODN Board and Network Audit - Wednesday 8th June 2016 (at RCS London)**
- **National Audit – Tuesday 28th June 2016 (at Queen Elizabeth Hospital Birmingham)**