

**Notes of the LSEBN ODN Board (Main Group)**  
**Tuesday 21<sup>st</sup> March**

**In attendance:**

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| • Baljit Dheansa – Chair (QVH)              | • David Barnes – Deputy Chair (St Andrews) |
| • Ioannis Goutos – Royal London Whitechapel | • Rachel Wiltshire – LSEBN Therapy Lead    |
| • Lorna Donegan – NHS England (London)      | • Lisa Williams – LSEBN Psychosocial Lead  |
| • Stuart Rowe – NHS England (London)        | • Krissie Stiles – LSEBN Nursing lead      |
| • Tina Benson – Deputy COO ChelWest         | • Pete Saggars – LSEBN Network Manager     |

**1 Chairs Welcome and Introduction**

Introduction of 2017-2018 Chair / Arrangements for 2018-2019

BD welcomed members to the meeting. Apologies have been received from Sarah Tucker, Simon Myers, Robert Hodgkiss, Sian Summers, Konstantinos Tsormpatzidis and Kat Young.

BD announced that this was his final meeting with the ODN and he was leaving his tenure at ODN Chair and that from April 2017, David Barnes will become Network Clinical Lead and ODN Chair. It was further announced that Alexandra Murray would be joining the team from April 2017, initially as deputy to DB, and then as Chair in 2018. The meeting discussed the arrangements for choosing a new deputy lead in 2018. It was decided that the current cycle of the four main services contributing a candidate would continue for a further year from April 2018. PS will invite ChelWest to nominate a senior clinician to join the ODN team as deputy to AM from April 2018, followed by QVH in 2019. It was agreed that for 2020, Oxford and RLH Whitechapel would be invited to nominate a member to join the ODN team. The cycle will thus be:

- 2017-2018 David Barnes / Alexandra Murray
- 2018-2019 Alexandra Murray / ChelWest tbc
- 2019-2020 ChelWest / QVH tbc
- 2020-2021 QVH / OJR or RLH tbc

**2 Notes of the previous meeting December 2016**

PS apologised for the rather brief notes of the previous ODN meeting and the Winter MDT. The notes were accepted as a true record, noting that many of the issues were on today's agenda.

**3 Matters arising from previous meeting**

ODN team budget arrangements with Chelsea & Westminster

PS opened the discussion, reporting on recent meetings and communications with C&W and referring to the written report prepared for the meeting today. Both BD and DB intervened, and commented that despite all of the efforts to correct and report an accurate position for the ODN team, and after more than three years, the ODN Board still doesn't have a proper financial statement and this demonstrated a poor management approach by C&W.

TB responded and noted that there was some shared responsibility as this situation had taken more than three years to be tackled by the network team. TB apologised on behalf of the C&W management team but said that the first three years were now history. However, there was an urgent need to resolve the situation for 2016-2017 and particularly for 2017-2018. BD agreed that the immediate focus should be 2016-2017, to resolve the true expenditure position and to clarify whether or not any surplus/underspend can be carried forward to the next financial year. TB agreed to check whether or not NHS Financial rules allowed the carry forward.

PS asked for the meeting to consider the proposals outlined in the report presented for the meeting. The report provides an estimate of pay/non-pay for the team in 2016-2017 and predicts an annual surplus of around £27,000. The report includes a host, management overhead for C&W, calculated as 10% of pay. It was agreed that this figure was reasonable and fair, if C&W fulfilled their obligations as host.

The report also makes proposals to utilise the planned surplus to create a small network-wide development fund. The amount available will vary from year to year, but will be used fairly across all services in the network to provide non-recurring funding for service schemes.

The funding would be used to support research, training & education and other topics linked to improving standards and care. The meeting agreed that this was a reasonable and fair way to plan the use of all the resources available to the network team.

The meeting discussed further the question of whether or not the surplus for 2016-2017 could be carried forward. Both TB and LD agreed that they would investigate the position at C&W and NHS England but both suggested that the ODN team might also explore ways of utilising the surplus before the financial year-end.

**Actions:**

- ❖ ***PS will develop a process for services to bid for development funding in 2017-2018. Proposals from burn services will be for non-recurring revenue schemes.***
- ❖ ***TB to clarify the situation regarding carry-forward of unspent income.***
- ❖ ***If the allocation cannot be carried forward, PS to investigate the potential utilisation of the 2016-2017 predicted surplus before the end of this financial year.***

**EPRR Mass Casualty and Major Incident Planning**

PS gave an update on the national work-stream to develop the mass casualty framework document. Since the November 2016 meeting with Chris Moran, a series of discussions between NHS England and the burns network managers have taken place, resulting in agreement for a Task & Finish Group to be established, with the aim of developing a burns annex to the national framework document. The first meeting of the T&F group is Tuesday 4th April 2017.

The meeting also discussed the recently received invitation for the network clinical lead to join the NHS England (London) Regional Mass Casualty and Major Trauma Planning Workshop. Due to the timing of the invitation and date of the meeting, no one from the ODN team could attend. PS confirmed that he had spoken with the organiser (Nick Lobel-Weiss) and had concluded that it was not necessary to be involved in this particular meeting, but that having a presence at the second and third meetings (14<sup>th</sup> June and 12<sup>th</sup> July) was crucial.

**Actions:**

- ❖ ***PS will confirm the dates for the NHS England London exercises and send details to DB and AM***

#### **4 Facility-level care in the LSEBN**

PS presented the notes of the meeting held at Royal London Hospital (RLH) Whitechapel in January, reporting the success of the meeting that saw all major stakeholders around the table. The conclusion of the meeting saw agreement that RLH should become a recognised burns facility with immediate effect. The two services were asked to give a short briefing on the current situation.

## Oxford John Radcliffe Hospital

Sarah Tucker was not able to attend the meeting but has sent two documents to show progress at the Oxford service. One of the documents provided was a pathway referral document, clearly demonstrating the intended pathway for referral, assessment and treatment of minor burns. There was a brief discussion about referrals to Birmingham from the Oxford service, and PS agreed to raise this with ST.

### **Action**

- ❖ ***PS to discuss burns referral flows from Oxford John Radcliffe to burnunits/centres***

## Royal London Hospital Whitechapel

IG attended the meeting and gave a brief update for the ODN. The service at RLH had formally started on 6<sup>th</sup> February, with 23 adult referrals to date. Most cases are between 0.5 and 4% TBSA, with the median at 1%. IG noted some difficulties experienced with patient records on the hospital CRS system, and the paper collection of IBID data. IG noted that development of a pathway document, similar to the Oxford paper, was still in progress and that consideration was needed to clarify the relationship with St Andrews for patients more local to RLH. IG also noted the communication and developing work with the network therapy and psychology leads (RW and LW). BD commented that the development of the pathway document for adults was urgently needed and should be completed in the next couple of months, adding that ChelWest might also be able to help with this work.

SR spoke about a meeting with the RLH management team to discuss the model for finance and activity, adding that the aim was to create a sustainable income model. To ensure that all the necessary approvals are forthcoming, further work is needed to review the current and potential future workload and case mix. SR spoke briefly about the wider financial issues and cross-boundary discussions with Midlands and East. BD commented that it would be better to understand all of the financial issues before the service moves forward to a children's service. On this point, BD asked for the service to provide a report for the ODN to describe what the paediatric service would or could look like when set up.

### **Action**

- ❖ ***IG to liaise with DB and Isabel Jones (Chelsea & Westminster) to develop a draft and a final pathway document for adult referrals to RLH;***
- ❖ ***In parallel with the adult pathway, IG to finalise a draft pathway proposal for a children's burn service, and report to the next ODN meeting in June 2017, and;***
- ❖ ***SR to report to the June 2017 ODN meeting, for progress on resolving the finance & activity issues;***

With regard to the LSEBN Audit meeting in June 2017, it was agreed that the two burns facilities (OJR and RLH) would use the audit meeting to give a presentation on their experiences, obstacles and solutions.

### **Action**

- ❖ ***PS will write to ST and IG to set out the proposed audit template.***

## **5 Network and National Audit 2017**

PS spoke briefly about the national agreement for the audit template. It has been agreed across all four burn ODNs that IBID will not be used to identify outlier cases. The same presentation template will be used for the LSEBN audit meeting. The presentation template includes a high-level overview of activity, an analysis of all deaths including the patient's Revised Baux score. All deaths will be presented.

At the network audit meeting, senior clinicians and members of the MDT will peer review all deaths and at the conclusion of the meeting, they will select the cases that move forward to the national event.

The meeting briefly noted the National Inhalation Project. This issue had been raised through the CRG and was discussed at the November meeting with Chris Moran. Professor Dziewulski had provided a first draft for the November meeting and there had been broad agreement that it needed some refinement, but should cover the care entire pathway. BD commented that the final protocol hadn't been finalised but the LSEBN should give formal support the approach proposed. BD also noted that this particular audit tool was not the same as one promoted by the IBID team. Recent communications from Mr Ken Dunn, proposing the use of IBID to collect data for a separate inhalation audit, is not officially sanctioned by the CRG and should not be supported by the LSEBN.

## 6 LSEBN Work Programme 2017-2018

PS presented the first draft work plan for the ODN team 2017. As in previous years, this had been put in three main sections; organisational & clinical governance, and MDT. The following issues were discussed and noted:

### Organisational Governance

- The Northern Burn Care Network is leading the national project on Mass Casualty incidents. This work is due to be concluded by the autumn and will then lead to two second pieces of work:
  - a review and rewrite of the network major incident plans
  - a review and rewrite of the national surge and escalation SOP.
- The review of the National Burn Care Standards is being led by the LSEBN and supported by the BBA. PS is waiting for a formal request from Peter Drew before formulating a project plan for the work. Due to the complexity of the review, it is likely that this work will continue through much of 2018.
- PS noted that as national lead for the work, he would be wanting to develop a small T&F core group to represent the whole MDT and that if possible, he would be asking that the LSEBN team members also play a leading role.

### Clinical Governance

The two main audits have already been discussed at the meeting. The audit and informatics work stream is aimed at the national work stream for the review of the IBID database.

### Informatics

The LSEBN will continue to work on developing a local/network minimum dataset, to ease the collection burden on all services, with the aim of agreeing a common definition for all items on the dataset and providing a uniform approach to the Burns Quality Dashboard. This work will also allow the services to combine/merge data to provide a network report of activities. MW noted that a considerable amount of consensus had already been achieved, but some further refinement was needed. The development work might possibly be concluded by the time of the next ODN meeting.

### Nursing

The Senior Nurse and Nurses forum work plan was not ready for publication. KS reported to the meeting that their focus for 2017 would continue with the patient information documents and leaflets, working with the PPE members wherever possible. Additional work will include:

- Referral documents
- Inter-service transfer documents

### **Action**

- ❖ **KS will write send to PS a final Senior Nurse Forum work plan**

### Psychosocial care

LW confirmed that the focus would be the new revised training requirements for all LSEBN services and to continue to deliver core training for new members of the burns MDT. LW is preparing new material for the “top-up” training. The new requirements for mandatory psychosocial training will be circulated officially to all services at the earliest opportunity.

#### **Action**

- ❖ ***PS to write to all service clinical leads, on behalf of the ODN Chair, to notify and promote the requirement of all services to provide a minimum of one adult and one paediatric burns psychosocial training events per year, based on the material developed by the network and available in a tiered and modular form.***

### Burns Therapy

The revised national burns therapy standards have been completed and require sign-off from the four ODNs. Approval from the LSEBN for the national standards was confirmed at today's meeting. RW proposed that some of the new standards would be audited during 2017-2018, focusing on a small number of important areas.

#### **Action**

- ❖ ***PS to write to RW confirming the LSEBN support for the new National Therapy Standards of Care.***

## **7 IBID – Burns informatics**

BD spoke briefly about the current local and national discussions regarding IBID and the future of the database. Much has already been covered during the meeting and BD thanked MW for the work done in the LSEBN to interrogate and investigate the system to highlight discrepancies and to show how the system could be improved.

PS told the group that Kat Young had indicated that the Trauma CRG would be establishing a new independent oversight board for IBID. A review of the system is most likely to be taken forward through a wider NHS England review of all data registry systems.

## **8 Network and National Configuration**

PS introduced a short paper highlighting the numerous strategic and configuration issues faced by services in the LSEBN. The paper described the many commissioning reviews that have occurred over the last 10 years and highlighted that very little change resulted from these reviews. The paper reported the current local issues involving:

- Chelsea & Westminster – proposals to create additional ITU burns capacity;
- St Andrews - potential destabilisation due to the STP / Success Regime plans for Essex, and the on-going national review of paediatric burn centres;
- Queen Victoria Hospital – continuing discussions about a move of acute care to Brighton.

PS said that the report invited a discussion about the longer-term future configuration for the LSEBN, with service professionals describing a vision for burn care in 2027. The meeting agreed that this was an opportune time for this discussion and that it was right for the network to consider what was the best model, delivering the most clinically effective and efficient care for patients and their families. It was agreed that this work might benefit from some external support and PS agreed to liaise with LD to see how this might be moved forward.

#### **Action**

- ❖ ***PS to meet with LD to explore possible arrangements for an external review of the strategic configuration in London and South East England.***

## 9 Annual Report 2016-2017

PS briefly spoke about the draft 2016-2017 Annual Report. The format will follow the same template as previous years. Input is needed from the ODN team, and a section from each of the six services in the network. PS will coordinate the work with the aim of producing a final draft report for the June ODN Board.

### **Action**

- ❖ ***PS to make contact with the members of the ODN team and each of the service clinical leads to begin the work on the annual report.***

## 10 Update on matters arising from recent national meetings

### Trauma CRG

No issues were raised. It was noted that the London region does not have a burns representative on the CRG. Professor Dziewulski (St Andrews) is the Midlands and East representative. Fiona Moore (LAS) and Mark Wilson (Neurosurgeon at Imperial) represent London.

### National Burns ODN Group

The notes of the most recent meeting were circulated to the members.

### Midlands Burn Network

PS told members that he had agreed to take a temporary secondment with the Midlands Burn network, working one day per week until the end of July 2017.

## 11 Date(s) of next meetings

**The following dates were approved.**

### **Wednesday 7<sup>th</sup> June 2017**

- LSEBN ODN Board Main Group – 9.30 to 11.00
- LSEBN Clinical Governance group Summer M&M Audit – 11.15 to 15.30

### **Monday 10<sup>th</sup> July 2017**

- National Mortality Audit Meeting – Birmingham 09.00 to 16.30

### **Thursday 14<sup>th</sup> September 2017**

- ODN Board (Core group) 10.00 to 12.30

### **Tuesday 12<sup>th</sup> December 2017**

- ODN Board (Main Group) – 9.30 to 11.00
- Clinical Governance Group (Winter MDT) – 11.15 to 15.30

## **Actions agreed – March 2017 ODN meeting**

<b>Agenda item</b>	<b>Action</b>	<b>Actioned by</b>
3. Finance	PS will develop a process for services to bid for development funding in 2017-2018. Proposals from burn services will be for non-recurring revenue schemes.	Pete Saggars
	TB to clarify the situation regarding carry-forward of unspent income.	Tina Benson
	If the allocation cannot be carried forward, PS to investigate the potential utilisation of the 2016-2017 predicted surplus before the end of this financial year.	Pete Saggars
3. EPRR	PS will confirm the dates for the NHS England London exercises and send details to DB and AM	Pete Saggars David Barnes Alex Murray
4. Facility Care OJR	PS to discuss with ST, burns referral flows from Oxford John Radcliffe to burn units/centres	Pete Saggars / Sarah Tucker
4. Facility Care RLH	IG to liaise with DB and Isabel Jones (Chelsea & Westminster) to develop a draft and a final pathway document for adult referrals to RLH;	Ioannis Goutos David Barnes Isabel Jones
	IG to finalise a draft pathway proposal for a children's burn service, and report to the next ODN meeting in June 2017, and;	Ioannis Goutos
	SR to report to the June 2017 ODN meeting, for progress on resolving the finance & activity issues;	Stuart Rowe
6. Work Programme - Nursing	KS will write send to PS a final Senior Nurse Forum work plan.	Krissie Stiles
6. Work Programme - Psychosocial	PS to write to all service clinical leads, on behalf of the ODN Chair, to notify and promote the requirement of all services to provide a minimum of one adult and one paediatric burns psychosocial training events per year, based on the material developed by the network and available in a tiered and modular form.	Pete Saggars
6. Work Programme – Therapies	PS to write to RW confirming the LSEBN support for the new National Therapy Standards of Care.	Pete Saggars Rachel Wiltshire
8. Network Configuration	PS to meet with LD to explore possible arrangements for an external review of the strategic configuration in London and South East England.	Pete Saggars Lorna Donegan
9. Annual Report	PS to make contact with the members of the ODN team and each of the service clinical leads to begin the work on the annual report.	Pete Saggars