

Notes of the LSEBN ODN Board
Thursday 15th January 2015

In attendance:

- Michael Tyler – LSEBN Clinical Lead (Stoke Mandeville Hospital)
- Baljit Dheansa – Queen Victoria Hospital
- Nora Nugent – Queen Victoria Hospital
- Nicky Reeves – Queen Victoria Hospital
- Isabel Jones – Chelsea & Westminster Hospital
- Peter Dziejewski – St Andrews Broomfield Hospital
- Rebecca Hulme – Norfolk and Norwich Hospital
- Robert Hodgkiss – Chelsea & Westminster Hospital
- Dan Eve – NHS England East Anglian AT
- Alastair Whittington – NHS England London region
- Lorna Donegan – NHS England London region
- Pete Sagers – LSEBN Network

Apologies received:

From services: Paul Cussons (Royal Free), Jo Myers (St Andrews), Maria Monahan (St Georges), Richard Haywood (Norfolk & Norwich), David Wallace (Addenbrooke's), and Sarah Tucker (Oxford John Radcliffe);

From NHS England: Sian Summers, Richard McDonald, Sarah Marsh, Helen Tilley, Stephanie Newman, and Diane Cargill.

1 Chairs Welcome and Introduction

MT welcomed everyone to the meeting. PS explained that the Chair, Tony Bell, has now left Chelsea & Westminster and MT would act as Chair for this meeting. The future role of the Chair of the ODN is included in the agenda at Item 6.

2 Notes of the previous meeting September 2014 (attachment 1)

The notes of the previous meeting were approved. (Sian Summers to be added to the list of apologies).

3 Matters arising from previous meeting

In regard to matters arising, PS informed the group that the SOP for surge and escalation was still being developed by the four burn networks, in collaboration with NHS England EPRR leads, and the CRGs for burns and Emergency Preparedness. A teleconference was being held later this week and it is expected that a final SOP will be agreed.

In regard to a separate issue, PS also confirmed that the letter of support for QVH had been sent to NHS England in Kent Surrey & Sussex. A copy of the letter was provided to members. Two further matters were discussed.

Matters arising - Out-patients and Outreach at Chelsea & Westminster:

At the previous meeting, a paper had been prepared describing the delivery of a number of outreach developments across the network. These included outreach to outpatients, the Burn Care Advisors and the telemedicine advisors. These had previously been funded through "network" monies and commissioners at three of the four principal services had agreed a way forward for 2014 and future years.

The report noted that an agreement for C&W had not been reached and a recommendation was made for further meetings and agreement.

RH confirmed that no agreement had been reached with the NHS England London contracts team, and no funding has been approved for the continuation of these posts. It was confirmed that post holders within the teams affected were on temporary contracts to 31 March 2015. BD commented that this differential approach to commissioning burn care services was not acceptable. MT supported this view, saying that C&W should not be an outlier to core services for patients.

ACTION

- ❖ **It was agreed that the ODN should urgently rearticulate the benefits of these services and write to NHS England asking for their support in resolving this situation. PS will draft a letter or report for Will Huxter.**

Matters arising - Network configuration and facility designation

PS opened this matter describing the background to the June 2014 report on a revised model of care for the network. The work had focused on the delivery of facility-level services and had recommended that only two of the seven facilities provided the full range of services, in full compliance with the service specification. PS explained that the CRG had not supported the proposals and in October 2014, a letter had been sent to NHS England (Will Huxter) asking for advice and guidance on a way forward. No response has yet been received.

AW spoke about the position from NHS England. The existing model and specification was unaffordable in terms of the additional resources needed to meet the full specification. AW asked about the potential to look again at how the network might support services through new ways of delivering care, particularly in regard to outreach from established burn services. MT spoke in support of this way forward, noting the potential to re-work the model, with the aim of providing the service to a high standard but without the higher costs. MT described this as delivering a £200k model for £20k”.

BD noted that this issue had been discussed again at the Burns CRG. BT confirmed that the current burns specification will not change for 2015, largely due to the burns standards not being altered. However, the CRG had spoken about the potential or “room for manoeuvre” with host (compliant) services providing facility level care as an outreach service.

RH asked if the network already had a view on the configuration of services and MT confirmed that the June 2014 report had specified which two services (Royal London Whitechapel and N&N) should develop as fully compliant facilities and the others as “sub-facilities”. MT also noted that even with this model, some additional funding would be necessary to meet the higher costs of providing burn care compliant with the specification.

AW asked that the ODN consider what model is needed and at what cost, how much money is already in the system and how much is the gap. BD commented that the ODN needed to develop a practical solution, moving forwards with a dialogue in the “cluster” areas to develop a local plan. The following actions were agreed:

ACTION

- ❖ **The Chair of the ODN will write formally to each of the seven burns facilities noting the current circumstances, and explaining that the feasibility of substantial additional funding is unlikely to be supported by commissioners, and asking if the service wishes to engage in a new model of care, delivered through outreach services from an established host centre or unit;**
- ❖ **A letter will also be written to the relevant NHS England commissioning teams, outlining these proposals.**

Items of business for decisions or action

4 **Paediatric burn centre-level care and standards – St Andrews**

PS described the background to this issue. The matter relates to the delivery of paediatric centre-level care at St Andrews and the requirement for the service to develop a partnership with a compliant burns centre. A “Threshold Matrix Transfer Protocol” has been developed, providing a formal assessment process for new referrals and on-going care for children requiring ITU care. The protocol was developed to create a partnership between St Andrews and Birmingham Children’s Hospital, and was agreed at a meeting of burns and PICU clinicians in December 2014. It has the approval of the Chair of the PICU CRG. PS explained that a small amendment had been agreed to the previously circulated document, related to the upper age limit for paediatric cases. PD confirmed that the protocol was in place and being utilised by the service. The arrangement is “interim” and will be reviewed before 30 June 2015.

5 **Network Work Programme - Draft work plan for 2015-2016**

PS introduced the draft work plan for 2015. It had been developed at a meeting of the Clinical Governance Group in December 2015, bringing members from the wider MDT together to identify priorities for the future. A number of the topic areas in the draft plan were on-going from the previous year, although these had been altered to reflect changes in circumstance.

LD noted that one of the issues missing from this draft plan was the development of a PPE process. LD noted that other ODNs were struggling with developing PPE, but nonetheless, the burns ODN should include it within its work plan.

BD commented on the size and breadth of the plan, asking if it was more feasible to have fewer priorities in a “long-list” and focus the document only on a small number of high priority topics. AW agreed, saying that the ODN should be realistic about what the network could deliver. It perhaps should concentrate on four or five key issues, although these must include the SOP for the network, an annual report and a work plan, because these were the three issues that justify the network itself.

PS noted that the LSEBN team has been able to appoint professional leads for nursing, therapies and psychosocial care. Although the post holders are only employed for half a day per week, this dedicated time, and the development of the professional group forums, should enable the ODN to work on a greater number of issues than in previous years. The members discussed what might constitute a revised set of priorities and the following was agreed:

ACTION

- ❖ **MT, IJ and PS will meet within the next 7-10 days, to review the content of the draft plan, to clarify the key topic areas and priorities, and to circulate a second draft to services and NHS England.**

6 **Chair of the LSEBN Operational Delivery Network**

PS confirmed the earlier report that the current Chair, Tony Bell, had left his post with C&W and the appointment of a new Chair needs to be discussed and agreed. PS reminded the group that the original guidance from the NHS Commissioning Board had suggested that a clinician was likely to Chair the network and the Chair was “unlikely to be an employee of the host”. PS further noted that the other burns ODNs had differing arrangements but most Chairs are clinicians and not employed by the host. AW suggested that the ODN should think about appointing a Chair and a deputy, to ensure that there was some continuity in leadership. BD remarked that this was already the approach adopted for the network Clinical Lead, and asked if consideration should be given to creating a joint “Clinical Lead and Chair” position.

PS noted that in drafting the original job descriptions for the two separate posts, it was apparent that there is a great deal of similarities in the two roles. IJ also noted that it was unlikely that there would be sufficient senior and experienced people available in the ODN to keep the two roles separate. It was unanimously agreed that the Chair of the ODN would be a post held by the Network Clinical Lead.

ACTION

- ❖ **PS will write to ODN members confirming this arrangement;**
- ❖ **PS will re-write the Job Description for the Chair and Clinical Lead of the ODN and circulate it as a draft to ODN members.**

The meeting then discussed the issue of professional and organisational accountability. It was noted that the geography of the LSEBN makes it difficult for the ODN to be accountable to a single, overarching group. Different circumstances in ODNs across the country were discussed, including regional oversight groups and the National Burns ODN Group. It was agreed that because of the hosting arrangements and contractual relationship between C&W and NHS England London, it would be appropriate for the Clinical Lead and Chair of the LSEBN to be accountable to the Chief Executive of C&W (or his/her appointed officer).

ACTION

- ❖ **PS and RH will discuss the practical arrangements for governance and accountability within the C&W management system.**

Items of business for information

7 Update on matters arising from recent Burns CRG Meeting(s)

BD provided a briefing on issues discussed at the CRG meeting including:

- The SOP for surge and escalation
- A position statement and documentation for MRSA in burn services
- A new co-commissioning model between current specialised commissioners and CCGs. It was noted that some aspects of burn care might become “non-specialised” and commissioned by local CCGs.
- The Quality Dashboard, with new topic areas being discussed for 2015-2016.
- CQUIN proposals, including a care bundle for sepsis and ventilation.
- IBID annual report and format.

BD responded to a number of questions from the group, including issues related to IBID, the dashboard and general information requirements across the network.

8 Notes of the National Burns ODN Meeting October 2014

The notes of the meeting were not discussed.

Date(s) of next meetings

- **27 March 2015 – to be held at NHS England (London) offices, Victoria**