

NOTES OF THE MEETING

LSEBN ODN Board - Friday 27th March 2015

Mike Tyler	• Stoke Mandeville (Chair of ODN)
Baljit Dheansa	• Queen Victoria
Nora Nugent	• Queen Victoria
Sarah Tucker	• Oxford John Radcliffe
Isabel Jones	• Chelsea & Westminster
Nicky Reeves	• Queen Victoria
Helen Piggin	• Stoke Mandeville
Kerry Foley	• St Georges Hospital
Pauline Lodwick	• Oxford John Radcliffe
Gloria Onwubiko	• Royal London / Bartshealth
Diana Cargill	• NHS England (South)
Mike Millen	• NHS England (London)
Pete Sagers	• LSEBN

1 Introduction

Mr Tyler welcomed all members to the meeting. Apologies were received from: *Richard Haywood, Sven Bunn, Sarah Marsh, Jo Myers, Peter Dziejewski*

2 Notes of the previous meeting January 2015

The notes of the previous meeting were approved without amendment.

3 Matters arising from previous meeting

- Out-patients and Outreach at Chelsea & Westminster
PS confirmed that a letter had been sent on 15th February to Will Huxter, Head of Specialised Commissioning for London Region. MM told the meeting that a response had been drafted and that Kellie Blaine would lead the contract discussion directly with ChelWest. PS noted that there were some concerns that the funding arrangements would need discussion again for 2015-2016; BD and MT confirmed that the funding for service developments at QVH and SMH were in the contract baseline for 15-16.
- Chair and Clinical Lead of the LSEBN Operational Delivery Network
PS confirmed that a revised Job Description and Person Specification had been circulated to members with the agenda. There is a clear line of succession to the post of Clinical Lead and Chair. It was noted that 2015 would see IJ as Chair, with BD as deputy, and in 2016, BD would be chair. A deputy for 2016 will be identified this year and it was agreed that for fair and equal representation, the post should move around the network. MT said that the position should be open to expressions of interest from other doctors or other senior professionals. The main issue was to ensure that the post holder was involved in clinical management of burns and is a person who commands the confidence and respect of colleagues.

Action:
 - ❖ **MT agreed to talk with colleagues in St Andrews to identify a Deputy Chair and Clinical Lead for 2016-17.**
- Paediatric burn centre-level care and standards
MT noted that the paediatric protocol and toolkit was being followed at St Andrews for referrals and transfers, The protocol had been signed-off by senior members of the CRGs for burns and PICU.

- It was noted this was an interim arrangement and due to be reviewed in June 2015. There is a national review of centre-level care, led by NHS England, and Phase II of the review is going ahead in April 2015. There was a general discussion about the process and intended aim of the review and it was agreed that further information was needed to clarify the purpose and outcome of the review.

Items of business for decisions or action

4 **Network configuration and facility designation**

MT described the original work in 2011-2012 to develop a strategy for burn care in London and the south east of England. One outcome from the review was the recommendation that seven new burn facilities were developed across the network. Due to the prevailing financial conditions, commissioners questioned the affordability of this proposal in 2014, and asked that further work be undertaken to review the model of care (MoC). The work on a revised MoC took place in April and May 2014 and was reported to the ODN Board in June 2014. The proposals had initially been accepted by the ODN but the Burns CRG did not accept the model. In December, the CRG agreed that the LSEBN could move forward with an outreach model of care, but any stand-alone facilities would need to meet the full specification.

PS explained that after the January 2015 ODN meeting, a letter had been sent to all seven hospitals, confirming the work undertaken on the MoC, and asking them to confirm in principle, whether or not they wished to be considered as a full facility. Some early feedback has been received from N&N, Lister and Addenbrooke's, and there are common concerns about the affordability of becoming a facility, due to the funding of activity and the tariff. GO spoke about Bartshealth and told the meeting of similar concerns about the tariff mechanism and funding. MM responded that this would be discussed further in contract discussions.

ST spoke about Oxford and noted local work suggested there was sufficient activity in the Oxford catchment area to consider moving forwards as a full facility. Oxford is already functioning at facility level including patients with co-morbidities and day-case grafting of burn wounds and will continue to develop the service so that they can justify designation as a facility.

BD noted that the network needed to ensure oversight and scrutiny to the rollout of any plans and that financial models needed to be agreed locally.

MT questioned the role of the network in this work. The MoC review has been undertaken in response to a request by NHS England. The seven services had originally (in 2011) self-selected themselves to be considered as facilities and now that there is insufficient money to retain all seven services, the MoC review offered an opportunity to look at the need and demand for facilities in the network. It is clear that some further work is needed to know what the current and potential future activity might be at any new facility, whether as a designated facility or through an out-reach model.

As next steps, the ODN agreed the following:

- The LSEBN will continue to encourage partnerships between the established units and centres, and the seven burn facilities.
- Specific support should be offered for Royal London Whitechapel and Oxford John Radcliffe.
- A simple minimum data set should be developed, to collect a simple record of activity (numbers and type), with data collected over a 5-6 month period.

Action:

- ❖ **PS to develop a process and data-sheet for burns activity at burns facilities, and to circulate before the end of May 2015.**

Finally on this particular topic, KF asked about the situation at St Georges. Like the Royal London Whitechapel and John Radcliffe Oxford, St Georges is a major trauma centre and they need to understand more about what it means to be a facility.

IJ noted that there had been some discussion between ChelWest and St Georges, and she suggested that the Trust engages in the Audit meeting and that further discussion take place.

5 Network Work Programme

PS introduced this topic, explaining how the original work programme for 2015 had been developed and then revised following the previous meeting. The revised work programme emphasises the key topics raised by NHS England at the January meeting.

MM said that it was important the network had some “early wins”, particularly around the annual report and the PPE event. MM also mentioned the Burns Dashboard and it was noted that this was specifically mentioned in the Work Plan and would be discussed later in the meeting.

PS also discussed the proposal to provide the ODN members with a quarterly progress report on the Work Programme. There would be five, simple “four-box” reports, showing progress in the previous period, matters of concern/constraint, future planned actions and other issues. ODN members.

It was agreed that the ODN would receive a report on the five Work Programme topic areas:

1. Organisational Governance
2. LSEBN Senior Nurse Forum
3. LSEBN Therapy Group
4. LSEBN Psychosocial Care Group
5. Other on-going Issues

Action:

- ❖ **PS to circulate the template reports to Network team members. The first report will be provided to the ODN Board in June 2015.**

6 Management of Surge and Escalation

PS gave a short briefing on progress towards the development of a new Standard Operating Procedure (SOP) for the management of surge and escalation in burns ICU. A final draft had been signed-off by the Burns CRG in March but a recent intervention from the NHS England National EPRR lead would mean that the work would be delayed whilst further work was done.

The four network managers are working directly with the NHS EPRR lead to get this project completed at the earliest opportunity.

PS made a point of mentioning the importance of the DOS Pathways capacity management system. All services are expected to update the bed status of their services, but this isn't yet routinely done as often as would be liked.

PS said that in future, once the SOP is operational, services would be expected to update the DOS system at least twice each day, including weekends, and more often if changes had occurred.

Once all stakeholders approve the revised SOP, PS will arrange a series of meetings with the four main services to discuss implementation at a local level.

7 **LSEBN – Service Update (Template Report)**

PS introduced the proposal for a routine Service Update Report to ODN Board. The report would also be a simple, “four-box” document. ODN members approved the introduction of the report and further agreed that the report should include the most up-to-date quarter for the Burns Dashboard.

Action:

- ❖ **PS to circulate the template reports to service leads. The first report will be provided to the ODN Board in June 2015.**

8 **LSEBN Performance Review – Governance Toolkit**

Due to time constraints, this issue was not discussed at the meeting.

9 **Burns Dashboard 2014-2015 and 2015-2016**

PS briefly introduced this topic. A short report has been prepared for the ODN meeting, explaining the background to the Dashboards, and providing ODN members with the draft Q3 data tables, and a brief commentary from each of the four principle burn services in the LSEBN.

BD expressed concerns about the Dashboard, and in particular the IBID system and data analysis. BD raised specific issues about the quality of the data and the difficulty faced by services in validating the input and outputs. BD also stated concerns that judgements might be made about the quality of care, based on the output of Dashboard data.

BD expressed severe concerns about the utility and utilisation of the IBID system, suggesting that services in the LSEBN should take the lead and cease using IBID, and instead, develop a local approach, with a locally developed minimum dataset.

BD suggested that the LSEBN should write to the Chair of the Burns CRG to explain what and why we were taking this approach.

Although there was considerable agreement and consensus from all burn services about the IBID system, it was generally thought that representation should be made to both the CRG and to James Palmer, national Clinical Director Specialised Commissioning for NHS England.

Action:

- ❖ **PS and MT to draft a letter to James Palmer, to articulate the concerns about the dashboard and IBID.**

It was further agreed that some work would be started to look at a local, alternative Minimum Dataset, derived from the existing IBID dataset, and focusing only on in-patient care.

Action:

- ❖ **PS to discuss the potential for a local IBID MDS with service IBID leads at their regular quarterly meeting (April 2015)**

10 **LSEBN Annual Report 2014-2015**

Due to time constraints, this issue was only briefly discussed at the meeting. It was agreed that the final draft Annual Report would be prepared for the June ODN meeting.

Items of business for information

- 11 **Update on matters arising from recent National Meeting(s)**
Due to time constraints, this issue was not discussed at the meeting.

Date(s) of next meetings

The following changes to the next meetings to be held on 9th June 2015 were approved:

- 10.00 to 15.00 – LSEBN Annual Audit M&M
15.30 to 17.00 – LSEBN ODN Board Meeting
18.00 to 20.00 – LSEBN PPE Event