

**LSEBN ODN Board (Main Group)**  
**Tuesday 7<sup>th</sup> December 2021**

**Attended:**

- Nora Nugent
- Lisa Williams
- Gail Murray
- Pete Saggars
- David Barnes
- Vicky Dudman
- Joanne Pope
- Nicole Lee
- Michael Charalambous
- Victoria Osborne-Smith

**AGENDA**

**1 Chair's introduction and apologies**

Apologies from: Gareth Teakle, Kathy Brennan, Lorraine Sime, Michael Charalambous

**2 Notes of the previous meeting - ODN Board 7<sup>th</sup> October 2021**

Notes of the meeting have been circulated. No issues were raised. The notes of the October M&M meeting will be sent to members after the meeting.

**3 Matters arising, not on the agenda**

- Nexobrid

**4 LSEBN Performance Reports (Quarter 2 2021-2022)**

• **Issues Log (ODN Risk Register)**

This report is now titled as the network "Issues Log" rather than the risk register. The ODN is not a statutory organisation, so technically does not hold responsibility for managing risk, in the same way that an NHS Trust. The issues log will continue to record service risks that have an impact beyond a single organisation. No changes to the report content have been made since the last meeting.

• **Quality Dashboard**

The QD report includes figures taken from the IBID report. Areas where compliance isn't met are highlighted. Two issues were drawn to the attention of the meeting:

- St Andrews paediatric pain score: This is a continuing problem with the IBID system, and is being discussed with the team in Manchester.
- Unexpected mortalities: These are calculated by IBID using a complex algorithm. It is noted that all mortalities are reviewed at the ODN M&M audit meeting and this will enable a peer-review process to consider whether the cases were unexpected or not.
- Psychosocial Morbidity: The Stoke Mandeville service is reported as non-compliant with this metric, related to the percentage of patients screened for psychosocial morbidity prior to discharge from the burns ward. PS will follow-up this issue with Alex Murray and report back to the next meeting.

**Action**

- ❖ **PS to contact AM and ask for a briefing on the situation at SMH, regarding this Dashboard metric.**

DB highlighted a general concern about the accuracy of the dashboard figures and the historic difficulties in validating the IBID figures with local data. PS noted that there have been a number of national discussions about the commissioning and contracting arrangements for IBID and that some progress is being made. The situation is being monitored by the NBODNG and further news is expected early in 2022.

- **Centre-Level Care Refusals (Referrals turned away)**  
The report considers refusals for centre-level (ICU) cases at St Andrews and ChelWest. GM asked about the cause of refusals, asking whether this was due to lack of beds or staffing. PS noted that the cause of a refusal is almost always caused by the service being at capacity with patients and unable to escalate safely to a higher number of patients. The report signals whether the services was at OPEL 2 (closed to new admissions). PS also noted that the majority of refused cases do remain within the network. Since starting to record these cases, in April 2020, 33 patients have been “refused” of which 11 have been transferred outside of the network.
- **Pathways DOS Sit-Rep Bed Availability, OPEL Status and Occupancy**  
PS explained that this report takes figures from the National Burns Bed Bureau daily SITREP report, related to NHS Pathways DOS. The figures are provided in an accumulated archive (spreadsheet) to each of the burn services, each month.
- **Post-Pandemic Elective Surgery Waiting Times**  
The report on elective waiting times for burns surgery has not been completed. PS will follow-up with the service clinical leads.

#### **Action**

- ❖ *PS to write to service clinical leads, to ask for the waiting times figures for 30<sup>th</sup> November 2021.*

## **5 Burn Service Update - Issues related to activity, performance and staffing**

- **St Andrews:**  
DB noted some issues related to an MRSA outbreak at St Andrews. No patients are involved at this time and it would appear to be a “community” infection, highlighted by staff testing. The adult ward is very busy, with a number of patient outliers. ICU is a little quieter.
- **Queen Victoria Hospital:**  
NN reported that in common with other local hospitals, QVH ICU is experiencing a number of staffing issues but this has not caused the service to refuse a patient. Discussions with commissioners about the potential move from the East Grinstead site are on-going, although there has been only a little progress since the last meeting in the summer. This is partly due to work being undertaken on a possible merger of QVH with University Hospitals Sussex (at Brighton).
- **Chelsea & Westminster:**  
NL spoke about the situation at C&W, noting that the service is very busy, particularly in the children’s burns ward with resus level cases. As with other services, staffing remains a challenge with Covid related absence. LW also noted that the psychology service is under severe pressure and, for the first time, is operating a waiting list, mainly for PTSD treatment.
- **Stoke Mandeville:**  
No one from SMH was at the meeting but NL spoke about the previously reported staffing issues at the SMH burn service. NL is liaising with the local NHSE/I commissioners, to look at “safe care” and the B Levels across the network, that indicate that the staffing establishment at SMH, is not adequate to meet the needs of patients coming into the hospital. Although progress has been made to appoint to new Band 6 nurses, the services remains under pressure. This is exacerbated by the general difficulties caused by the pandemic. NL highlight the difficulties faced by the team at SMH, reporting that, at the moment, the service does not have dedicated nurses working in out-patients, and that the OP clinics operate with nurses leaving the ward area, to cross the corridor into the OP area. This is clearly not optimal.

## 6 NHSE London – Quarterly / Mid-year Highlight Reports

- Work Programme and Budget

PS explained the two attached reports, requested by NHSE London, as part of their oversight role with networks. KB was unfortunately not able to attend the meeting today and this issue will be carried forward to the next meeting.

## 7 Specialised Services Future Commissioning Model Programme (FCMP)

- Future arrangements for clinical networks, post April 2022

PS spoke about the work being undertaken by NHSE national team, related to the expected changes in NHS commissioning, brought about by the amended Health & Social Care Bill, proceeding through Parliament. The new arrangements will see joint commissioning, Integrated Care Systems (ICSs) and new financial arrangements. PS is working with NHSE and other ODN representatives, as part of an “advisory” group, to look at proposals for the future arrangements and gave a short presentation on the work being undertaken.

- FCMP has five “pillars” of work.
- Pillar 3 relates to Clinical Networks.
- All existing and new networks will align with ICS’s, although the precise alignment will be different, depending on the scope of the clinical service / network.
- Networks will connect to the national agenda through national networks of networks and through a new relationship with CRGs. The role of CRGs will be strengthened and the role of the National Clinical Director for burns, will be made formal.
- No decision has been made about the level of commissioning for burns (supra-ICS or supra-regional or national).
- For specialised burns, the Pillar 3 objectives are
  - Safe transition to the new arrangements.
  - Developing new forms and functions, including extended roles.
  - Flexible materials for establishing the network (governance, MOU, specifications etc)
- Network foundations to include a specification for the ODN.

PS explained that a significant amount of work necessary is already in place for the burns ODN. The arrangements will come into place in April 2022, as a shadow year, before going “live” in April 2023.

Further work will continue into the new year. A member of the national team will join the National Burns ODN group meeting in January 2022 and further information will be provided at the next LSEBN ODN Board meeting in March.

PS mentioned that the new arrangements may require a change in the internal governance and leadership for networks. This might require a separation of the roles of chair and clinical lead, with perhaps the ODN Chair being a senior executive from one of the ICSs. A number of draft documents have been drawn-up by the NHSE team, including:

- Standard contract for the ODN
- Job Descriptions for members of the ODN team

### Action

- ❖ *PS will share the JD’s with team members.*

## 8 LSEBN Website - Content and utility

DB has raised an issue with the utility and layout of the LSEBN website and has asked if it is possible to redesign and simplify the user interface, to help ensure that the public and healthcare professionals can use the website more beneficially.

PS confirmed that the website platform is operated by “MySurgery” and they have previously been very responsive to requests for changes to the site. It would be necessary to describe for them, what changes are needed and they would then make the changes. This might involve renaming and relocating the existing pages.

**Action**

- ❖ **PS and NL will meet and review the site-map for the website and draw-up proposals for a change in design.**

The following agenda items (9 and 10) and attachments were provided “for information” and were noted, but not discussed.

**9 LSEBN Work Programme 2021-2022**

- Quarter 3 update / progress report

**10 LSEBN team Budget**

- ODN Team Budget: Month 08

**11 Commissioning Issues**

- Major Trauma CRG
- Other Strategic or Delivery issues

GM asked about progress with the plan to develop an outreach burns facility at RL Whitechapel Hospital. DB explained that meetings continue between the clinical teams and there is strong support from Barts Health. At the new Mid & South Essex Trust, there are new administrative arrangements that need to be followed, through to possible sign-off by the new Trust Board.

NN asked about the arrangements for the external audit chair. PS confirmed that Yvonne Wilson, Clinical Lead for the Adult and Paediatric Burn Centres in Birmingham has been invited to chair the March Audit meeting.

*Post-meeting note: YW has confirmed that she will support the network audit meeting, as external Chairperson*

NL spoke about plans for the future SIM Training and protected time for staff participation. NL will circulate early thoughts and ideas, to the service clinical leads.

**Action**

- ❖ **PS to write to ChelWest, to confirm the funding arrangements.**

**Date of next ODN Board meeting(s)**

*Confirmed dates – Meetings conducted on Microsoft Teams*

- ❖ **LSEBN ODN Board (Main Group) Wednesday 16<sup>th</sup> March 2022 (10.00 to 12.30)**
- ❖ **M&M Audit 16<sup>th</sup> March 2022 (13.00 to 16.30)**
- ❖ **NBODNG National Burns Mortality and Morbidity Meeting 2021 – Monday 4<sup>th</sup> April 2022 (All day)**

*Proposed future meetings*

- ❖ **LSEBN ODN Board (Core Group) Thursday 23<sup>rd</sup> June 2022 (10.00 to 12.30)**
- ❖ **LSEBN ODN Board (Main Group) Tuesday 4<sup>th</sup> October 2022 (10.00 to 12.30)**
- ❖ **M&M Audit 4<sup>th</sup> October 2022 (13.00 to 16.30)**