

LSEBN ODN Board (Core Group)
Thursday 14th September 2017

In attendance:

- David Barnes (LSEBN Chair – St Andrews)
- Alexandra Murray (Stoke Mandeville)
- Simon Myers (RLH Whitechapel)
- Ioannis Goutos (RLH Whitechapel)
- Lisa Williams (LSEBN Lead Psychologist)
- Rachel Wiltshire (LSEBN Lead Therapist)
- Krissie Stiles (LSEBN Lead Nurse)
- Michael Wiseman (LSEBN Lead Informatics)
- Gary Slegg (NHS England London)
- Konstantinos Tsormpatzidis (NHS England London)
- Stuart Rowe (NHS England London)
- Paul Smith (RLH Whitechapel)
- Neil Bourke (RLH Whitechapel)
- Pete Sagers (LSEBN Network Manager)

Apologies received:

- *Kat Young (NHS England National)*

1 Chairs Welcome and Introduction

DB welcomed everyone to the meeting, including guests from RLH Whitechapel who are attending to provide an update on progress with the new burns facility, and to instigate further meetings to support more progress.

2 Notes of the previous meeting June 2016

The notes of the previous meeting were approved as an accurate record of the meeting.

3 Matters arising from previous meeting

All actions agreed at the previous meeting have been completed.

Other matters arising:

Burns Facilities (RLH Whitechapel)

SM introduced the team from RLH. Due to the location of the hospital and the need/demand for a burns service, the hospital has been seeking to develop a burns service on the Whitechapel site for a number of years. A fledgling service was established in January 2017, initially as an adult service for minor burns.

The service is beginning to make plans to expand to a full adult facility and highlighted where it is already meeting burn standards and where support will be required. The group further discussed the following points:

- Recognition and designation; the need to ensure that the service is appropriately funded;
- Impact on CCG and specialised commissioning;
- Integration with CCG and STP;
- Mapping current future planned activity.

It was agreed that the ODN members needed more clarity on the funding arrangements and timescales for implementation. It was agreed that there should be a stakeholder meeting at the earliest opportunity, including representation from the Tower Hamlets CCG.

Action:

- ❖ ***PS / IG to make arrangements for a stakeholder meeting, to take forward the proposals for RLH Whitechapel and to agree an action plan and timescale for moving forward.***

Patient Information Leaflets

KS noted that the three first aid documents were now published on the network website.
More to follow from Krissie

TRIPS telemedicine

At the previous meeting, the ODN members had discussed the potential opportunities to develop and improve the TRIPS system. QVH were looking at options for funding the updated system, including the potential to use charitable sources and a charge to services using the system. No further details and options have been provided by QVH but at the next meeting, the possibility of research funding, with support through NHS England was raised by GS.

Action:

- ❖ ***GS to investigate and report back to ODN about potential NHS research funding for TRIPS***

Burn Care Standards

PS noted the forthcoming review of burn care standards. This work, a joint project between the burns ODNs and the British Burns Association (BBA) is aimed at reviewing and revising the current burn standards and BBA outcomes. The work will lean heavily on the existing standards, but has an aim to clearly articulate the “must-do” standards of care.

A “Task & Finish” group has been established, with representation from burns clinicians from across all four networks. All professions in the burns MDT will be represented and there will be links to the BBA SIGs.

ODN Annual Report 2016-2017

PS reported that the final draft of the annual report is almost complete and will be circulated to members in mid-October.

Action:

- ❖ ***PS to finalise, circulate and publish the LSEBN Annual Report by 13th October at the latest.***

4 Network Configuration

At the March and June ODN meetings, members discussed a short briefing paper on a number of strategic issues faced by individual burn services in the network. The March report had 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 had 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.

Each of the four principal services has now prepared a short “vision” statement, setting key themes, challenges and priorities for the network. The statements expose a number of common themes and DB agreed to take the four statements and prepare a summary report for the ODN Board in December.

Action:

- ❖ ***DB to prepare and circulate a summary report for the network strategic vision 2017-2027.***

5 Finance and LSEBN Budget

- 2017-2018 Quarter 1 and Utilisation of planned surplus – service improvement funding

PS reported difficulties in arranging meetings with the finance team at ChelWest and apologised for the fact that no statement was available for the ODN at today's meeting. PS informed the meeting that it was likely that the potential for the ODN to have a small development budget was unlikely to be possible. A recasting of the budget, including all of the changes to ODN team hours, meant that continuing the previous discussions about providing a small budget to support training and service improvement was no longer possible.

Action:

- ❖ ***PS to arrange meetings with C&W Finance team and to prepare an up-to-date budget statement and outturn for 2017-2018. This is to be prepared and circulated to all ODN Board members by the end of October.***

6 EPRR Mass Casualty Incident Plan

PS described the progress towards developing a national burns mass casualty and major incident plan. A national Task & Finish group is developing a Burns Annex to the NHS England ConOps document (Concept of Operations). The ConOps document sets out the command and control process for an NHS response to a mass casualty incident, and the burns annex will describe the processes for burns (where they are different from the main document). This work has been led by the Northern Burns ODN with support from the other three networks and it is expected that a final draft report will be made available to the Major Trauma & Burns CRG and the EPRR CRG in mid/late September. The final draft annex has been circulated to LSEBN ODN members but is confidential, and should not be shared further.

PS explained that the annex would act as the new "major incident plan" for burns. It is felt that almost any significant burns incident would quickly escalate to a national response. NHS England have indicated that burns ODNs do not need to develop a separate network plan, largely because the burns ODN teams do not have an out-of-hours presence, and so a network plan is not viable.

The burns ODNs will support member organisations to integrate the (national and regional) ConOps document and the burns annex, into hospital and service plans for major and mass casualty incidents.

DB reports on the Grenfell Tower Debrief meeting that had taken place in late July. The meeting notes from Jorge Leon-Villapalos were provided to the ODN members.

7 Burns Injury Database

MW introduced a local burns Quality Dashboard report, prepared for LSEBN ODN members and to provide an alternative view to the nationally (IBID) produced dashboard report. The national IBID report has caused significant difficulties for services in validating the output figures and there are concerns about the transparency and accuracy of the national reports. The four service data coordinators have discussed and agreed a significantly reduced network minimum data set (only 12 data fields), with a commonly agreed definition for each field, to produce a network version of the national report. The result of this local work is that the services can have more confidence in the resulting data analysis.

MW reported that record completeness is much higher in the network figures than in the national figures (a network average of 91.9% for adults and 81.3% for children, compared with an average of 52.5% for adults and 51.0% for children based on the national figures). This is likely due to the drastically reduced dataset (12 main record fields rather than an estimated 161), and to the uncertainty over which fields exactly are included in the national dataset.

Across the network, the total number of admissions is lower in the network figures than in the national figures (though the pattern is less pronounced at Stoke Mandeville). This is likely due to uncertainty over how IBID identifies 'acute' admissions, as their figures seem to also count many readmissions for planned surgery or complication management as 'acute'.

Chelsea & Westminster have not yet provided data for the local dashboards due to some teething problems running the queries, and as such are excluded from the figures. Once this has been resolved, an updated version of the report will be created.

DB expressed his thanks for the work of the Informatics group, saying that the output reports were more useful than those produced nationally from IBID.

Items of business for information

9 **LSEBN Work Programme 2017**

The network team Q2 updates were noted. The meeting noted the amount of time devoted to national projects and also the current situation with the paediatric review.

10 **Update on matters arising from recent national meetings**

It was noted that the most recent meetings of the Trauma CRG had been cancelled. The National Burns ODN Group has not met since February 2017. The next meeting will be held in October.

11 **NHS England**

GS introduced himself to the ODN members. Gary is the new Operational Delivery Networks Manager for NHS England (London Region), tasking over the role previously held by Lorna Donegan. GS and PS are meeting in one week's time to review the current work plan for the network, and to look at arrangements for monitoring progress.

12 **Other issues**

Two additional issues were raised at the end of the meeting:

- TRIPS – DB spoke about a proposed trial related to feedback on the TRIPS system. Beginning with paediatric referrals, the St Andrews service will be reviewing the clinical information contained on the TRIPS referral forms, with the corresponding clinical data when the patient arrives at the burns service.
- IBID – the meeting briefly discussed the development of a IBID telemedicine system.

13 Date(s) of next meetings

Tuesday 12th December 2017

Royal London Whitechapel

Clarke Kennedy Lecture Theatre (Innovations Building)

- **ODN Board (Main Group) – 10.30 to 12.15**
- **Clinical Governance Group (Winter MDT) – 12.30 to 15.30**

ACTIONS

| Agenda Item | Action agreed | Action taken |
|-------------|---|--|
| 3 | <u>Burns Facilities (RLH Whitechapel)</u> Action: ❖ <i>PS / IG to make arrangements for a stakeholder meeting, to take forward the proposals for RLH Whitechapel and to agree an action plan and timescale for moving forward.</i> | A first meeting of stakeholders (RLH, LSEBN, NHS England) was held on 25 th September. |
| 3 | <u>TRIPS Telemedicine</u> Action: ❖ <i>GS to investigate and report back to ODN about potential NHS research funding for TRIPS</i> | GS response by email 25 th September, setting out three potential options for funding. PS forwarded to Baljit Dheansa for comment and further information |
| 3 | <u>ODN Annual Report 2016-2017</u> Action: ❖ <i>PS to finalise, circulate and publish the LSEBN Annual Report by 13th October at the latest.</i> | Annual report published on LSEBN website and circulated to stakeholders 13 th October. |
| 4 | <u>Network Configuration</u> Action: ❖ <i>DB to prepare and circulate a summary report for the network strategic vision 2017-2027.</i> | Report circulated with December ODN Board agenda |
| 5 | <u>Finance and LSEBN Budget</u> Action: ❖ <i>PS to arrange meetings with C&W Finance team and to prepare an up-to-date budget statement and outturn for 2017-2018. This is to be prepared and circulated to all ODN Board members by the end of October.</i> | Report circulated with December ODN Board agenda |