LSEBN
OPERATIONAL DELIVERY NETWORK

Partnership Agreement

May 2016

This document is the Partnership Agreement for the London and South East Burn Network.

It sets out the organisational and clinical governance arrangements for the Operational Delivery Network and the responsibilities of and the relationships between the designated providers within the network.

Section 7 forms the Terms of Reference of the ODN Board

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1 Introduction

1.1 Clinical networks are an NHS success story. Combining the experience of clinicians, the input of patients and the organisational vision of NHS staff they have supported and improved the way we deliver care to patients in distinct areas, delivering true integration across primary, secondary and often tertiary care.

1.2 The London and South East of England Burn Network (LSEBN) was first established in 2008, as a commissioner-led network, to take forward the recommendations of the National Burn Care Review Committee Report (2001). The network was established to provide a framework for ensuring a coordinated approach to acute burn care in London and the South East, and that patients had access to the best possible services.

1.3 From April 2013, NHS England introduced new Operational Delivery Networks. ODNs are expected to

- Deliver a whole system work programme for a service across a defined geographical area and within a specific area of care, and;
- Align and work with established and evolving NHS organisations such as Senates and Clinical Reference Groups (CRGs).

1.4 The ODN model will be reviewed and developed through the regional specialised commissioning bodies, coordinated through national 'Programmes of Care' as the delivery mechanism of the four regions, linked to CRGs, then out into the networks with delivery of the aligned pathways through the provider landscape.

To improve joined up working to achieve better outcomes and service access, ODNs collaborate with (NHS England) regional level Programme of Care leads, as well as commissioning quality teams and the leads for national outcomes.

1.5 The LSEBN ODN covers a wide range of designated burn care providers, serving a population of around 20m people, across a large geographical area. The provider organisations comprising the Burns ODN are:

- Mid Essex NHS Trust (Broomfield Hospital)
- Chelsea & Westminster NHS Foundation Trust
- Queen Victoria Hospital NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust (Stoke Mandeville)
- Oxford University Hospitals NHS Trust (John Radcliffe Hospital)
- Barts Health NHS Trust (Royal London Hospital, Whitechapel)

1.6 The LSEBN ODN is supported by a small, dedicated team of burn care clinicians and a network manager. The network host is Chelsea & Westminster Healthcare NHSFT.

2 Aims

2.1 The aim of the LSEBN ODN is to optimise the provision of care for burn injured patients as defined in the manual for prescribed services and the Service Specification for Specialised Burn Care by ensuring that all patients that require specialist burn care have access to the right level of burn care at the right time and in the right service.

The members of the burn care network will strive to develop an integrated care pathway to improve outcomes for patients and their families in primary, secondary and tertiary care.

3 Objectives

3.1 The National Service Specification for Burns (Reference D6/S/a) sets out the scope, standards and outcomes for all designated providers of specialised burn care, as part of the NHS Standard Contract.

As a supplement, a burns ODN specification (DO6.ODN/a) describes the scope, aims & objectives of services within the context of a network of care. This includes the responsibilities and accountabilities of organisations within the network, including the host.

3.2 The key objectives for the LSEBN ODN are to:

- Ensure effective clinical flows through the provider system through clinical collaboration for networked provision of services.
- Take a whole system collaborative provision approach to ensuring the delivery of safe and effective services across the patient pathway, adding value for all its stakeholders.
- Improve cross-organisational multi-professional clinical engagement to improve pathways of care.
- Enable the development of consistent provider guidance and improved service standards, ensuring a consistent patient and family experience.
- Focus on quality and effectiveness through facilitation of comparative benchmarking and auditing of services, with implementation of required improvements.
- Fulfil a key role in assuring providers and commissioners of all aspects of quality as well as coordinating provider resources to secure the best outcomes for patients across wide geographic areas.
- Support capacity planning and activity monitoring with collaborative forecasting of demand, and matching of demand and supply.

3.3 These objectives can only be achieved if all partner organisations work collaboratively to share learning, experiences, knowledge, skills and best practice for the benefit of all within the specialist burn care environment. To succeed, the partnership will be:

- Mutually supportive, respecting the statutory status and independence of all organisations
- Valued at the highest levels in all organisations, with visible leadership, clear lines of accountability, and a coherent corporate approach;
- Open and transparent, with all organisations sharing information, to inform good decision-making and to minimise risk;
- Efficient, with business processes designed to deliver outputs quickly, facilitate rapid communication between the partners and to enable the partnership to change and develop.

4 Responsibilities of all provider organisations in the network

Patient Focus

4.1 The Service Specification for Specialised Burn Care sets out the scope, standards and outcomes for all designated providers. The specification requires all burn providers to operate within a burns operational delivery network. Provider hospitals within the burn network will work collaboratively and for the benefit of patients and their families. Although each hospital is an independent organisation, each will support the flow of patients between burn services, within an agreed pathway of care and where it is clinically appropriate to do so. This will ensure that patients receive their burn care as close to where they live as possible.

Network Organisational Structure

4.2 All organisations will be represented on the LSEBN ODN Board. Provider organisations will operate within an over-arching network-wide framework, set and approved by the LSEBN ODN Board.

4.3 In addition to the overall network approach, and because of the tiered nature of the network, the two burns facilities will be supported in a "sector" arrangement. The development of sectors is an integral part of the clinical governance arrangements for the network.

4.4 The sectors will be led by two of the four principle burn units / centres, to support a more local, day-to-day, process for audit and education, service and pathway development. The sector arrangement will also enable a closer collaboration with other parts of the NHS, most specifically trauma and critical networks, and the Clinical Senates.

4.5 The two proposed sectors are:

- St Andrews, Broomfield Hospital, working with Royal London Whitechapel
- Stoke Mandeville Hospital, working with Oxford John Radcliffe Hospital

The clinical leads and members of the wider MDT within each sector will meet at least once each year, and more frequently if possible.

4.6 In addition to these two sectors, each of the four, main centres will continue to work closely with other hospitals that provide non-specialised (sub-facility) burn care, including:

- Royal Free Hospital, London;
- St Georges Hospital, London;
- Addenbrooke's Hospital, Cambridge;
- Norfolk & Norwich Hospital, Norfolk;
- Lister Hospital, Stevenage

4.7 These models of collaborative working will foster a partnership culture within and across the network, reflecting local issues where it is appropriate to do so. The arrangements offer the opportunity to link with the local clinical senates.

4.8 To support collaborative working and a network approach to care, clinical professionals will hold routine meetings in professional and topic groups (see 6.8). All service providers will release appropriate staff members to attend meetings/groups, including:

- An annual (summer) network-wide MDT Audit, focusing on mortality and morbidity;
- An annual (winter) network-wide MDT education event
- A lead nurse forum will be established, to meet 3-4 times each year
- A lead therapy forum will be established, to meet 3-4 times each year.

4.8 The LSEBN ODN will work collaboratively with the other burn care networks, and participate in national clinical meetings and work jointly on national programmes. The LSEBN will actively support the National Burns Operational Delivery Network Group (NBODNG).

This national group comprises of the clinical leads and network managers of the four burn networks. The Chair of the Burns Clinical Reference Group (CRG) will also be a member of the group. The national group will support and coordinate a national work programme, including clinical advice to the burn networks. The NBODNG will be a joint sub-committee of the four burns ODNs.

Work Programme

4.9 The LSEBN ODN will have an approved programme of work, aimed at service improvement and patient outcomes and delivering the national strategy. The ODN Board will approve an annual work programme and an annual report will be published highlighting progress and achievements. The Work Programme will be developed, prioritised and recommended by the Clinical Governance Group (CGG)

Information

4.10 To support the work programme, all providers will routinely share information about patient activity and referrals. This information will support the whole network in ensuring there is sufficient capacity (beds and services) to meet patient's needs. Data and activity information will be primarily collected using the National Burn Injury Database but from time-to-time, other patient activity-related information may be required.

Network funding

4.11 In 2013-2014, transitional arrangements were in place to fund the LSEBN ODN team through a payment to the host organisation by NHS England (London). This arrangement continues, although it is expected that in time, the cost of the network will be reflected in a specialist tariff for burn care, and funded by member organisations.

4.12 In the event that the cost of funding the LSEBN ODN team moves to a tariff, or membership model, arrangements will be necessary to reduce the financial burden and staff employment risks on the host Trust. To ensure the sustainability of the network, all stakeholders within the network (services and commissioners) will be responsible for a fair share of the running and employment cost of the network team.

5 Responsibilities of the Host provider organisation

Delivery

5.1 The LSEBN ODN will be hosted by Chelsea & Westminster Healthcare NHSFT. The host provider is responsible for ensuring the:

- Effective functioning of the network working in conjunction with the lead commissioner from NHS England and;
- Effective pathways of care between providers in the network, including ambulance services, Emergency Departments, Major trauma centres, trauma Units, rehabilitation services (local and complex) and social care.

5.2 The host provider is responsible for ensuring delivery across a range of work areas including;

- Providing professional and clinical leadership across the network and developing the annual work programme for the ODN to deliver the national strategy and outcomes;
- Ensuring patient care is coordinated and follows agreed pathways of care;
- Providing local information, data and intelligence to support performance monitoring;
- Developing and Implementing network protocols for burns patients;
- Ensuring best practice models are embedded and contribute to improved quality performance.

Network Team

5.3 Chelsea & Westminster Healthcare NHSFT will manage the network team. Table 1 details the proposed composition of the team.

Table 2 –LSEBN ODN Network Team		
Staff:	**Salary / Non-Pay:**	**WTE (Per Week):**
• ODN Chair and Lead Clinician	M&D Consultant	1 PA
• Deputy Lead Clinician	M&D Consultant	1 PA
• Network Manager	AfC Band 8a	0.8 WTE
• Lead Nurse	AfC Band 8a	0.1 WTE
• Lead Therapist (Psycho-social therapies)	AfC Band 8a	0.1 WTE
• Lead Therapist (Physical therapies)	AfC Band 8a	0.1 WTE
• Lead Analyst (IBID and Informatics)	AfC Band 7	0.1 WTE

5.4 The host Trust will employ the network manager. Other members of the team may be seconded from other hospitals in the network. In such circumstances, the host Trust would retain operational responsibility for the seconded persons.

Organisational governance

5.5 The host Trust will ensure a clear distinction between their day-to-day operational responsibilities, as a health care provider for their local population, and their responsibilities as the host for the LSEBN ODN.

5.6 To ensure that the LSEBN ODN functions effectively in and with the host organisation, a contractual hosting agreement will be put in place between NHS England (London) and the host organisation.

5.7 This agreement outlines the decision-making arrangements of the network and specifies clear rules of engagement with clarity of roles and responsibilities between the host organisation and the network. It will include requirements for organisational support for network substantive staff.

6 Clinical Governance

Provider clinical governance

6.1 With regard to clinical governance, all provider organisations individually report to their own organisations using their own governance arrangements to cover local clinical practices. In order that networks do not complicate these formal clinical governance arrangements already in place within Trusts across the network, the LSEBN will have a mechanism in place to address any clinical governance issues that impact on the network.

Network Clinical Governance

6.2 As part of the organisational structure of the LSEBN ODN, a Clinical Governance Group will be established.

6.3 The Clinical Governance Group (CGG) will provide the reference point for sector development, ensuring a consistent approach when it is appropriate. The CGG will be responsible for:

- Quality assurance and clinical risk management;
- Network-wide audit;
- Consistency of approach to audit;
- Clinical guidance and policy, advice and interpretation;
- Improving outcomes for patients and their families;
- Support for the work programme for the professional sub-groups.

6.4 The CGG will have flexible membership but must be representative of the entire multi-disciplinary nature of burn care. The membership will comprise of the clinical leads from each service, together with service professional leads from the multi-disciplinary team. It is likely that the group will number 30-40 people at each meeting.

The Network Clinical Lead will chair the Group.

6.5 Dependent on the nature and agenda of the meeting, other NHS specialist stakeholders will also be invited to attend. These may be representatives from pre-hospital care, EDs / trauma or rehabilitation.

6.6 The Clinical Governance Group will meet on two occasions each year:

- June: Network Audit (date to coincide with ODN Board meeting)
- December: Network Education Day / Strategy and future work programme

6.7 It is recognised that some clinicians attending the CCG will also be members of the LSEBN ODN Board. To minimise the number of meetings that senior clinicians attend meetings, CGG and ODN Board meetings will be held on the same day whenever practical.

Clinical and topic area sub-groups

6.8 A number of clinical sub-groups will be established, to provide expert, professional advice to the Clinical Governance Group and the ODN Board on matters related to professional areas of care, across the whole pathway of burn care.

The clinical sub-groups will include:

- Senior Nurses
- Psycho-social
- Physical Therapies

Each group will develop and deliver a project-based work programme, focussing on the need to constantly seek improvements in patient care and standards and to seek consistency in the delivery of care across the whole network.

6.9 In addition to the professional sub-groups, a small number of "topic" groups will be developed, including a network-wide informatics forum for the burns database (IBID).

6.10 Participating in multi-organisational network groups is a key arrangement for the ODN. Each provider organisation in the network is required to enable senior clinical and other staff to attend the meetings of these groups. The Group meetings will be supported and facilitated by either a lead professional from the network team or the network manager.

7 LSEBN – Operational Delivery Network Board Terms of Reference

Aims

7.1 To optimise the provision of care for burn injured patients as defined in the manual for prescribed services and the Service Specification for Specialised Burns, by ensuring that all patients that require specialist burn care have access to the right level of burn care at the right time and in the right service.

The members of the burn care network will strive to develop an integrated care pathway to improve outcomes for patients and their families in primary, secondary and tertiary care.

Objectives

7.2 To ensure effective clinical flows through the provider system through clinical collaboration for networked provision of services and; to take a whole system collaborative provision approach to ensuring the delivery of safe and effective services across the patient pathway, adding value for all its stakeholders.

Responsibilities

7.3 The LSEBN Board is responsible for the delivery of a coordinated and consistent care pathway across the Network. This will be undertaken by:

- Advising commissioners about priorities, service development needs and the risks associated delivering specialist burn care;
- Assuring that systematic clinical governance processes are in place at key stages of the patient care pathway and between organisations. As a minimum, these should aim to identify and manage risk, improve clinical outcomes, and provide information regarding both the activity and quality of the burns services within the network;
- Ensuring progress towards equitable and timely access for all patients at every point along their care pathway, from time of injury to discharge. This must include access to rehabilitation appropriate for their individual needs, and the ability to re-enter the burn care treatment pathway for reconstructive surgery or scar management;
- Development and delivery against an agreed work programme;

- Compliance with the national work programme by engaging and collaborating with the NHS England regional programme managers responsible for the Programmes of Care for both Trauma and Women and Children;
- Compliance with and delivery against the contract agreed with the commissioning Area Team;
- Agreeing and managing a risk management system;
- Agreeing and producing an annual report.

Chair

7.4 The LSEBN ODN Clinical Lead will be the Chair of the LSEBN Board. As with all Board members (see paragraph 7.10) the Chair will ensure that Board recommendations are made in the best interests of the Network as a whole and are not influenced by locality or organisational bias.

The network Clinical Lead and Chair will serve a term of two years. The first year will be to act as Deputy to the existing chair, and in the second year, to take the full Chair and clinical lead's lead.

The network Clinical Lead and Chair, and the deputy Clinical Lead should not be employees of the same NHS Trust.

Membership

7.5 The ODN Board will operate at two levels:

- ODN Core Group
  The core group will consist of the network clinical lead and chair, network professional leads, PPE representative, host Trust manager and host NHS England region (London). The core group members will attend four ODN meetings each year.

- ODN Main Group,
  The main group will consist of the core group, plus all other burns service clinical and management representatives, and other NHS England regions. The non-core group members will attend two meetings each year.

The purpose of creating a tiered ODN Board is to reduce the number of meetings requiring clinicians to attend. The core members have protected time for network duties, whilst other clinicians do not, and may need to balance clinical obligations with network meetings.

7.6 The chair has the authority to invite co-opted associate members to the board to provide specialist expertise for a defined period of time. For example, these may include clinicians from major trauma / Emergency Departments or Public Health Specialists. The Network Team will attend and will provide the secretariat function to the ODN Board.

Quorum

7.7 Membership of the LSEBN Board (main group) is offered to the lead clinicians and service managers from each service (to a maximum of 12 people). To be quorate, the Chair and a representative of the network team should be present, together with at least one senior clinical representative of the burns team from each of the four main burns services.

Responsibility of Board Members

7.8 It is the responsibility of LSEBN Board members to ensure that Board recommendations are made in the best interests of the Network as a whole and are not influenced by locality or organisational bias.

Members will provide the Board with their personal expertise as informed by professional and local experience, ensuring their input reflects the breadth of understanding in their locality or specialty, avoiding purely personal opinion.

Frequency

7.9 The ODN Board will meet on four occasions each year:

- June: Main ODN Board, business meeting (date to coincide with CCG Audit meeting)
- September: ODN Core, mid-year business review
- December: Main ODN Board, business meeting, including future work programme (date to coincide with CCG meeting)
- February: ODN Core, review and approve future Work Programme

The table below sets out the anticipated timetable for meetings, resulting in six meeting "days" each year, including the national ODN Group meetings. It is intended that meetings will be coordinated to take place on the same day; for example, in June, the ODN Board will meet in the morning (9.00 to 10.30), and the CGG Audit will follow at the same venue (11.00 to 4.00pm).

	LSEBN Board	**LSEBN Clinical Governance Meeting**	**National (NBODNG) Meetings**
December	Main ODN Board	CGG MDT Winter	
February	ODN Core		National ODN Group
June	Main ODN Board	CGG Audit	
June			National ODN Group
September	ODN Core		
November			National ODN Group

Decision making

7.10 The underpinning principle is that decisions are to be made by reaching consensus between the ODN Board members. The Main ODN Board meeting will be responsible for agreeing any issues requiring a formal decision by the ODN. In the event that a vote is required then each organisation (burn service/Trust) will have one vote and on any occasion when a majority is not achieved then the chair will have the casting vote.

7.11 Members of the ODN Board must have authority to vote on behalf of the organisation(s) that they represent. Decisions requiring financial resources from member organisation(s) or decisions that significantly affect the financial position of member organisations must be agreed with those organisations involved and their appropriate commissioners.

LSEBN ODN Board Governance

7.12 The LSEBN ODN Board is not a statutory body and is established as a clinical advisory Board to member organisations (NHS Trusts). The following principles underpin the LSEBN ODN Board:

- The host provider is responsible for ensuring that the Burns Network Board is accountable to the organisations represented by its members.
- A robust governance framework underpinning the Network is fundamental for both provider and commissioner assurance. There is a formal governance and accountability framework that includes all the constituent parts of the Burn Network.
- All provider organisations individually report to their own organisations using their own governance arrangements to cover local clinical practices.
- The Burn Network reports to and is accountable to the Executive Board of its host organisation for providing the function of the network.
- Each member organisation (NHS Trust) is contracted using the standard contract to operate within the protocols and procedures that are agreed by the Network Board.

7.13 Contractual accountability is achieved by reports and minutes from the Burn Care Network Board being shared with the NHS England specialised commissioning teams.

7.14 Collaboration with the national work programme to promote improvement, innovation and efficiency initiatives is achieved by sharing the minutes of Burn Care Network Board meetings with the NHS Regional Programme of Care managers for Trauma.

7.14 The Network will produce an annual account of Network activities and achievements, which must make specific reference to activity, quality and clinical governance.

8 Public and Patient Engagement (PPE)

8.1 The LSEBN Operational Delivery Network recognises the importance of excellent engagement with organisations and individuals representing the views and experiences of patients and their families, and each NHS Trust in the network has a PPE strategy and process.

Within the context of the whole network, the LSEBN ODN will ensure that PPE stakeholders are involved in network activities by developing a small, Public & Patient Engagement Team to support the work of the network.

8.2 The PPE Team members will be:

- Current or past patients/service users of the NHS, or family members or other carers of users of those services;
- Members of the public with an interest and/or relevant experience or;
- Staff/volunteers of patient groups and charities supporting patients, service users and carers.

8.3 The role of the members would be to participate in the work programme of the ODN, and in particular, to actively canvas the views and opinions of burns survivors, through participation in the various Burns Support Groups and in collaboration with the charitable organisations. All three representatives would be voting members of the ODN Board;

9 Risk Management

9.1 A risk management arrangement and process will be established in the event of network closure. This will include an assurance process to ensure risks are identified, analysed, evaluated, controlled, monitored and communicated appropriately.

9.2 A quality assurance process will be undertaken to ensure consistency of standards and quality of care across the network. This will include network facilitated external/internal peer review undertaken as appropriate.

9.3 There will be a Network escalation plan and structures established in the event of a major incident / surge with links to appropriate organisations for effective Emergency Preparedness, Resilience and Response (EPRR) arrangements.

10 Review

10.1 To ensure that the network arrangements are working effectively, it is proposed that the organisational model contained in this document, and the terms of reference of the LSEBN Board and other groups are reviewed annually.

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APPENDIX 1 **LSEBN MEMBER ORGANISATIONS**		
Burn Centres		
St Andrews Centre Broomfield Hospital (MEHT) Chelmsford Essex	• Centre / Unit / Facility level care for Adults and children	Outreach services at: • Outreach OP and dressing clinics under-development • Outreach nurse visiting hospitals in the local referral and catchment area
Chelsea & Westminster Hospital Fulham Road, London SW10	• Centre / Unit / Facility level care for Adults • Unit / Facility Level care for Children	Outreach services at: • Queen Mary University Hospital in Roehampton (OP and adult dressing services) • Outreach nurse visiting hospitals in the local referral and catchment area
Burn Units		
Queen Victoria Hospital East Grinstead, Sussex	• Unit / Facility level care for Adults and Children	Outreach services at: • Royal Sussex County Hospital Brighton • Royal Alexandra Children's Hospital, Brighton - dressing/outpatient clinic, • Out-reach nurse visiting hospitals in the local catchment area of Kent, Surrey and Sussex
Stoke Mandeville Hospital Aylesbury, Buckinghamshire	• Unit / Facility level care for Adults and Children	Outreach services at: • Outreach nurse visiting hospitals in the local referral and catchment area

Burn Facilities (Expected at February 2016)	
Royal London Hospital Whitechapel Road, London	Facility level for adults and children
Oxford University Hospitals John Radcliffe Hospital,	Facility level for adults and children

APPENDIX 2
LSEBN ORGANISATIONAL STRUCTURE