

LSEBN ODN Board (Core Group)
Wednesday 13th March 2019

Attended

- Alexandra Murray
- Jorge Leon-Vilapalos
- Rachel Wiltshire
- Stuart Rowe (NHS England London)
- Nicole Lee
- Lisa Williams
- Pete Saggars
- David Barnes (St Andrews)
- Nora Nugent (QVH)

Apologies received from:

- Bruno Bothelo (Chelsea & Westminster Hospital – ODN Host)
- Gary Slegg (NHS England London)
- Victoria Osborne-Smith (NHS England National)
- Sian Summers (NHS England South)
- Richard McDonald – NHS England (Midlands & East)
- Su Woollard – NHS England South East

NOTES

1 Chairs Introduction

JLV welcomed everyone to the meeting.

It was noted that very few of the NHSE commissioners had been able to attend today's meeting. PS will circulate the dates of future meeting to all concerned, encouraging better attendance in the future.

❖ **Action:**

PS to write to the NHSE commissioners with details of future meetings.

2 Notes of the previous meeting held December 2018

The notes of the previous meeting related mainly to the Winter M&M audit meeting and were approved with one exception. NN asked for the note regarding QVH and adult care to be amended, to take account of the situation for adult services at QVH. The notes will be amended and recirculated.

3 Actions and matters arising: Improving Value Schemes

- Patient transfers (national audit)
An audit data toolkit has been developed by AM and Oliver Manley at Stoke Mandeville, and this has been circulated to all services. There have been a couple of data governance issues to be resolved but these have been resolved, and it is hoped that this retrospective audit can be started as soon as possible.

It was further mentioned that some of the required data cannot be directly extracted from IBID and will need to be taken from the patients notes. It was also noted that the audit is aimed at resus burn cases, so the two burn centres are likely to have a higher caseload than the two burn units.

- Delayed Discharge Audit 2019
PS has circulated s/sheet data record that services must use to flag cases that are delayed on discharge. This audit supports an NHS England initiative for improving value and is aimed at understanding the impact of patients utilising a specialised burns bed, after they are suitable for discharge or care in a non-burns setting.

The meeting discussed a number of issues:

- A major cause of delay to another NHS non-burns hospital can often be the difficulty in identifying a named consultant at that hospital;
- The impact of patients out-lying in non-burns beds, waiting to access a burns ward bed;
- SR commented on the incentives that commissioners could utilise and said that a more collaborative approach is needed.

The audit is due to run between 1st March and 31st May 2019. The results of the audit will be brought to the Summer MDT meeting.

4 **NHS England London** Burns Strategic Review

It was announced in late November 2018 that NHS England London were intending to run a Strategic Review of specialised burn care in London. The review is in part, a response to the LSEBN Strategic Vision report (2017) and previous dialogues about facility-level burn care at Royal London Hospital Whitechapel.

The review is now being conducted as a multi-regional review, including the East of England and South East Coast specialised commissioners. The terms of reference have been shared with the ODN members. The review will be conducted in three phases.

- Phase 1: Preliminary review, and case for change
- Phase 2: Stakeholder Engagement and wider discussion and impact assessment
- Phase 3: Specification and tender exercise

JLV and PS are members of the Phase 1 task and finish group, along with NHS England commissioners, service improvement managers and public health. This small group is writing the phase 1 review document. The document is being drafted by PS and a considerable amount of the content will be drawn from previous national and regional strategic review reports (2012, 2008 and 2006).

PS assured the meeting that the report will not raise any issues that have not featured in previous national reviews. It will draw attention to the current provision in London and the south east, and the areas of service that are not compliant with standards and the specification. There will be a section on commissioning and the ODN, and a section on the national context for burns and trauma. It is expected that the report will include activity data and modelling for current and future demand.

Importantly, the report will bring forward a number of outline options for the future delivery model. It is planned that the preferred option will complement the model described in the LSEBN Strategic Vision report. The first phase of the review is expected to be completed by the end of March 2019. Subject to approval by the relevant NHS England Senior Management Groups, phase 2 is likely to begin during Q1 of 2019-2020.

As discussed earlier in the meeting, DB and NN have agreed to join the ODN team during 2019-2020, to ensure that the ODN has inclusive and representative voice for the network.

5 **LSEBN ODN Team**

PS spoke about the ODN Team leadership. Previous discussions about the ODN work programme had highlighted opinion that the clinical lead / Chair post should perhaps be extended from one, to a two-year appointment. This proposal had been discussed and agreed by the clinical leads of the four main services.

As a result, it was announced that JLV and AM would remain in post for a further 12-month period, to 31 March 2020.

It was further agreed that in this instance, both JLV and AM would each be appointed with the title Co-Chair and Clinical Lead for 2019-2020.

❖ **Action:**

PS to write to Chelsea & Westminster (for JLV) and Stoke Mandeville (for AM) to confirm the arrangements and appointments.

Additionally, there was further discussion about the work programme for 2019-2020 and the on-going London Strategic Review. PS explained that it would be extremely helpful to ensure that the ODN team, as a key stakeholder in this work, contained the voice of all four main burn services in the network. It was proposed that David Barnes (St Andrews) and Nora Nugent (QVH) join the ODN team for 2019-2020. The two posts will be supported with funding from the ODN budget for 1PA each, per week.

❖ **Action:**

PS to write to Broomfield Hospital (for DB) and Queen Victoria Hospital (for NN) to confirm the arrangements and appointments.

❖ **PS to review and edit the LSEBN Partnership Agreement, including the ODN Terms of Reference.**

6 **LSEBN Finance**

2018-2019 Budget Statement and Budget Surplus 2018-19

PS reported that he had held meetings with the C&W Finance team during January and February and it had become evident that the ODN team budget would have a surplus in excess of £22,000 at year end 2018-29. As a consequence, at a meeting with the four clinical leads, PS had invited bids to utilise £20k of the surplus, to invest in service improvement, training and education projects. The timescale for submission was extremely short and two bids were made:

- Stoke Mandeville - LASER training
- St Andrews – Network-wide Nurse Education

It was conceded that because of the short timescale, the other services had not had sufficient time to make their own considered proposal. It was therefore agreed that the opportunity to bid against the expected surplus in 2019-2020 should be made available first to QVH and Chelwest.

AM noted that it was important that services gave feedback to the ODN Board about how they had utilised this funding. It was agreed that services must report on the use of their ODN funding for 2018-2019, at the next ODN meeting in June 2019.

The following amounts have been authorised:

	1st Tranche	2nd Tranche	Total
St Andrews	6,250	10,000	16,250
ChelWest	6,250		6,250
QVH	4,167		4,167
Stoke Mandeville	4,167	10,000	14,167
RLH Whitechapel	2,083		2,083
Oxford John Radcliffe	2,083		2,083
	£25,000	£20,000	£45,000

❖ **Action:**

PS to write to all clinical leads to ask for a short, written report on utilisation of the ODN funding provided during 2018-2019

PS will also prepare and circulate a new 2019-2020 staff budget statement in time for the June ODN Board.

7 **EPRR Mass Casualty and Major Incidents**

- **National Burns Annex and Surge & Escalation SOP**
PS noted that the national project to develop a burns Annex to the NHS Mass Casualty Concept of Operations document, was nearing completion. The new annex will provide guidance for managing burns casualties involved in a major or mass casualty incident, including Burn Incident Response Teams (BIRTs) and mutual aid. The Surge & Escalation SOP will be amended to match the processes in the Annex
- **Pathways DOS**
As part of the work on the Annex and SOP, the Pathways DOS system will be changed. This will include the removal of the “either” columns, which are only used by St Andrews. The other major issue will be a change in the description of pressure. Currently, burn services declare the capacity and capability as a level of REAP (Resource Escalation Action Plan) as follows:
REAP 1 – Normal business
REAP 2 – Pressure in the system but can accept next referral
REAP 3 – Pressure in the system and unable to accept next referral

In the new Pathways DOS system, burn services will adopt the widely used OPEL descriptions (Operational Pressures Escalation Level). Because OPEL describes escalation at four levels, rather than the six levels of REAP, services will only be self-declaring as either OPEL 1 (normal business) or OPEL 2 (pressure in the system and unable to accept next referral).

Once the Annex and SOP are approved, PS will lead the national work to redesign Pathways DOS.

8 **LSEBN Work Programme**

9 **NBODNG**

10 **Commissioning Issues**

The agenda items above (8, 9 and 10) were noted but not discussed in detail.

11 **Other business issues**

Queen Victoria Hospital

PS reported that a letter has been received from the QVH Medical Director, seeking advice about the short- and longer-term arrangements for the paediatric service at East Grinstead.

As discussed at the previous meeting, QVH have been seeking to move the paediatric in-patient service to Brighton and it is now reported that the move is unlikely to go ahead.

This situation, coupled with the fact that the number of children being referred and admitted as an in-patient at QVH seems to be reducing, has raised two fundamental questions.

- 1) Does the reduction in activity mean that the strategic case for a move of the paediatric service to Brighton needs to be reconsidered, and;
- 2) In the short-term, whilst QVH and Brighton consider the longer-term issues, is it possible for children referred to QVH, who do require an acute admission, to be transferred to either Chelmsford or Chelsea & Westminster.

The meeting discussed this openly and frankly, and the consensus view was that the longer-term future arrangements for the QVH paediatric service, and the adult service, was closely aligned to the on-going discussions in the London Strategic Review.

As a consequence, it was not possible for the ODN to offer or deny support for QVH at this particular time, although it was strongly noted that any move of the burn service to Brighton would have an impact on the existing catchment of the East Grinstead service. PS noted that the preferred option in Phase 1 Strategic Review document would, if implemented, have a very significant impact on all existing burn services.

With regard to the short-term, there was consensus that Chelmsford and Chelsea & Westminster would be willing to accept the referral of children from the Kent Surrey and Sussex area, if it was decided to suspend paediatric in-patient care on the East Grinstead site.

However, it was also agreed that such a move would require an urgent and open dialogue with the relevant specialised commissioning teams, and also a formal notification for primary referring organisations and ambulance services.

- ❖ **Action:**
PS to write draft a response to the letter from QVH.

Date of next meeting(s)

- ❖ Thursday 13th June 2019: 10.30-15.00
LSEBN Network Summer Audit and Education Day
Venue to be confirmed
- ❖ Monday 1st July 2019: 9.30-16.00
NBODNG National Mortality Audit
QE Hospital Birmingham
- ❖ Wednesday 18th September
LSEBN ODN Board (Core Group)
Venue to be confirmed
- ❖ Tuesday 10th December 10.30-15.00
LSEBN ODN Board (Main Group) and Winter Audit / MDT
Venue to be confirmed