

**LSEBN
OPERATIONAL DELIVERY
NETWORK**

**Partnership
Agreement**
October 2013



**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 will 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 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)
- Cambridge University NHS Foundation Trust (Addenbrooke's Hospital)
- Barts Health NHS Trust (Royal London Hospital)
- Norfolk and Norwich University Hospitals NHS Trust
- East & North Hertfordshire NHS Trust (Lister Hospital)
- St Georges Hospital NHS Trust
- Royal Free London NHS Foundation Trust

Further details of the services are at Appendix 1.

1.6 The LSEBN 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 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) 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 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 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.
- 4.2 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

- 4.3 All organisations will be represented on the LSEBN Board. Provider organisations will operate within an over-arching network-wide framework, set and approved by the LSEBN Board, but a number of smaller “clusters” will be developed.
- 4.4 The development of clusters is an integral part of the clinical governance arrangements for the network. The clusters will be led by the four principle burn units / centres, to support a more local, day-to-day, process for audit and education, service and pathway development. The cluster 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 proposed clusters are:

East London and East of England

- St Andrews, Broomfield Hospital
 - Norfolk & Norwich Hospital
 - Addenbrooke’s Hospital
 - East & North Hertfordshire Hospital
 - Royal London Whitechapel

London and South East Coast

- Chelsea & Westminster Hospital, London and Queen Victoria Hospital, East Grinstead
 - Royal Free Hospital
 - St Georges Tooting

Thames Valley

- Stoke Mandeville Hospital
 - Oxford John Radcliffe Hospital

The configuration of the clusters will be monitored and reviewed as appropriate.

- 4.5 The cluster model will foster a culture of collaboration within and across the network, reflecting local issues where it is appropriate to do so. The cluster lead organisations will:
- Link with the local clinical senate;
 - Engage with patients and third sector organisations;

- Link into local Education and Training Boards (LETBs);
- Form effective partnerships with academic health science network (AHSNs);
- Link into Local Resilience Fora to ensure effective Emergency Preparedness, Resilience and Response (EPRR) arrangements;
- Co-ordinate Burns research;
- Develop local injury prevention programmes

- 4.6 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
 - Cluster clinical leads will meet with their local services (see paragraph 4.5) at least once each year
 - 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.

- 4.7 The LSEBN 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. This national group comprises of the clinical leads and network managers of the four burn networks, together with representation from the host Trust for each network. 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.

Work Programme

- 4.8 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

- 4.9 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

- 4.10 In 2013-2014, transitional arrangements are in place to fund the network team through a payment to the host organisation by the London Area Team. In 2014-2015, it is expected that the cost of the network will be reflected in a specialist tariff for burn care.

- 4.11 To reduce the financial burden and staff employment risks on the host Trust, from April 2014, all provider organisations within the network will be responsible for a fair share of the running and employment cost of the network team.

For simplicity and fairness, the costs will be shared equally, 1/11th per organisation (9.09% each).

As an illustration, with a total cost of the network team of around £160k, the cost per member Trust in the network would equate to around £14,500.

5 Responsibilities of the Host provider organisation

Delivery

- 5.1 The LSEBN 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 1 –LSEBN-ODN Network Team		
Staff:	Salary / Non-Pay:	WTE (Per Week):
• Lead Clinician (Burn Surgeon)	M&D Consultant	2 PAs
• 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

- 5.4 The network manager will be employed by the host Trust. 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 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, a Clinical Governance Group will be established.
- 6.3 The Clinical Governance Group (CGG) will provide the reference point for cluster 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 cluster audit;
 - Consistency of approach to cluster 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 at each meeting.

The Network Clinical Director 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 three occasions each year:
- June: Network Audit (date to coincide with ODN Board meeting)
 - September: Mid-Year Review / Joint meeting with ODN Board
 - December: Network Education Day / Strategy and future work programme

CGG members will also be able to attend the Annual Stakeholder Event, planned for March each year.

- 6.7 It is recognised that some clinicians attending the CCG will also be members of the 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) and a network forum for TRIPS (telemedicine).
- 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 As an interim measure, the Chair of the LSEBN Board will be the Chief Executive of the host organisation, Chelsea & Westminster Hospital. The Chief Operating officer for Chelsea & Westminster will deputise in the Chair's absence.

The Host Trust will work with members to bring forward proposals for a clinically-led 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.

Membership

- 7.5 The membership of the Board will be representative of all burn services within the network and will comprise of full members (voting) and associate members (non-voting).

Each burn service will provide the names and contact details for the clinical and managerial members. When the named representative is unable to attend the Board meeting, apologies for non-attendance should be given in advance of the meeting. A named deputy may attend on behalf of a member.

7.6 Members and associate members of the LSEBN Board are:

- **Full Members**

- The Chair of the LSEBN Board (1)
- Clinical representation from each designated burn provider service (11)
- Managerial representation from each designated burn provider service (11)

- **Associate Members**

- Public and Patient (PPE) Representatives (2-3)
- NHS England Programme of Care Leads (3 regional leads)

7.7 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.

7.8 The Network Team will attend and will provide the secretariat function to the ODN Board.

Quorum

7.9 Membership of the LSEBN Board is offered to the lead clinicians and service managers from each service (to a maximum of 22 people). However, services may determine their membership flexibly, through the cluster arrangements.

To be quorate, the Chair and a representative of the network team should be present, together with at least one senior clinical representative from each cluster, as follows:

- East London and East of England
- London and South East Coast
- Thames Valley

Responsibility of Board Members

7.10 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

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

- June: business meeting (date to coincide with CCG Audit meeting)
- September: Mid-year business review / Joint meeting with CCG
- January: Business meeting, including future work programme
- March : Joint ODN Board / CCG and Annual Stakeholder Event - Review and Approve Future Work Programme

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

Decision making

- 7.13 The underpinning principle is that decisions are to be made by reaching consensus between the ODN Board members.

Although burn service/Trusts may be represented by two people (senior clinical and management members), 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.

- 7.14 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

- 7.15 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.
- Contractual accountability is achieved by reports and minutes from the Burn Care Network Board being shared with the NHS Commissioning Board Area Team that has a specialised commissioning function.
- 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 CB Regional Programme of Care managers for both the Trauma and the Women and Children's programmes.

- 7.16 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.

- 8.2 Each NHS Trust in the network has a PPE strategy and process, and within the context of the whole network, the LSEBN ODN will ensure that PPE stakeholders are involved in network activities by ensuring that they are:
- invited to attend and contribute to the annual stakeholder event each year, to review the activities and work programme of the network;
 - represented on the ODN Board;
 - active in the strategic development of network services, and;
 - appropriately contribute to areas of the work programme.
- 8.3 The ODN Board will establish and support a PPE Steering Group to coordinate PPE activities.

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.
- 98.2 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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APPENDICES

1. LSEBN Member Organisations
2. LSEBN Organisational Structure
3. LSEBN Calendar of Events and meetings 2013 - 2015

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

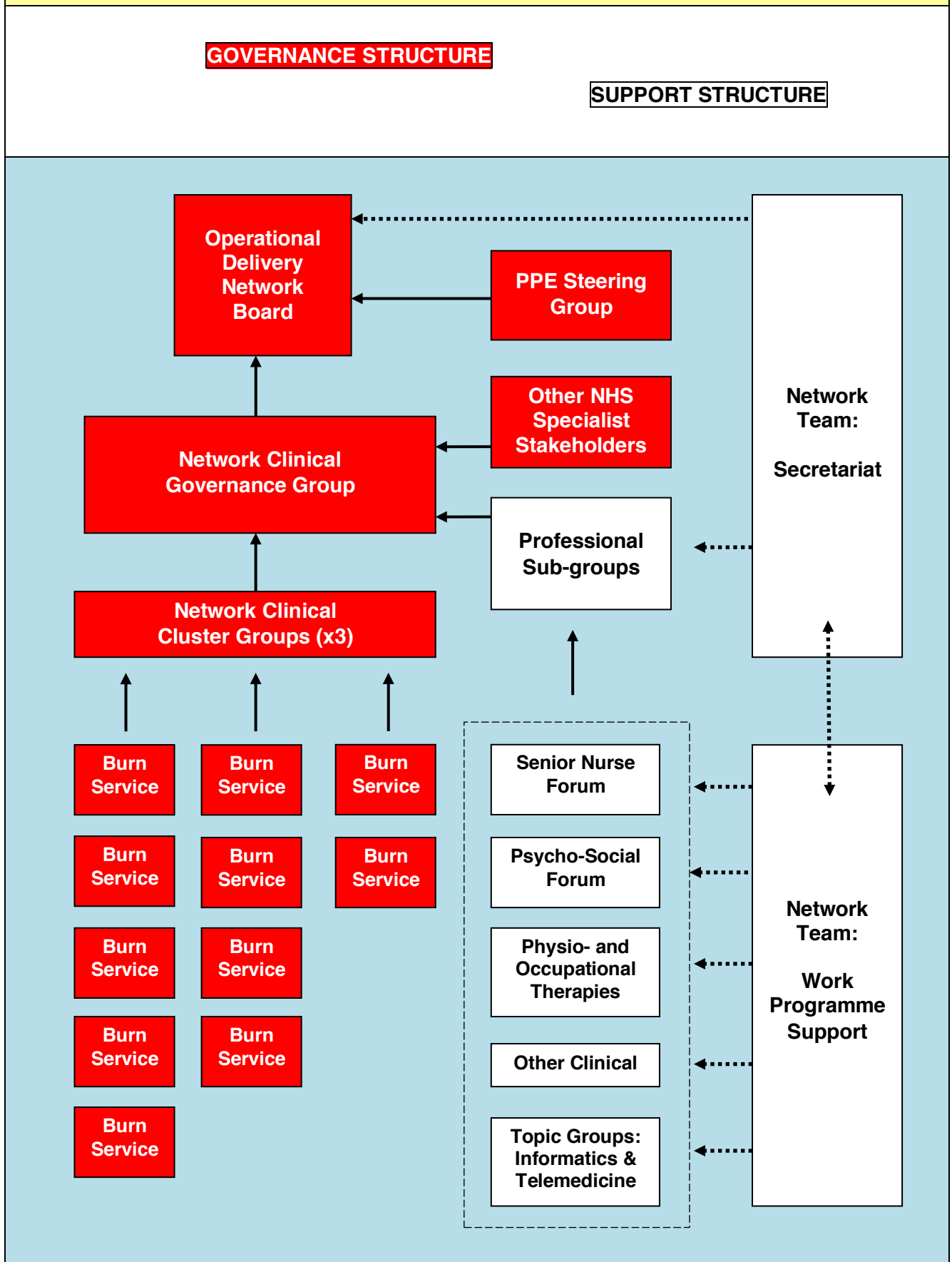
- Unit / Facility level care for Adults and Children

Outreach services at:

- Outreach nurse visiting hospitals in the local referral and catchment area

Burn Facilities (Expected at October 2013)		
St Georges Hospital Tooting South West London	<ul style="list-style-type: none"> • Facility level for adults and children 	
Royal Free Hospital Hampstead North West London	<ul style="list-style-type: none"> • Facility level for adults and children 	Out-reach services at: <ul style="list-style-type: none"> • Mount Vernon Hospital (OP dressings)
Royal London Hospital Whitechapel Road, London	<ul style="list-style-type: none"> • Facility level for adults and children 	
Addenbrookes Hospital Cambridge	<ul style="list-style-type: none"> • Facility level for adults and children 	
Norfolk and Norwich Hospital Norwich	<ul style="list-style-type: none"> • Facility level for adults and children 	
East and North Hertfordshire Hospital Stevenage, Hertfordshire	<ul style="list-style-type: none"> • Facility level for adults and children 	Out-reach services at: <ul style="list-style-type: none"> • QEII Hospital Welwyn Garden City (Day case surgery and OP) • Bedford Hospital (Day case surgery, OP and dressings)
Oxford University Hospitals John Radcliffe Hospital,	<ul style="list-style-type: none"> • Facility level for adults and children 	

**APPENDIX 2
LSEBN ORGANISATIONAL STRUCTURE**



**APPENDIX 3
LSEBN EVENT and MEETINGS CALENDAR 2013 – 2015**

	ODN BOARD	CLINICAL GOVERNANCE GROUP (CGG)
2013 – 2014		
Tuesday 17th September 2013	Governance and 2013 Work Programme	
Wednesday 15th January 2014	3.00 to 5.00pm Business and Work Programme	10.00 to 2.30pm Education Day, Strategy and Future Work Programme
Thursday 27th March	10.00am to 1.00pm ODN Board / Annual stakeholder Review and Approve Future Work Programme	
2014 – 2015		
Friday 6th June 2014	9.00 to 11.00am Work Programme Annual Report	11.30 to 3.30pm Annual Audit (Centre, Unit and Facility)
Tuesday 23rd September 2014	9.30am to 1.30pm Joint ODN Board / CGG Review against objectives	
Wednesday 3rd December 2014		10.00am to 3.00pm Education Day, Strategy and Future Work Programme
Thursday 15th January 2015	9.00 to 11.00am Business and Work Programme	
Friday 27th March 2015	10.00am to 1.00pm ODN Board / Annual stakeholder Review and Approve Future Work Programme	