

# South West Burns Clinical Network Clinical Governance Group

## Terms of Reference

### 1. Introduction

- 1.1 This document describes the Terms of Reference of the South West Burns Clinical Network (SWBCN) Clinical Governance Group (CGG).

### 2. Background

- 2.1 The SWBCN has a Network Governance Framework<sup>1</sup> made up of a Network Board, a Network Clinical Governance Group and a Network Management Team. There are also a number of Specialist Interest Groups (SIGs) that report into the Network Board.
- 2.2 The Network Clinical Governance Group provides oversight of the Specialised Burns Services, ensuring quality and safety of patient care in compliance with NHS England (NHSE) Service Specifications for Specialised Burn Care (Adults and Children) (2023)<sup>2,3</sup>, National Clinical Quality Indicators<sup>4</sup> and the British Burn Association (BBA) National Standards for Provision of Adult and Paediatric Burn Care (2023)<sup>5</sup>.

### 3. Purpose of the South West Burns Clinical Network Clinical Governance Group

- 3.1 The main objectives of the Network Clinical Governance Group are to:

#### **Risk Management and Safety**

- Review any Serious Untoward Incidents (SUIs) or MDRO infections and provide assurance to the Network Board that mitigating actions have been put in place.
- Review any referral pathway issues (inappropriate referrals or transfers) in to Specialised Burn Services and refusals to accept referrals due to service closure or other reasons.
- Review any repatriation issues between Specialised Burn Services.
- Ensure risks are recorded and managed locally and highlighted to the Network Board if there are any blocks to reducing future risk.
- Ensure any risks that have implications for the whole network are added to the SWBCN Risk/Issues Register<sup>6</sup> for Network Board review.

- Ensure the Specialised Burn Services are compliant with National Major Incident Planning Strategies/NHS Concept of Operations for the Management of Mass Casualties-Burns Annex<sup>7</sup>.
- Ensure the Specialised Burn Services are compliant with the NHSE Management of surge and escalation in critical care services: Standard operating procedure for adult and paediatric burn care services in England and Wales<sup>8</sup>.

### **Clinical Audit and Quality Improvement**

- Review any mortalities and share lessons learned.
- Ensure a yearly Regional Morbidity and Mortality audit is undertaken and that all Specialised Burn Services take part.
- Ensure all Specialised Burn Services take part in a yearly National Morbidity and Mortality audit.

### **Staffing & Staff Management**

- Provide assurance to the Network Board that staffing levels are compliant with the BBA National Standards for Provision of Adult and Paediatric Burn Care (2023)<sup>5</sup>, reporting to the Network Board on any deficits and actions are required.
- Provide assurance to the Network Board that staff competencies within each Specialised Burn Service are compliant with BBA National Standards for Provision of Adult and Paediatric Burn Care (2023)<sup>5</sup>, reporting to the Network Board on any deficits and actions required.

### **Education and Training**

- Ensure provider organisations support members of their Burns MDT to access appropriate burns training such as the Emergency Management of Severe Burns (EMSB) course provided by the British Burn Association and/or an accredited burns module.
- Identify points along the referral pathway (including burn mass casualty incidents) where further training may be required and liaise with Specialised Burn Services and Specialist Interest Groups to identify strategies to address this within services and through the network.
- Deliver a SWBCN Education Strategy<sup>9</sup> to ensure training and education is an on-going development within Specialised Burn Services and across the network.

### **Clinical Effectiveness**

- Ensure an appropriate governance structure exists across the network to ensure Specialised Burn Services can act in partnership.
- Bring to the attention of the Network Board any issues with Specialised Burn Services in respect of non-compliance with BBA National Standards for Provision of Adult and Paediatric Burn Care (2023)<sup>5</sup> and the National Burn Care Referral Guidance<sup>10</sup>.

- Provide direction for the Network, in liaison with the Network Board, in identifying clinical issues and how best the Network can address these within individual Specialised Burn Services as well as across the wider Network if necessary.
- Prepare Network wide Clinical Guidelines as specified within the BBA National Standards for Provision of Adult and Paediatric Burn Care (2023)<sup>5</sup> and NHS England Burns Service Specifications (Adults and Children)<sup>2,3</sup>. Ensure these guidelines are available to all stakeholders across the Network region.
- Prepare Network wide Clinical Policies to ensure activity delivers against National and Network quality and outcome and metrics.
- Liaise with Network SIGs on development of Clinical Guidelines around nursing, therapies and psychosocial management for burn injured patients

### **Data and Information**

- Ensure Specialised Burn Services are compliant in data entry requirements for the Specialised Commissioning Quality Surveillance Programme.
- Review Quality Metrics data to identify any areas of concern that need addressing or escalating to the Network Board.

### **Service User / Patient Involvement**

- Provide guidance and assurance to the Network Board that Specialised Burn Services and the network ensure patient feedback is integral to service development.

## **4. Clinical Governance Group Core Membership**

4.1 The Network Clinical Governance Lead will chair the meetings. If they are not available, another member of the Network Management Team will deputise to avoid cancelling the meeting.

4.2 The Clinical Governance Group core membership will consist of:

- Network Management Team:
  - \* Network Clinical Director
  - \* Network Clinical Governance Lead
  - \* Network Lead Nurse
  - \* Network Lead AHP/QI
  - \* Network Manager
- Representatives from all South West Specialised Burn Services:
  - \* Clinical Leads
  - \* Burn Service Clinical Nurse Specialists
  - \* Burn Service Ward Matron/Manager
- Leads for clinical Specialist Interest Groups:
  - \* Nursing

- \* Psychology
- \* Therapies
- \* Anaesthetics & Intensive Care

- 4.3 The Clinical Governance Group should include balanced representation from member organisations and other relevant stakeholders
- 4.4 Clinical representation should ideally cover the whole multi-disciplinary team involved in the burn care pathway including primary care, pre-hospital and critical care transport services, trauma services, critical care services and integrated care services.
- 4.5 The membership should be reviewed on a three yearly basis in order to identify if there is a need for other representation to be added to the core group membership.
- 4.6 If a representative does not attend three consecutive meetings, the Clinical Governance Group Chair reserves the right to review their membership. The Network Manager will retain an up to date record of Board representatives and maintain an attendance list available at each Network Board Meeting.
- 4.7 Each Specialised Burn Service Clinical Lead should nominate a deputy to attend if they are unable to do so themselves.
- 4.8 Co-opted/invited members will be invited onto the Clinical Governance Group as and when required for specific tasks.

## **5. Membership Behaviours and NHS Values**

- 5.1 As detailed in the NHS Leadership Competency Framework for Board Members<sup>11</sup>, membership behaviours should be based on the seven principles of public life (Nolan Principles)<sup>12</sup> of selflessness, integrity, objectivity, accountability, openness and honesty. Members should exhibit these principles in their own behaviour and treat others with respect and challenge poor behaviour wherever it occurs.
- 5.2 NHS values<sup>13</sup> should underpin, and be tailored to, the work of the Board. Members should work together for patients, ensure we create a compassionate, just and positive culture, promote equality and inclusion, set strategies for improving long term transformation and driving high quality sustainable outcomes, have a commitment to quality of care and ensure everyone has an opportunity to contribute.

## **6. Accountability and Responsibility of the Network Clinical Governance Group members**

- 6.1 The Network Clinical Governance Group will be accountable to the Chair of the Network Board.

- 6.2 The Clinical Governance Group is authorised by the Network Board to act within these Terms of Reference.
- 6.3 The Clinical Governance Group will meet before the Network Board meeting on the same day, the Chair of this Clinical Governance Group meeting will provide a verbal report to the Chair of the Network Board ensuring any issues identified by the Clinical Governance Group meeting are escalated as appropriate.
- 6.4 Full minutes of the Clinical Governance Group meetings will be circulated to the Network Board members.
- 6.5 The Clinical Governance Group is authorised by the Network Board to request the attendance of individuals and authorities from inside and outside the Network with relevant experience and expertise it considers necessary to exercise its function.

## **7. Quorum**

- 7.1 Meetings will be quorate when the majority of the Network Clinical Governance Group is represented. However, the minimum representation on the Network Clinical Governance Group will be:
- Network Clinical Governance Lead and/or Network Clinical Director
  - Network Manager
  - One Clinical Lead or Senior Representative from each of the Specialised Burn Services
- 7.2 For the purposes of decision making, if minimum representation is not available, meetings will go ahead but approval will be sought on any decisions made during the meeting from the rest of the Clinical Governance Group via e-mail.
- 7.3 Deputies are permissible so long as they are nominated in advance and are fully briefed.

## **8. Deliverables, Service Indicators and Outcomes**

- 8.1 The Clinical Governance Group will interrogate and report on iBID and SSQD quality dashboard metrics to ensure the provision of high-quality burn care across the region.
- 8.2 The Network Clinical Governance Group will review all unexpected mortalities and survivors at least three times a year and share lessons learned across the Network.
- 8.3 The Specialised Burn Services will provide a clinical governance report to the Clinical Governance Group one week before the meetings which will include:
- New referral activity (inpatients and outpatients)

- Expected mortality and palliative care cases
- Out of Service burn mortalities
- Unexpected mortalities in actively treated cases
- Pathway Issues
- SUIs/RCA's

8.4 The Clinical Governance Group will have the authority to raise concerns to the Network Board in relation to items detailed in section 3 of these Terms of Reference.

8.5 The Clinical Governance Group will have oversight of burn services' compliance with nationally agreed indicators and outcomes as defined in the NHSE Service Specification for Specialised Burns Services (Adults and Children) 2023<sup>2,3</sup> and BBA National Standards for the Provision of Adult and Paediatric Burn Care (2023)<sup>5</sup>.

8.6 The Clinical Governance Group will investigate concerns raised by the Network Board related to sub-standard service clinical quality indicators<sup>4</sup> and escalate further actions and/or recommendations, via the Network Board, to the NHSE South West senior commissioning manager for the specific provider.

## 9. Operational Processes

9.1 The Network Clinical Governance Group will meet at least three times a year. Meetings should ideally be held on the same day as the Network Board meetings.

9.2 Meetings will be held in Bristol as a suitable central location or via MS Teams. Dates should be planned in advance on a rolling twelve month basis.

9.3 Administrative support will be provided by the Network Manager. Papers will be circulated no less than seven working days prior to the meeting. Formal minutes will be taken and circulated in draft form within three weeks of each meeting. Once ratified by the Clinical Governance Group Chair and members, the minutes will be publicly available upon request, subject to appropriate consideration of any restricted/sensitive items.

9.4 Costs for the Clinical Governance Group meetings will be borne by the Network budget (NB. Where possible, meetings should be held on MS Teams or in the Host or provider organisations' premises to reduce meeting venue costs). There is no expectation of cross-charging for time and travel costs for attendance from membership organisations; these will be borne by the provider organisations for each Specialised Burn Service. Additional funding may be needed for specific projects; this will be subject to the Network Board's agreement.

9.5 Travel and related expenses for patient and public members who have been invited to be involved in a specific project on behalf of the Clinical Governance

Group Chair will be reimbursed according to NHS England's Patient and Public Voice (PPV) Partner Policy<sup>14</sup>.

## **10. Risk Management and Risk Sharing**

- 10.1 The Network Clinical Governance Group will identify risks and issues but does not hold or manage risk independently but works within a system of national, regional and system level arrangements.
- 10.2 Specific local risk management arrangements and governance processes should be managed within provider organisations. Any issues or risks identified that may impact the network key functions will be escalated to the Network Board as per the Networks Risk Management Policy.<sup>6</sup>

## **11. Significant Matters Arising between Meetings**

- 11.1 In the event of an urgent matter arising between Clinical Governance Group meetings that cannot wait for resolution until the next scheduled meeting, the Network Manager, in consultation with Network Clinical Director, will convene an MS Teams meeting. This should include at minimum the Network Management Team and the appropriate Burns Clinical Service Lead(s) should the matter relate to a specific burn service (or services). Such decisions will be reported to the next scheduled meeting of the Network Clinical Governance Group.

## **12. Decision making**

- 12.1 The underpinning principle is that decisions are to be made by reaching consensus between the Clinical Governance Group members. In the event that a vote is required, one nominated individual, who has the authority to vote on behalf of their organisation, will have one vote on behalf of that organisation. On any occasion, when a majority is not achieved, the Board Chair will have the casting vote. If the Board Chair declares a conflict of interest, the matter will be escalated to the Network Board.
- 12.2 Decisions requiring financial resources from an individual member organisation, or that significantly affect the financial position of an organisation, must be agreed with those organisations involved and their commissioning manager through escalation to the Network Board.

## **13. Clinical Governance Group Governance and Reporting**

- 13.1 The Network Clinical Governance Group reports to the Network Board, who in turn report to the NHSE South West Trauma and Critical Care Programme Board.
- 13.2 The Network Clinical Governance Group is a constituent part of a Network Governance Framework<sup>1</sup>.



- 13.3 All Specialised Burn Services individually report through their own organisation's clinical governance processes prior to discussion at the Network Clinical Governance meetings.

## **14. Confidential Nature of NHS Information**

- 14.1 As a member of the South West Burns Clinical Network Clinical Governance Group, members may have access to confidential information about patients, staff or other health service material or information outside of their immediate organisation. On no account must any confidential information be divulged to anyone other than authorised NHS personnel involved with the South West Burns Clinical Network. Any requests for information of this nature should be referred to the Network Clinical Director.
- 14.2 Failure to observe these rules will be regarded as serious misconduct which may result in the termination of membership on the Network Clinical Governance Group and their employer being informed of this misconduct.
- 14.3 All information concerning the business of the Network Clinical Governance Group must not be released into the public domain until a time when it is considered appropriate by the Network Board Chair and Network Clinical Director.

## **15. Probity**

- 15.1 The Network Clinical Governance Group will operate at all times in accordance with Corporate Governance Framework of the Host Trust and the South West Burns Clinical Network Governance Framework.

## **16. Review of Terms of Reference**

- 16.1 The Network Management Team will review all Terms of Reference every three years or earlier if major changes to Clinical Networks governance. Any amendments required will be circulated to the Network Clinical Governance Group and Network Board for sign off.

## **17. Useful Resources**

1. SWBCN Governance Framework 2024
2. [NHSE Specialised Burn Care Services \(Adults\) Service Specification \(2023\)](#)
3. [NHSE Specialised Burn Care Services \(Children\) Service Specification \(2023\)](#)
4. [NHSE Specialised Services Quality Dashboards Metrics Metadata \(Burns\)](#)
5. [BBA National Standards for the Provision of Adult and Paediatric Burn Care \(2023\)](#)
6. SWBCN Risk/Issues Policy 2024
7. [NHS Concept of operations for the management of mass casualties: Burns Annex](#)



8. [NHS Management of surge and escalation in critical care services: standard operating procedure for adult and paediatric burn care services in England and Wales](#)
9. SWBCN Education and Training Strategy 2024
10. [NHS National Burn Care Referral Guidance 2012](#)
11. [NHS England » NHS leadership competency framework for board members](#)
12. <https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2>
13. <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#nhs-values>
14. [NHS Patient and Public Voice \(PPV\) Partners Policy 2021](#)

Board sign-off date: 9 July 2024  
Date of next review: July 2027