

South West Burns Clinical Network Board

Terms of Reference

1. Introduction

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

2. Background

- 2.1 Clinical Networks are required to have a formally constituted governing body or board, which is accountable to the Network's commissioners for delivery of the network's agreed programme.
- 2.2 The SWBCN has a Governance Framework¹ 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.
- 2.3 The Network Board provides oversight of the network, ensuring compliance and delivery of NHS England (NHSE) Burns Clinical Network Specification (2023)² and British Burn Association (BBA) National Standards for Provision of Adult and Paediatric Burn Care³.

3. Purpose of the South West Burns Clinical Network Board

- 3.1 The Network Board will hold the SWBCN, as a collaborative membership, accountable for the delivery of the NHSE Burns Clinical Network Specification² vision, aims and objectives, summarised in Appendix 1, through an annual workplan.
- 3.2 The Network Board will agree the annual workplan with its commissioners (NHSE and/or Integrated Care Boards (ICBs)). This will reflect national, regional and local priorities, taking into account the resources available to support delivery. The workplan will describe its expected deliverables and benefits.
- 3.3 The Network Board will also hold the providers of specialised burn services accountable for the delivery of the NHSE Specialised Burn Service Specification (Children)⁴ and NHSE Specialised Burn Service Specification (Adults)⁵. This includes assurance regarding compliance against the BBA National Standards for the Provision of Adult and Paediatric Burn Care³ and monitoring of National clinical quality indicators for burn care⁶.

- 3.4 The Network Board will publish an annual report detailing its activities, accounts and delivery against the agreed annual workplan.
- 3.5 The Board has the authority to direct the work programme of the SIGs to align with the Network workplan and to set up short-life Task and Finish Groups specifying clear aims and objectives for each group.
- 3.6 The Network Board is authorised by NHSE South West to ask for any information to be presented, or for relevant personnel to attend its meetings, to allow for detailed consideration of specific issues.

4. Board Core Membership

- 4.1 As stipulated in the NHSE Burns Clinical Network Specification², the Network Board should include balanced representation from member organisations and other relevant stakeholders, including patient representatives, third sector organisations and voluntary groups.
- 4.2 Clinical representation should cover the whole multi-disciplinary team and burn care pathway.
- 4.3 The Network Board should develop an approach to working with patients and families that ensures patient views inform its whole work programme and ensure optimal service provision for patients.
- 4.4 The Network Board should operate under the oversight of a suitable Chair with agreed role description.
- 4.5 The Chair will be an appropriately experienced, impartial leader who is credible across the whole network and will be appointed through a fair and open process.
- 4.6 The Chair should not be the Network Clinical Director, and ideally should not have the same main employer as the Network Clinical Director in order to mitigate the risk of (real or perceived) conflicts of interest.
- 4.7 The Chair could be a member of a Trust or Integrated Care Board or senior clinician from one of the provider organisations in the network (ideally not the host, to underpin the collective nature of these arrangements) or a patient representative where a suitable candidate is available.
- 4.8 The Network Board membership body 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 Board membership.
- 4.9 If a representative does not attend three consecutive meetings, the Board 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.

- 4.10 Co-opted/invited members will be invited onto the Board, or short-life Task and Finish Groups, 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 Members⁷, membership behaviours should be based on the seven principles of public life (Nolan Principles)⁸ 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 values⁹ 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 Network Board Members

- 6.1 The Network Board will be accountable to NHSE South West and ICBs via the NHSE South West Trauma and Critical Care Programme Board, and the Host Trust (North Bristol NHS Trust) with clear lines of escalation, as stipulated within the South West Operational Delivery Networks Memorandum of Understanding between NHS England South West Specialised Commissioning and South West Acute Provider Trusts, should disagreements arise that cannot be otherwise resolved.
- 6.2 Annual reports and workplans will be agreed by the Network Board and signed off by the NHSE South West Trauma and Critical Care Programme Board.
- 6.3 Network Board members are representatives of their particular organisation/ specialist area and as such must act in accordance with these Terms of Reference to facilitate service improvements on behalf of, and where possible with, service users.
- 6.4 The Network Board is authorised 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 Board is represented. However, the minimum representation on the Network Board will be:
- Network Chair and/or Network Clinical Director

- One other member of the Network Management Team
- One Clinical Lead and/or Senior Representative from each of the Specialist Burn Services
- NHSE South West System Transformation Lead or Senior Commissioning Manager or suitable NHSE South West senior representation
- A Senior Manager from the Welsh Health Specialised Services Committee (WHSSC)

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 Board 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 Network Board will assess the Network's performance against the Burns Clinical Network Specification² via self-assessment. The Board, in agreement with NHSE South West, will have the authority to request an external peer review of the Network performance if deemed necessary.

8.2 The Network Board will agree an annual workplan with its commissioners which will include the expected in-year deliverables along with the indicators that will demonstrate effective network operation.

8.3 The Network Board will have oversight of burn services' compliance with nationally agreed clinical quality indicators⁶ and outcomes as defined in the burn service specifications (2023)^{4,5} and BBA National Standards for the Provision of Adult and Paediatric Burn Care (2023)³.

9. Operational Processes

9.1 The Network Board will meet at least three times a year. Meetings should be arranged at least three weeks prior to the NHSE South West Trauma and Critical Care Programme Board meetings where possible.

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 Chair and board members, minutes will be publicly available upon request, subject to appropriate consideration of any restricted/sensitive items.

9.4 Costs for the board meetings and specific working groups 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 Policy¹⁰.

10. Risk Management and Risk Sharing

- 10.1 The Network Board 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 should be escalated to the Board as per the Network's Risk Management Policy¹¹.
- 10.3 The Network Board will support risk identification, assessment and mitigation. It may facilitate any agreed response which may include escalation to the NHSE South West Trauma and Critical Care Programme Board.

11. Significant Matters Arising between Meetings

- 11.1 In the event of any significant matters arising between Board meetings that cannot wait for resolution until the next scheduled meeting, the Network Manager, in consultation with Network Chair and 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 Network membership as indicated and formally recorded at the next scheduled meeting of the Network Board.

12. Decision making

- 12.1 The underpinning principle is that decisions are to be made by reaching consensus between the Board 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 NHSE South West Specialised Commissioning Operational Group (SCOG) who will determine whether this is referred to the NHSE Decision Maker: Regional Director of Commissioning as stipulated in the current version of the South West Operational Delivery Networks

Memorandum of Understanding between NHS England South West Specialised Commissioning and South West Acute Provider Trusts.

- 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 the organisation involved and their commissioning manager.

13. Board Governance and Reporting

- 13.1 NHSE South West is responsible for ensuring that the Network Board is representative of the Network collaborative membership body and that an appropriately experienced NHS Director level Board Chair is appointed.
- 13.2 A robust Network Governance Framework¹ underpinning the Network is fundamental for both provider organisations and commissioner assurance. Therefore, a formal governance and accountability framework should be in place that includes all the constituent parts of the SWBCN. This includes the lines of responsibility and accountability between the Network Management Team, Network Board, Network Clinical Governance Group, Network SIGs, NHSE South West, Host Trust and provider organisations.
- 13.3 All Specialised Burn Services individually report to their own organisations using their own governance arrangements to cover local clinical practices.
- 13.4 The Network Management Team will produce an Annual Report detailing its activities, accounts and delivery against the agreed annual workplan and this will be signed off by the Network Board.

14. Confidential Nature of NHS Information

- 14.1 As a member of the SWBCN Board, 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 SWBCN. Any requests for information of this nature should be referred to the Network Board Chair and 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 Board and their employer being informed of this misconduct.
- 14.3 All information concerning the business of the Network Board 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 Board will operate at all times in accordance with Corporate Governance Framework of the Host Trust and the SWBCN Governance Framework¹.

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 Board for sign off.

17. Useful Resources

1. SWBCN Governance Framework 2024
2. [NHS Burns Clinical Network Specification 2023](#)
3. [BBA National Standards for the Provision of Adult and Paediatric Burn Care 2023](#)
4. [NHS Specialised Burn Care Services \(Children\) Service Specification 2023](#)
5. [NHS Specialised Burn Care Services \(Adults\) Service Specification 2023](#)
6. [NHS National Burns Clinical Quality Indicators](#)
7. [NHS England » NHS leadership competency framework for board members](#)
8. <https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2>
9. <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#nhs-values>
10. [NHS Patient and Public Voice \(PPV\) Partners Policy 2021](#)
11. SWBCN Risk/Issues Management Policy 2024

Board sign-off date: 9 July 2024

Date of next review: July 2027

Appendix 1 – Summary of the NHSE Burns Clinical Network Specification

Network Vision and Aims

- Ensure equitable access to high quality burns care for all burn injured patients.
- Improve quality of care, outcomes and experience for burns patients in network catchment population.
- Ensure efficient pathways of care which demonstrate value for money.
- Respond to local or larger scale incidents where demand outstrips supply.
- Support service sustainability and resilience.

Network Objectives

- To achieve greater system resilience, including major incident planning.
- To improve outcomes, quality of care and patient and family experience across the whole care pathway.
- To ensure that as much care and treatment is provided as close as possible to home with effective clinical flow through the provider and community system.
- To reduce variation by developing, agreeing and implementing standardised pathways of care across the network.
- To promote greater collaboration within the network and sharing learning between burns clinical networks.
- To support greater equity of access and reducing health inequalities within the network catchment area.
- To support increasing productivity / efficiency of services.

Specific Network Functions

Service Delivery: the network's role in planning and managing capacity and demand

- Ensure efficient and appropriate flow of patients along agreed pathways of care through clinical collaboration of networked provision of services.
- Plan capacity with collaborative forecasting of demand.
- Monitor demand and available capacity across the network.
- Work with network member organisations to identify and offer network wide solutions where capacity and demand are not in equilibrium, with oversight across the pathways of care and providers.
- Plan for capacity management at times of increased demand, including mutual aid within and between networks.
- Agree and work to an agreed escalation plan (with agreed thresholds for escalation triggers) to ensure services are able to respond effectively to major incidents involving burn injured patients and other surges in demand.
- Advise commissioners about priorities, service development needs and the risks associated with delivering specialist burn care.
- Approve and ensure the utilisation of an electronic telemedicine/tele-referral system, capable of supporting:
 - referrals from referring hospitals
 - specialist advice to referring hospitals

Resources: the network's role in stewardship of resources across whole pathway and minimising unwarranted variation

- Assure consistency of pathways and processes and reduce unwarranted variation and inefficiencies.
- Work with other related networks, flexing use of resources to find efficiencies, target resources for best effect and share insight and experience.

Workforce: the network's role in ensuring flexible, skilled, resilient staffing

- Assess future workforce needs for provision of burns services across the network considering projected demand.
- Support providers to develop and implement innovative and extended roles for non-medical staff groups, through training and development and network wide policies and procedures.
- Assess training needs for the network (including baseline skills audit and network maturity assessment).
- Develop and agree a network education and training strategy that meets the needs of the network both in the delivery of care and in the functioning of the network.
- Agree with commissioners and providers how the planned training will be resourced and delivered.
- Monitor delivery and assess the effectiveness of the agreed training.
- Enable the movement of staff through the implementation of a staff passport.
- Promote workforce resilience through:
 - mutual aid agreements.
 - health and wellbeing support for staff.

Quality: the network's role in improving quality, safety, experience and outcomes

- Develop, agree and implement common referral, care and transfer pathways and other policies, protocols, and procedures across the network, to reduce variation in service delivery.
- Ensure that services meet the burn service specifications and national standards for the provision of adult and paediatric burn care.
- Improve the collection, analysis and reporting of data on outcomes, quality of care and patient and family experience.
- Monitor quality of care in line with the current burn service specifications and national standards for the provision of adult and paediatric burns.
- Conduct regular network-wide Mortality & Morbidity (M&M) Audit meetings.
- Deliver an annual audit programme agreed with members, outcomes will be reported in the annual report.
- Provide local information, data and intelligence to support monitoring of the network i.e., Burns Registry, process measures, key performance and quality indicators, audit outcomes, workforce data.
- Undertake self-assessment and assurance of provider organisations.
- Participate in peer review of burns services working with NHS England quality teams.
- Manage risks to the delivery of the network's annual work programme.
- Identify service issues and risks and ensure they are managed through regional and system quality structures following agreed escalation processes.
- Providers or commissioners may ask networks to facilitate the response to risks, but providers and commissioners remain accountable for their services' risks.
- Ensure the provision of high-quality information for patients, families, staff and commissioners, standardised across the network.

Collaboration: the network's role in promoting working together across organisations at local, system and national level

- Work collaboratively to share learning, experiences, knowledge, skills and best practice for the benefit of all within the network.
- Share best practice with the other Burns Clinical Networks.
- Work collaboratively with all other Burns Clinical Networks to agree and achieve national goals.
- Participate in the nationally aligned National Burns Clinical Network Group (NBNG).
- To ensure effective pathways of care with Integrated Care Boards, Major Trauma Networks, Critical Care Network, Primary Care Networks, Ambulance and pre-hospital helicopter services and voluntary sector as and when appropriate and within the catchment area of the South West Burns Clinical Network.
- Link with regional resilience fora and national Emergency Preparedness, Resilience and Response (EPRR) arrangements.
- Develop and implement a Public and Patient Voice (PPV) strategy.

Transformation: the network's role in planning sustainable services that meet the needs of all patients

- Regularly review network configuration, capacity and compliance with standards, advising and agreeing a plan with commissioners to assure sustainable services that meet the needs of all patients.
- Promote research and development initiatives undertaken by burns professionals across the network.
- Support the early and systematic adoption of innovation and research across the network.
- Implement nationally agreed commissioning policies and products.

Population health: the network's role in assessing need, improving inequalities in health, access, experience and outcomes

- Work with commissioners to understand the needs of the population for burns services.
- Review service delivery across the network against need and identify gaps and variation in services and develop specific proposals that reduce variation and fragmentation across the care pathway.
- Improve access and equity of access to burn care services.
- Support the development and implementation of injury prevention programmes