

South West UK Burn Care Operational Delivery Network Clinical Governance Group

Terms of Reference

1. Introduction

- 1.1 This document describes the Terms of Reference of the South West UK (SWUK) Burn Care Operational Delivery Network (ODN) Clinical Governance Group (CGG).

2. Background

- 2.1 The SWUK Burn Care ODN Governance Framework consists of an ODN Executive Board and Clinical Governance Group. The Clinical Governance Group has been set up by the ODN Executive Board to provide oversight on the quality and safety of patient care within the SWUK ODN Specialised Burn Services to ensure the burn services as a whole achieve and maintain high standards of clinical care in compliance with the British Burn Association National Standards for Provision and Outcomes in Adult and Paediatric Burn Care.

3. Clinical Governance Group Membership

- 3.1 The Clinical Governance Group will consist of:
- ODN Management Team:
 - * ODN Clinical Leads;
 - * ODN Lead Nurse;
 - * ODN Network Manager;
 - Representatives from five Specialised Burn Services:
 - * Clinical Leads;
 - * Burn Service Clinical Nurse Specialists;
 - * Burn Service Ward Matron/Manager;
 - Leads for Specialist Interest Groups:
 - * Nursing;
 - * Psychology;
 - * Therapies;
 - * Anaesthetics & Intensive Care;
 - Representatives from other disciplines involved in the burn care pathway:
 - * Pre-hospital & emergency retrieval

- Patient Representative(s)
- 3.2 A Chair and a Deputy Chair will be nominated on a yearly basis.
- 3.3 Each Specialised Burn Service Clinical Lead should nominate a deputy to attend if they are unable.
- 3.4 The Clinical Governance Group can co-opt other members on a temporary basis to assist in the delivery of specific objectives.

4. Purpose of the SWUK Burn Care ODN Clinical Governance Group

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

Service User, Carers & Public Involvement

- Seek patient feedback on Clinical Guidelines, where appropriate, and ensure patient experience is represented when developing new guidelines;
- Provide assurance to the Executive Board that Specialised Burn Services and the SWUK ODN ensure patient feedback is integral to service development.

Risk Management

- Review any Serious Untoward Incidents (SUIs) or MDRO infections and provide assurance to the Executive 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 SWUK ODN Executive Board if there are any blocks to reducing future risk;
- Ensure any risks that have implications for the whole ODN are added to the ODN Risk Register for Executive Board review;
- Ensure the SWUK Burn Care ODN Specialised Burn Services are compliant with National Major Incident Planning Strategies;
- Ensure the SWUK Burn Care ODN Specialised Burn Services are compliant with the National Critical Care Surge and Escalation Standard Operating Procedure.

Clinical Audit

- Review any mortalities and share lessons learned;
- Ensure a yearly Regional Morbidity and Mortality audit is undertaken and that all SWUK Specialised Burn Services take part;
- Ensure all SWUK Specialised Burn Services take part in a yearly National Morbidity and Mortality audit;
- Ensure SWUK Specialised Burn Services are compliant in data entry requirements for Specialised Commissioning Quality Surveillance Programme;
- Review iBID data to ensure SWUK Specialised Burn Services are meeting NHS England Key Performance Indicators.

Staffing & Staff Management

- Provide assurance to the Executive Board that staffing levels are compliant with the British Burn Association National Standards for Provision and Outcomes in Adult and Paediatric Burn Care, reporting to the ODN Executive Board on any deficits and actions required;
- Provide assurance to the Executive Board that staff competencies within each SWUK Specialised Burn Service are compliant with British Burn Association National Standards for Provision and Outcomes in Adult and Paediatric Burn Care, reporting to the ODN Executive Board on any deficits and actions required.

Education, Training and Continuing Professional Development

- Ensure at least one Emergency Management of Severe Burns (EMSB) course is held within the SWUK Burn Care ODN each year, organised by a Key Instructor with the support of the EMSB secretariat;
- 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 SWUK Burn Care ODN;
- Develop an SWUK ODN Education Strategy to ensure training and education is an on-going development within SWUK Specialised Burn Services and within the ODN.

Clinical Effectiveness

- Ensure an appropriate governance structure exists across the SWUK Burn Care ODN to ensure Specialised Burn Services can act in partnership;
- Bring to the attention of the ODN Executive Board any issues with SWUK Specialised Burn Services in respect of non-compliance with British Burn Association National Standards for Provision and Outcomes in Adult and Paediatric Burn Care and the [National Burn Care Referral Guidance](#);
- Provide leadership for the ODN, in liaison with the ODN Executive Board, in identifying clinical issues and how best the ODN can address these within individual Specialised Burn Services as well as across the wider ODN if necessary.

Clinical Information

- Prepare ODN wide Clinical Guidelines as specified within the British Burn Association National Standards for Provision and Outcomes in Adult and Paediatric Burn Care and NHS England Burns Service Specification. Ensuring guidelines are available to relevant organisations across the SWUK ODN geographical footprint;
- Prepare ODN wide Clinical Policies to ensure activity delivers against NHS England Key Performance Indicators and contribute to the five domains of [The NHS Outcomes Framework 2016/17](#) and the [Next Steps on the Five Year Forward View](#);
- Liaise with Specialist Interest Groups on development of Clinical Guidelines around nursing, therapies and psychosocial management for burn injured patients;
- Ensure clinical guidelines and policies are available to stakeholders as required.

5. Reporting and Accountability

- 5.1 The SWUK Burn Care ODN Clinical Governance Group is accountable to ODN Executive Board.
- 5.2 The Clinical Governance Group is authorised by the ODN Executive Board to act within these Terms of Reference.
- 5.3 The Chair of the Clinical Governance Group will provide a verbal report to the Chair of the ODN Executive Board ensuring any issues identified by the Clinical Governance Group are escalated as appropriate.

- 5.4 Minutes of the Clinical Governance Group meetings will be circulated to the ODN Executive Board.
- 5.5 The Clinical Governance Group is authorised by the SWUK ODN Executive Board to instruct and request the attendance of individuals and authorities from inside and outside the ODN with relevant experience and expertise it considers necessary to exercise its function.

6. Frequency of Meetings

- 6.1 The Clinical Governance Group will meet four times a year, ideally on the same day as the SWUK ODN Executive Board.
- 6.2 In addition to the above, any member of the Clinical Governance Group is authorised to call extra-ordinary meetings if required.
- 6.3 Meetings will generally be held in Bristol as a central location in the overall SWUK ODN geographic area.

7. Quorum

- 7.1 Members will be expected to attend a minimum of three Clinical Governance Group Meetings a year.
- 7.2 Meetings will be quorate when the majority of the Clinical Governance Group is represented.
- 7.3 Minimum attendance will include at least three Clinical Leads from the Specialised Burn Services (or their deputy) and an ODN Clinical Lead.
- 7.4 If minimum attendance is unlikely, the meeting will be re-arranged or held via teleconference.

8. Decision making

- 8.1 The SWUK Burn Care ODN Clinical Governance Group will decide on the most appropriate methods for delivering the clinical objectives of the SWUK ODN Annual Work Plan and will notify the ODN Executive Board on progress and any issues.
- 8.2 The Clinical Governance Group will ensure any Executive Board decisions are actioned.

9. Probity

- 9.1 The SWUK Burn Care ODN Clinical Governance Group will operate at all times in accordance with SWUK Burn Care Operational Delivery Network's Governance Framework (see SWUK Burn Care ODN Governance Framework).

10. Support

- 10.1 SWUK Burn Care ODN Clinical Governance Group agendas and briefing papers will be circulated one week in advance of meetings by the ODN Manager. The minutes will be circulated within three weeks of the meeting along with the Executive Board minutes.
- 10.2 The ODN Manager will provide administrative support for the Clinical Governance Group

11. Review of Terms of Reference

- 11.1 The SWUK Burn Care ODN Management Team shall review these Terms of Reference on a three yearly basis. Any amendments required will be circulated to the SWUK Burn Care ODN Executive Board for sign off.

Version:	1
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