

National Burns Morbidity & Mortality (M&M) Overview Meeting – Terms of Reference

(Applies to Adult & Paediatric; In-Person or Virtual)

1. Context

- 1.1 The National Burns Clinical Network Group (NBCNG) represents the four Burns Clinical Networks across England and Wales, with links to Scotland and Northern Ireland. The group is chaired by the National Burns Clinical Lead for NHS England's Trauma & Burns CRG, and includes Network Management Team representatives, MDT members as required, the NHSE Senior Programme of Care Manager, and the British Burn Association Chair.
- 1.2 The NBCNG ensures compliance with the BBA National Standards, including regional M&M governance and participation in the Annual National M&M Audit Meetings.
- 1.3 Burns Networks:
 - Facilitate collaborative governance while commissioners remain accountable for specialised burn services.
 - Must ensure all mortalities and patient safety incidents are reviewed at Trust and Network level.
 - Report to regional NHSE Specialised Commissioning teams.
 - Produce a regional M&M Audit Report (jointly with the External Chair) and escalate concerns as required.

2. Purpose of the National Meeting

- 2.1 The National M&M Meeting:
 - Provides an expert multidisciplinary forum to review patient deaths, safety incidents and notable cases referred from regional M&M meetings.
 - Identifies themes, learning, and required quality improvement actions.
 - Challenges areas of concern regarding patient safety and care quality.
 - Produces a National M&M Report, with recommendations feeding into the NBCNG Annual Work Programme.

3. National Standards for Burns M&M Audits

Trust Responsibilities

- 3.1 All mortalities and patient safety incidents must be reviewed through Trust clinical governance prior to discussion in regional network M&M meeting.
- 3.2 Concerns must be supported by an action plan with mitigations.

Regional Network Responsibilities

- 3.3 Run an annual regional M&M governance process with external specialist Chair involvement.
- 3.4 Agree cases for national review; all patient safety incidents must progress to the national meeting.
- 3.5 Escalate unresolved concerns to the Trust CMO and Network Board where appropriate.

National Responsibilities

- 3.6 NBCNG must convene an annual national meeting to provide senior peer review of local and regional analyses, mitigations and actions.
- 3.7 Concerns raised at national level are escalated by the National Meeting Clinical Chair as per reporting structure (see section 12).

4. Patient Safety Incidents

- 4.1 Must be reviewed non-punitively and with clear learning objectives.
- 4.2 National discussion allows wider shared learning and ensures mitigations are appropriate.
- 4.3 Outstanding concerns are escalated by the External Chair to NBCNG.
- 4.4 The concerned Network's Clinical Director and Network Manager will escalate to the relevant Trust's Chief Medical Officer (CMO), Burn Service Clinical Lead and commissioner (see section 12).

5. Expected Outputs

- 5.1 Open professional discussion and challenge.
- 5.2 A National Summary Report capturing themes, audit priorities, improvement areas and safety recommendations.
- 5.3 Integration of recommendations into the NBCNG National Work Programme.

- 5.4 Summary of progress reported at the next annual meeting.
- 5.5 Certificates of Attendance available on request.

6. Meeting Format & Presentation Requirements

General

- 6.1 In-person meetings preferred; virtual allowed in exceptional circumstances with six weeks' notice.
- 6.2 A standard NBCNG PowerPoint template must be used (activity, incidents, mortalities, case analyses, learning).
- 6.3 Burn Services must submit final slides at least one week in advance to the Host Network Manager.

Case Requirements

- 6.4 Each Burn Service must present:
 - Annual inpatient/outpatient activity data.
 - All patient safety incidents.
 - Expected, unexpected and out-of-service mortalities (with detailed case analyses and timelines).
 - Learning, lessons and quality improvement actions.
 - Unexpected survivor cases (where agreed regionally).

7. Participants & Roles

Host Network Manager

- 7.1 Responsible for logistics (venue or MS Teams), registration, programme circulation, slide collation, access control (virtual), feedback collection, issuing certificates and co-writing the final national report.

Meeting Clinical Chair (Host Network)

- 7.2 Leads the meeting, provides opening/closing remarks, manages timetable and discussions, ensures professional conduct, highlights outputs, and co-authors the final report.

External Clinical Chair

- 7.3 Provides independent expert scrutiny, identifies national themes, delivers a verbal summary, and contributes to the National Report.

Burn Service Presenters

- 7.4 Submit slides at least one week prior to the meeting, present agreed regional cases, ensure updates from regional meetings are included, know cases sufficiently to answer questions, and ensure privacy for presentations.

8. Meeting Logistics

- 8.1 **In-person:** Venue arranged by Host Network; advance registration essential; catering provided.
- 8.2 **Virtual:** Only pre-registered NHS email accounts admitted; no forwarding of links permitted.
- 8.3 **Technology:** Presenters must ensure stable internet and appropriate equipment.
- 8.4 **Documentation:** No recording permitted. Final Report issued within three months.

9. Registration Requirements

- 9.1 Mandatory information:
- Full name, job title, burn service, Trust/Health Board, Network, email.
 - Dietary requirements (in-person).
 - Agreement to these Terms of Reference.

10. Information Governance

- 10.1 Strict adherence to GDPR and NHS data protection rules.
- 10.2 No screenshots, photographs or recordings allowed.
- 10.3 Delegates must attend from private settings with no unauthorised access.
- 10.4 MS Teams links not to be shared.
- 10.5 Patient-identifiable data handled only within approved NHS systems.
- 10.6 Retention of slides dependent on legal status (e.g., HM Coroner requirements).

11. Use of Photographic Material

- 11.1 Only used where absolutely necessary and only with appropriate consent (Level 4 for mortality audit). (see Table 1).
- 11.2 If consent is not possible, the local Caldicott Guardian must approve disclosure in the public interest.

11.3 Host Trust may withhold approval if threshold not met.

Table 1 - Levels of Consent to use Medical Photographs/Recordings

Level 4	Consent for material to be part of MEDICAL RECORDS and USED FOR TEACHING, PRESENTATION and PUBLICATION
Level 3	Consent for material to be part of MEDICAL RECORDS and FOR TEACHING NHS STAFF and PARTNERS IN HEALTH ORGANISATIONS
Level 2	Consent for material to be part of MEDICAL RECORDS ONLY
Level 1	A registered health professional authorises for the material to be part of patient's MEDICAL RECORDS ONLY - signed in the patient's best interest

12. M&M Reporting Process

