

CLINICAL GOVERNANCE COMMITTEE TERMS OF REFERENCE



1. Remit

- 1.1 The National Services Scotland (NSS) Clinical Governance Committee (CGC) is established in accordance with the guidance given in MEL (1998) 75, reinforced by MEL (2000) 29, and is established as a committee of the NSS Board.
- 1.2 The purpose of the Committee is to provide assurance to the NSS Board that the clinical activities of NSS are appropriately governed and monitored as to their safety, quality and effectiveness and that Quality Improvement and Realistic Medicine are at the core of its work.
- 1.3 The Committee will work within the principles of the Blueprint for Good Governance – Second Edition, to ensure effective management, improved performance, and good outcomes for all stakeholders.

2. Membership

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- 2.1 Membership shall comprise six non-executive members of the Board, including the Board Chair. The Committee Chair shall be nominated by the Board Chair and thereafter confirmed by the Board. The Committee will then select a Vice-Chair from among the membership to deputise for the Committee Chair as required.

Attendees

- 2.2 The Medical Director and Director of Nursing shall be the lead executive officers to the Committee and will arrange for such other officers to attend as required by the business of the committee.

3. Quorum

- 3.1 The Committee is quorate when there are three non-executive Board members present.

4. Meetings

Frequency of Meetings

- 4.1 The Committee shall meet as required but not less than four times a year.

Minutes of Meetings

- 4.2 Minutes of the proceedings of the Committee shall be drawn up by or on behalf of the Board Secretary and submitted for approval to the next meeting of the Committee.

- 4.3 The Minutes of the Committee will be presented for information to the next scheduled meeting of the NSS Board, in either approved or draft format, as the means of updating the Board on the work of the Committee.

Private Meetings

- 4.4 The Committee may agree to meet in private to consider certain items of business without any non-members present.
- 4.5 The minutes of the meeting will reflect when the Committee has resolved to meet in private.

5. Reporting

- 5.1 The CGC is to report activities and progress to the NSS Board as described in these terms of reference. The CGC is to determine the style and content of these reports, subject to guidance and direction by the NSS Board.
- 5.2 The CGC will produce an Annual Report of the Committee's activities to provide assurance as set out in remit at 1. This report will be timed to support the preparation of the Annual Governance Statement within the Annual Report and Accounts.

6. Delegated Functions

- 6.1 The CGC will provide assurance to the Board that:
- 6.1.1** Process and reporting arrangements are in place, as required, in order to provide assurance that the clinical and related activities under NSS direction and control are at all times appropriately governed and monitored as to their safety, quality and effectiveness.
 - 6.1.2** All aspects of clinical Quality Management are reflected including Quality Planning, Quality Improvement and Quality Control and the application of the principles of Realistic Medicine.
 - 6.1.3** Clinical activity is challenged from the perspectives of equity, inequality/ equality, diversity, and value (expressed as triple value).
 - 6.1.4** Services compliance with clinical and product regulatory requirements is in place.
 - 6.1.5** The Clinical and Patient Safety Strategic Risk is being managed and mitigated appropriately. The Strategic clinical and patient safety risk(s) plus red clinical and patient safety risks and issues contained in the NSS corporate risk register, along with any

appropriate risks flagged by the Medical Director. Reports will incorporate associated management actions as set out in the Integrated Risk Management Approach.

- 6.2 The CGC will provide advice, as required, to the Board on the clinical impacts of any new service developments proposed for adoption by NSS.
- 6.3 In order to assure themselves, the CGC will review and scrutinise reports on:
- 6.3.1** Clinical adverse events, Duty of Candour events, clinical risks and complaints (related to safety of services or clinical staff fitness to practice) including their identification, causes, management, learning identified and service improvement and implementation.
 - 6.3.2** Blood, cells and tissue safety to satisfy itself that appropriate action is being taken to provide an adequate and safe supply and on product regulatory compliance.
 - 6.3.3** Healthcare Acquired Infection in NSS as per required national policy on HAI, using the HAI reporting template.
 - 6.3.4** Major NSS programmes in support of clinical services.
 - 6.3.5** Activity relating to national clinical governance functions delivered by NSS, e.g., screening, and dental.
 - 6.3.6** Annual reports on:
 - Infection Prevention and Control
 - Duty of Candour
 - Research, Development, and Innovation
 - Clinical Professional Appraisal and Revalidation
 - Medical Staff Revalidation and Appraisal
 - Patient Group Directions Audit
 - IR(M)ER Advisory Group
 - Relevant Intellectual Property activity facilitated by Scottish National Blood Transfusion Service (SNBTS).