NHS
Blood and Transplant

CLINICAL GOVERNANCE COMMITTEE
TERMS OF REFERENCE

1. Executive Summary

The Clinical Governance Committee's purpose is to provide assurance to the Board that the NHSBT has a robust **framework** for the management of all critical clinical systems and processes. This is a **framework** through which NHSBT is accountable for continuously improving the quality of services and safe-guarding high standards of care by creating an environment in which excellence in clinical care will flourish. It includes systems for, but not limited to:

- Clinical Incident and complaints management and reporting information
- Clinical quality improvement
- Clinical Audit: high standard care, which is safe, effective and promotes positive patient/donor experience
- Maintaining clinical competence
- Compliance with the CQC essential standards of quality and safety
- Clinical effectiveness, including Research and Development
- Education, training and staff management
- Patient and public involvement.

2. Objectives and Responsibilities

The Clinical Governance Committee sets the tone and direction for patient/donor safety, clinical effectiveness, patient outcomes and patient/donor experience. It supports the operating directorates in the development, implementation and monitoring of a robust **framework** for clinical governance, meeting donors' and patients' needs.

The Committee's responsibilities are to:

- Support and oversee the work of the operating directorates' CARE (Clinical, Audit, Risk and Effectiveness) groups and monitor their effectiveness and performance in achieving clinical effectiveness, including approval of the Terms of Reference and membership of Directorate CARE sub-groups.

- Develop overarching clinical governance policies and procedures and ensure reviews are in line with their set review dates.

- Ensure effective mechanisms are in place to review and monitor the effectiveness and quality of clinical care and services across NHSBT, including ensuring actions are taken to address issues of poor clinical performance.

- Ensure that lessons are identified for improvement and ensures these are implemented in relevant areas.

- Encourage a continuous improvement culture and gain assurance that systems are in place to deliver it.

- Provide assurance to the Board that clinical complaints and incidents are managed in accordance with NHSBT procedures. This ensures that there is a robust process for serious incidents and near miss reporting, investigation and organisational learning through ensuring trends are identified, learning is shared and appropriate actions are taken.

- Conduct a serious incident deep dive annually, in order to assure processes.

- Gain assurance that clinical risks are managed as set out in the NHSBT Risk Management policies.

- Have oversight of all corporate and business unit level risks with a clinical risk impact, review and challenge the actions and controls for those risks, ensure appropriate escalation of any areas of concern to the Board and highlight areas of good practice and shared learning.

- Provide scrutiny and seek assurance from the management of the clinical claims process.

- Promote positive complaints handling, advocacy and feedback including learning from adverse events

- Ensure that the views of patient, donors, service users and carers are systematically and effectively engaged in clinical governance activities.

- Ensure that systems are in place for review of external national guidance (e.g., NICE) and for ensuring compliance with relevant recommendations made.

- Monitor alerts received via the Central Alerting System and review any actions taken in response to any relevant alerts.

- Monitor compliance with all relevant Care Quality Commission (CQC) outcomes and the organisation's overall preparedness for CQC inspection.

- Receive reports seeking clinical advice and audit-related to the Caldicott principles and Information Governance (IG) standards from the Information Governance Committee.

- Review reports (by exception) from the Chair of the Safeguarding Oversight Group (SOG) relating to children and adult safeguarding.

- Link into the Management Quality Review (MQR) process and have oversight of the MQR quarterly and annual reports.

- Review and approve research proposals that relate to more than one operating directorate for which the relevant operating directorate CARE group (with expert input from the Scientific Advisory Group) have been unable to reach a decision.

- Disseminate learning from research findings reported to relevant groups.

- Ensure that clinical governance decision making is informed by evidence-based information and research contributions from the Scientific Advisory Committee (SAC) overseeing the NHSBT Research and Development programme and partnerships.

- Seek assurance from the Directorate CARE groups that practice is evidence-based and supported by a robust process of clinical audit.

- Oversee and prioritise the clinical audit work plan and ensure that the schedule is aligned with internal audits and that it triangulates themes from risks, incidents, complaints, clinical claims and patient/donor feedback.

- Review summaries of clinical audit findings and gain assurance that the recommendations and their implementation by operational directorate CARE groups will focus on identifying any concerns or significant issues and/or where no improvements have been made since the last audit; and gain assurance that the action plan in response to the audit is implemented without undue delay, especially where limited assurance is given.

- Ensure that best clinical practice is provided by appropriately trained and skilled professionals with the competencies required for service delivery.

- Monitor the education and development system for the clinical workforce that supports performance improvement within their scope of practice.

- Ensure adequate resources are allocated to support the provision of safe and responsive care and services.

- Provide the Board with regular clinical effectiveness updates and exception reports.

- Provide the Board with an annual report of work undertaken, providing positive assurance that clinical governance mechanisms are in place and effective and highlighting key concerns; meeting the terms of reference for the committee and supporting the annual Governance Statement. This annual report should cover key findings from the programme of audits and the proposed plan for the subsequent year. This report should also be shared with the ARG Committee for information.

- To note safety policies affecting NHSBT and review of internal safety policy decision making and framework (i.e., through Therapeutic Product Safety Group (TPSG))

3. Membership

The Committee will be chaired by the appropriate Clinical NED or a nominated deputy. The membership will be reviewed in conjunction with the terms of reference or at any time at the discretion of the Committee Chair.

<u>NHSBT Board and Executive members</u>

- Chair – Clinical NED
- Clinical NED
- Chief Medical Officer (CMO)
- Director of Nursing
- Director of Quality
- Director of Blood Supply
- Director of Clinical Services
- Director of Organ and Tissue Donation and Transplant (OTDT)
- Director of Plasma

Attendees

- Medical Director (MD) for each operating directorate
- Clinical Director Microbiology and Public Health
- Chief Nurse for each operating directorate
- Corporate Clinical Governance Lead
- Assistant Director, Risk and Resilience
- A representative from the People Directorate Patient and Public Involvement and Engagement Representative (to join once appointed)

Other attendees and observers

- Additional individuals will be invited as and when required e.g., Chair (or delegate) of Information Governance Committee for IG reporting purposes
- Two places will be available at each meeting for shadowing/observing.

4. Quorum

Business will only be conducted if the meeting is quorate. The Committee will be quorate when the Chair, Chief Medical Officer (CMO), Director of Nursing, and the Director of Quality, or a nominated deputy for any of the above, are in attendance. Business can be conducted if a meeting is inquorate; however, no decisions should be made, and this should be clearly documented.

5. **How decisions or recommendations will be reached**

Decisions and recommendations will be reached by consensus. The CGC should aim to reach a unanimous decision, but if this is not possible, a majority vote will be sufficient. The Chair will have a casting vote if there is a tie.

6. Accountability and Reporting Arrangements

Currently, the Accountable Executive Director is the CMO. Once the Director of Nursing has been appointed, they will become the Accountable Executive Director.

Members will be invited to declare any interests they might have in any issue arising at the meeting which might conflict with the business of the organisation.

All papers submitted should be submitted in the format of the approved Board template.

In order to exercise its responsibilities effectively these operational directorate groups report to the Clinical Governance Committee:

- Blood Supply CARE
- Clinical Services CARE
- OTDT CARE
- Therapeutic Product Safety Group (TPSG)
- Infection Prevention and Control Group
- Safeguarding Oversight Group
- Patient/ Donor Safety Assurance Group
- Clinical workforce issues from People directorate

Clinical Governance reporting periods are aligned to ensure structured flow of information to the Board. For example, the January Clinical Governance meeting would have a reporting

period of October-November and be reflected at the December Directorate CARE Groups. Exception reporting is included for serious incidents or other urgent clinical governance issues.

The Directorate CARE reports submitted to the Clinical Governance Committee should cover specific areas corresponding to the reporting period. The structure of these reports should be aligned, and the Board template applied.

As a guide the Directorate reports should include, where applicable:

- Status - public or confidential
- Executive Summary - Key details of the report
- Action Requested
- Clinical Risks
- Clinical Incidents or Events
- Serious Incidents – An overview of Serious Incidents plus a separate report for any open Serious Incidents
- Clinical Complaints or Commendations
- Research Requests/ Approvals (by exception)
- Inspections and Relevant Findings
- Applicable New Policies, Alerts and Guidelines
- Relevant Clinical Audits
- Clinical Claims.

The Chair of the Therapeutic Products Safety Group (TPSG) should provide an update report to each Clinical Governance Committee meeting, with a focus on key decisions taken. TPSG meetings will be scheduled prior to the Clinical Governance Committee and the terms of reference reflect reporting into the Committee.

Safeguarding Incidents will be reported by exception via the Safeguarding Oversight Group.

The Committee will review these annual reports:

- Clinical audit
- Safeguarding,
- TPSG (to include review of safety framework),
- Clinical claims,
- Director of Infection Prevention and Control (DIPC)
- Serious Incidents/'never events'
- Serious incidents Deep Dive
- SHOT (Serious Hazards of Transfusion haemovigilance) summary,
- Joint NHSBT/ UK Health Security Agency (UKHSA) epidemiology summary
- ODT biovigilance report
- SAC report
- Education, training, competencies and appraisals.
- Medical Appraisal and Revalidation
- Management Quality Review (MQR)
- Regulatory Radar
- Information Governance (inc Toolkit submission Report)
- Non-Clinical Issue report

7. Frequency and reporting to the Board

The meetings will be held every alternate month. A summary of key issues arising at each Committee meeting will be reported to the Board (i.e., a written Clinical Governance Report to be submitted to the Board).

To ensure the flow of papers up to the Board is efficient and effective, the schedule of meetings is Directorate CARE groups to Clinical Governance Committee to Board.

8. Secretariat

The Central Secretariat overseen by the Company Secretary will provide administrative secretariat support. Duties of the secretariat will include:

- Agreement of agenda with Chair and attendees
- Collation and distribution of papers for meetings
- Drafting of minutes for agreement by Chair and attendees
- With the Chief Nurse Clinical Services/Corporate Clinical Governance Lead, advising the Committee on pertinent areas and briefing the Chair as appropriate

Scientific and clinical support to the Secretariat is provided by the Chief Nurse Clinical Services/Corporate Clinical Governance Lead. Once the Director of Nursing is in post, they will take over this responsibility.

9. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference.

The Committee is authorised to create sub-groups or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers (unless expressly authorise by the Board) and remains accountable for the work of any such group.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of non-members (internal and external to NHSBT) with relevant experience if it considers this necessary.

10. Monitoring effectiveness

A work programme which reflects the Committee's accountabilities, responsibilities and risks arising from the clinical risk register will be maintained and monitored.

Appropriate external and internal auditors, as agreed by the Board, shall have the right of direct access to the Committee for the purposes of auditing its work and effectiveness.

11. Review

The Committee will review its effectiveness, including its terms of reference and work programme annually.

Approved	NHSBT Board on (to be completed post approval)
Review due	