

Scottish National Blood Transfusion Service (SNBTS)
Clinical Governance and Safety Group (CGSG)
Terms of Reference (Final)

1. Role

The CGSG has the collective responsibility and accountability for clinical governance, blood and tissue safety within SNBTS and for raising issues of concern with the SNBTS Senior Management team and /or the NSS Clinical Governance Committee.

2. Remit

- Review and approval of clinical policies.
- Ensure appropriate response to clinical and GMP incidents and complaints and drive quality and safety improvements.
- Ensure Quality Assurance and Regulatory Compliance.
- Ensure Research and Sample Governance.
- Ensure compliance with Information Governance.
- Ensure compliance with Infection Control policies.
- Ensure the microbiological safety of SNBTS blood, tissue and cell products.
- Manage clinical risks and other risks with potential clinical implications and ensure actions to mitigate these are progressed
- Ensure that clinical stakeholders and customers are engaged effectively
- Ensure clinical effectiveness, safety and person-centred care.
- Ensure fitness to practise of clinical staff and compliance with professional regulations.
- Ensure resilience and that clinical contingency plans are in place
- Advise other NHS Scotland Boards, Scottish Clinical Transfusion Advisory Committee and Scottish Donation and Transplantation Group on hospital blood banking, tissue donation and transplantation, quality and regulatory issues and clinical transfusion practice.
- Review reports prior to submission to NSS Clinical Leadership Team and Clinical Governance Committee.

3. Reporting Arrangements

The CGSG reports through its chair on a monthly basis to the SNBTS Strategic Management Group (SMG) and on a quarterly basis to the NSS Clinical Governance Committee.

It has a number of sub-committees:

- Infection Control Committee.
- Sample Governance Committee
- Microbiology Test Evaluation Group.
- Quality Management Review Forum.
- National Technical Training Group.
- Information Governance Group.

CGSG is authorised to establish subgroups/committees as required to transact its remit.

4. Membership

The CGSG is chaired by the SNBTS Medical Director and comprises the following Senior Managers:

- SNBTS Director
- Clinical Lead for Blood Donation
- Clinical Lead for Blood Component Manufacturing
- Head of Nursing for Patient Services
- Clinical Lead for Clinical Apheresis
- Clinical Lead for Histocompatibility and Immunogenetics
- Clinical Lead for Blood Banking
- Clinical Lead for Immunohaematology
- Clinical Lead for Transfusion Team
- Clinical Lead Tissues, Cells and Advanced Therapeutics
- Head of Nursing for Donor Services
- Associate Director Tissues, Cells and Advanced Therapeutics
- Associate Director Quality Assurance and Regulatory Compliance
- Associate Director Manufacturing
- Head of NMRU
- Lead for Information Governance
- NSS Board representatives
- Head of Clinical Governance & Quality, Clinical Directorate
- SNBTS Infection Prevention & Control Manager

Members should identify Designated Deputies in the event that they are unable to attend a meeting of the CGSG.

5. Meetings

- Meetings are held on the second Wednesday of each month at SNBTS HQ, Edinburgh, between 1000hrs and 1300hrs.
- Reports and papers to be submitted to the CGSG should be sent to the SNBTS HQ Executive Assistant at least 4 working days before the meeting. Reports and papers to be considered by the CGSG will be circulated electronically 3 working days before the meeting. All reports and papers, including verbal reports, require submission of a standard executive summary. All members have access to the Minutes and Papers through the S: drive.
- Arrangements for the meeting and the minutes for the meetings will be undertaken by the SNBTS HQ Executive Assistant