

## MINUTES

**The 64th Meeting of the NHSBT Governance and Audit Committee Meeting  
Held on Monday 17 September 2018  
Association of Anaesthetists, Intavent Suite, 21 Portland Place, London,  
W1B 1PY**

<b>Present:</b>	Roy Griffins ( <b>RG</b> )	NED Chairman
	Jonny Oates ( <b>JO</b> )	NED
	Keith Rigg ( <b>KR</b> )	NED
	Charles St John ( <b>CSJ</b> )	NED
<b>Apologies:</b>	Ian Bateman ( <b>IB</b> )	NHSBT
	Kay Ellis ( <b>KE</b> )	DH
<b>In Attendance:</b>	Rob Bradburn ( <b>RB</b> )	NHSBT
	Louise Cheung ( <b>LC</b> )	NHSBT
	Anthony Clarkson ( <b>AC</b> )	NHSBT
	Karen Finlayson ( <b>KF</b> )	PwC
	Linda Haigh ( <b>LH</b> )	NHSBT
	Ben Hume ( <b>BH</b> )	NHSBT ( <i>Via telecom</i> )
	Greg Methven ( <b>GMe</b> )	NHSBT
	Gail Miflin ( <b>GM</b> )	NHSBT
	Fidelma Murphy ( <b>FM</b> )	NHSBT
	Rosie Nightingale ( <b>RN</b> )	PWC
	Lucy Nutley ( <b>LN</b> )	Mazars
	Davina Potok ( <b>DP</b> )	NHSBT
	Aaron Powell ( <b>AP</b> )	NHSBT
	Richard Rackham ( <b>RR</b> )	NHSBT
	Katherine Robinson ( <b>KRo</b> )	NHSBT
	Mark Rodgers ( <b>MR</b> )	NHSBT
	Ceri Rose ( <b>CR</b> )	NHSBT
	Ann Smith ( <b>AS</b> )	NHSBT ( <i>Minutes</i> )
	Anthony Snape ( <b>ASn</b> )	NHSBT
	Mike Stredder ( <b>MS</b> )	NHSBT
Andrew Weal ( <b>AW</b> )	NHSBT	
Lucy Wright ( <b>LW</b> )	NAO	

**Action**

### Declarations of Conflict of Interest

Members confirmed that they had no conflicts of interest.

### Risk Presentation – Therapeutic Apheresis Services (TAS)

DP presented the TAS risks using the Pentana Risk reporting system. DP summarised the structured Governance system within TAS and the regulators that TAS are required to be accredited by. These include the Care Quality Commission (CQC), Human Tissues Authority (HTA) and Joint Accreditation Committee -ISCT (Europe) & EBMT (JACIE). A national training programme was also noted.

TAS currently have 8 risks held on Pentana; with the lowest score of 3 and the highest 6. DP gave an overview of 2 of the risks, clarifying and assuring the GAC how the risks are managed along with the outcomes. RG noted that this was the first time Pentana had been

used to present live operational directorate risks to the GAC. RG asked DP about her own experience with Pentana. DP replied that she uses Pentana to present live updates to the TAS Senior Management Team (SMT). Using Pentana this way has been well received and Pentana is now firmly embedded in meeting agendas.

CSJ questioned risk performance, in particular the Hospital Satisfaction score, with regard to the referral system. The paper-based referral process was explained, and it was confirmed an electronic referral system is in development.

TAS continually seek feedback from patients. DP said that feedback is consistently positive but TAS are always striving to do better.

**Chairman’s Introduction**

RG welcomed all to the meeting.

18-73

**Minutes of the 63<sup>rd</sup> Meeting Held on Monday 18 June 2018**

With one amendment, the minutes were signed as a true and accurate record.

18-74

**Matters Arising**

Actions were updated/closed to the GAC.

**1 Clinical Governance**

18-75A &  
18-76

Clinical Governance Report  
Serious Incident (SI) update

There have been no new SI within this reporting period. Diagnostic Therapeutic Services (DTS) INC76020: Delayed Delivery of Cardiac Tissue, has now been closed. There are currently no SI open within NHSBT.

An immediate Central Alerting System (CAS) alert was received from the Chief Medical Officer (CMO) on the evening of the 2 August 2018. This alert related to a number of unsolicited packages with accompanying literature, requesting testing. The alert was managed well however, issues with our management of out of hours, for immediate CAS alerts was reviewed. An improved process was agreed following an investigation completed by Quality Assurance (QA), who manage the process, and now includes management of alerts out of hours by QA on-call. However, following discussion at the Clinical Audit Risk and Effectiveness Committee (CARE) in early September, it was agreed that receiving an alert in the form of an email was not ideal but outside of our control.

**Action:** AW to raise to the CMO office the issue of receiving Immediate action CAS alerts out of hours via email.

**AW**

Eighteen events (seventeen in Cellular and Molecular Therapies (CMT), one in Tissue and Eye Services (TES)) were reportable to the HTA as Serious Adverse Events and Reactions (SAEARs). There was no evidence of an error by NHSBT resulting in harm to a patient. CSJ asked if NHSBT can stop this from happening? It was noted to the GAC that the issues stem from the Procurement system and to date we are seeing improvements to the process. A workshop will be held in October 2018.

18-77

Infected Blood Inquiry (IBI)

GM summarised the position. The IBI was announced in July 2017 and has now commenced with publication of the Terms of Reference (ToR). A formal request for documents, together with a witness statement was received on the 8 August 2018. The witness statement has been drafted and will be signed by the NHSBT Medical and Research Director. The Inquiry would hold a preliminary hearing in London on 24-26 September 2018, commencing with a commemoration event. NHSBT, the Department of Health and Social Care (DHSC) and four other UK Blood Services and Health Departments

are all designated core participants, although the Joint Professional Advisory Committee (JPAC) is not a legal entity and has not been granted core participant status but will be involved through NHSBT.

The Filton Bristol Blood Centre will host tours of the facility for the infected and affected people involved in the Inquiry and the Inquiry team.

After the preliminary meeting, the hearings in public will begin in Spring 2019.

## **2 Quality Assurance (QA)**

### **18-78 Management Quality Review**

Three inspections took place; two by the Medicines and Healthcare products Regulatory Agency (MHRA) and one by the JACIE. There were no Critical or Major non-compliances raised in these inspections. No Major Incidents were raised at the Filton Centre. The number of DTS Major Quality Incidents (QIs) rose in quarter 1. Revised EU Data Integrity Guidelines came into force during Q1. A gap analysis has been performed and an action plan to address any compliance gaps is currently in development. A working group has been formed to facilitate this work.

### **18-79 Non-Executive Director Site Visit Update**

To date the NED's said that they are satisfied with their site visits.

### **18-80 Overdue Document Update**

High figures reported for DTS and increased numbers for QA were noted by the GAC. FM assured the GAC that QA was taking action to reduce and if possible eliminate overdue cases. Improved procedures are in place.

## **3 Business Continuity (BC)**

### **18-81 Business Continuity Update Report**

The xMatters based exercise runs every week, contacting one or more lists (such as the National Emergency Team or centre-based Local Emergency Teams). The target response was 70% for Q1, which was lower than expected; this was due to low numbers of people taking part. The results were the first from this exercise, with the first aim of the exercise being familiarisation. The centre-based view of the results is being discussed at centre meetings, which will raise the exercises awareness.

The recording of Brexit risks to NHSBT has started and is planned for completion by the end of September 2018. FM will deputise for IB during his absence and RR is managing Brexit risks on IB's behalf. Workshops are planned across the four Directorates.

## **4 Transformation Programme Board (TPB)**

### **18-82 Core Systems Modernisation (CSM) Programme Update**

- The CRM Version 9 upgrade and ERP demo environment have been delivered on time and on budget.
- The intention was to then focus the delivery plan on Blood Donation however the Executive Team (ET) has now agreed the intention to stop the programme in October 2018 and review options. The discussion on how we replace Pulse in its current form is taking place separately. There are no immediate risks to Pulse.
- The impacts of stopping the programme were discussed noting that the disbandment of the existing delivery team. Not all funds assigned to the CSM Programme this financial year will be used. The intention to close the programme

will be presented to the Board in September 2018 and a further report will be submitted to the Board in November 2018.

- Atos have completed a further review of the Programme Management Office (PMO) and controls are in place. The report is mostly positive with some areas for improvement for consideration in any future programme.
- ToR are currently being finalised for Price Waterhouse Cooper (PWC) to undertake a review to identify the root cause of the issues which have impacted the CSM Programme. This will highlight the lessons to be addressed for future similar programmes.
- The GAC discussed finance and people implications. KRo noted that guidance has been provided to line managers for staff returning to their previous role. JO noted that it would be useful to know and understand what the benefits are for work completed.

Presentation ODT Hub

DonorPath Enhancements

- Operational improvement release (5.2) has now been released.
- Donor Referral & Assessment module of DonorPath, will support clinical decision making. Good progress has been made.
- Digital transplant follow-up (HTA-B form), this is due for release in December 2018.
- Transplant List: CRM-based, this offering scheme is on track for release in March/April 2019.
- The NHS App – This will be used to book appointments, arrange prescriptions and look up medical records. A challenge has been set by the Government and the DHSC to integrate the Organ Donor Register (ODR) and the NHS App. The timescale for this release is April 2019 and must be delivered in partnership with NHS Digital, who own the overall NHS App delivery. A “discovery” exercise, commenced in September 2018 and plans, costs and timescales will be better understood by October 2019. BH noted that this will impact the ODT Hub Programme and DonorPath Enhancements. KR asked if historic records can be reviewed. BH confirmed historic records will be available as will existing medical records.
- An impact assessment will be undertaken and a briefing paper will be submitted to the September 2018 Board meeting.
- ODR / NHS App – risks - Timescales, cost & funding and dependency on external providers/partnerships have been considered by ODT and BH assured the GAC that NHSBT are prepared for the DonorPath enhancements.

18-83 Transformation Programme Board (TPB) Report

The report was noted as read. The TPB report is due for ratification at the TPB meeting on 19 September 2018. **Action:** MR to send AS the ratified report. AS to then send the report to the GAC NEDs.

MR/AS

**5** Internal Audit

18-84 Internal Audit Progress Report

A,B KF summarised the progress against delivery of the internal audit plan for 2018/19. Planned audits of governance, risk management and cyber-security are all deferred until later in the financial year. This means that assurance received from internal audit is not evenly spread throughout the year and there is a risk that audits may be pushed into the

next audit year. The GAC asked if it is possible for the deferred audits to be brought forward; KF noted that this should be possible.

18-85 Limited Assurance Report on Blood 2020 Strategy

NHSBT has an ambition to develop the world's best blood service. The Blood 2020 sets out the strategy for achieving this. However, the overall rating for the report is Limited as there are significant weaknesses in the framework of governance, risk management and control. CSJ expressed his concern regarding the timeliness of this report and noted the fact that it has taken a notable period of time from the time of audit to the final report being submitted to the GAC. **Action:** RB to review how the process of Board engagement can be accelerated. The response to the audit was discussed noting the level of confidence and monitoring levels. A new strategy will be developed and submitted to the Board in November 2018.

RB

18-86 Outstanding and Overdue Internal Audit Actions

There were no Medium or High outstanding audit recommendations at 31 July 2018.

**6 External Audit**

External Audit Progress Update - Oral

The external audit planning meeting is scheduled to take place in November 2018. An external audit plan will then be drafted and shared with the Finance Team and the National Audit Office (NAO). The External Audit plan will be presented to the GAC at the November 2018 meeting.

**7 Information Technology (IT) Governance**

Information Technology update - Oral

AP assured the GAC that the IT systems are stable and improvements to the Desktop programme are also stable and working well. In addition to these improvements, site visits are planned to check local desktop IT.

Report on IT Penetration Testing Exercise Oral

AP noted that early indications show thirty-two audit type actions are shown, with regard to the IT Penetration Testing Exercise.

18-87 Incident re loss of telephony systems

On Sunday 19 August part of the telephony system which provides services to NHSBT Contact Centres including ODT-Hub, IT Service Desk, HR Direct, NCC Referrals and Media & PR ceased functioning. Vodafone and NHSBT worked together with Computer Information System Company (CISCO) to identify a resolution to the issue. As a result of the outage plans have been reviewed to implement the new call centre system approved by the Board in July 2018. This will now be implemented for all call centres during October 2018. RG questioned the break in service and that NHSBT should seek compensation. AP noted that approval was given in 2016 to migrate from a legacy system to a Cloud based telephony service from Vodafone called Vone-C. The migration proved more complex than originally considered and was not completed leaving NHSBT with the same telephony system. Due to its age the system lacked vendor support. JO asked what is the next step? AP clarified that NHSBT intends to migrate its systems to Vone-C. The GAC asked AP to seek legal advice with regard to compensation for the break in service. **Action:** AP to seek legal advice regarding a potential breach of contract by Vodafone.

AP

**8 Integrated Governance**

18-88 Board Performance Report – July 2018

The GAC noted that Brexit risks do not feature on risks reported to the Board. RR noted that Brexit is not a risk in itself but Brexit risks are already held on Pentana. RR and AW

are working through an action plan high lighting the Brexit risks at functional levels. A paragraph reflecting the status of Brexit risks will be added to future Board Performance reports.

Provision of Future Internal Audit Service – Oral

The GAC discussed the future provision of the Internal Audit Service and agreed that the process to broaden the framework will start soon.

**9 Committee Business**

- No items to note

**10 Chair’s Action (for discussion only as required)**

- No items to note.

**11 Papers for information**

18-89 Intellectual Property Annual Report

18-90ABC Losses and Special Payments

18-91 Waivers – **The Estates Team will oversee a maintenance contract, which has to be re-tendered. RB noted a broader update will be presented to the Board.**

18-92 Director Infection Prevention Control (DIPC) Annual Report

18-93 Therapeutic Product Safety Group (TPSG) Annual Report – **The TPSG update was uploaded to Convene in error. Action: AS to circulate the TPSG Annual report to the attendees of the September GAC, when the draft minutes are ready for circulation for comment.**

AS

18-94 Clinical Audit Annual Report – **The wording was not thought to be clear on page 2 of the report. LC explained the change in the approved audit programme for 2018-2019.**

18-95AB Medical Appraisal and Revalidation Annual Report

18-75 Clinical Governance Report – (June – July 2018)

**12 Any Other Business**

- No items to note.

**13 Review the effectiveness of the meeting**

- Forward CSM presentation feedback to ASn.
- DP thanked the GAC for allowing to remain at the meeting as an observer.

**Dates of Meetings in 2018**

Date/Time	Venue	GAC Papers for submission
<p><b>Friday 23 November 2018</b></p> <p><b>09.30 hrs – 13.00 hrs</b></p>	<p>Association of Anaesthetists, Portex Room, 21 Portland Place, London, W1B 1PY</p>	<p>Monday 12 November 2018</p>