

MINUTES

**The 67th Meeting of the NHSBT Governance and Audit Committee Meeting
Held on Wednesday 27 March 2019
West End Donor Centre, Board Room**

Present:	Helen Fridell (HF)	NED (<i>Observing</i>)
	Jonny Oates (JO)	NED
	Piers White (PW)	NED (<i>Chairman</i>)
Apologies:	Ian Bateman (IB)	NHSBT
	Jane Green (JG)	NHSBT
	Greg Methven (GM)	NHSBT
	Rosie Nightingale (RN)	PWC
	Keith Rigg (KR)	NED
	Mike Stredder (MS)	NHSBT
In Attendance:	Rob Bradburn (RB)	NHSBT
	Louise Cheung (LC)	NHSBT
	Kay Ellis (KE)	DH
	Karen Finlayson (KF)	PWC
	Linda Haigh (LH)	NHSBT
	David Hakin (DH)	NAO
	Brian Henry (BH)	NHSBT
	Gail Miflin (GM)	NHSBT
	Fidelma Murphy (FM)	NHSBT
	Lucy Nutley (LN)	Mazars
	Richard Rackham (RR)	NHSBT
	Barry Richardson (BR)	NHSBT
	Katherine Robinson (KRo)	NHSBT
	Mark Rodgers (MR)	NHSBT
	Ceri Rose (CR)	NHSBT
Ann Smith (AS)	NHSBT (<i>Minutes</i>)	

Action

Declarations of Conflict of Interest

Members confirmed that they had no conflicts of interest.

Chairman's Introduction

PW welcomed all to the meeting and noted apologies.

19-18

Minutes of the 66th Meeting Held on Tuesday 15 January 2019

The minutes were signed as a true and accurate record on the 24 January 2019 by the then Acting Chair of the GAC, Keith Rigg. No further amendments were noted at the meeting.

19-19

Matters Arising

Actions were updated/closed to the GAC.

1

Clinical Governance

19-20

Clinical Governance Report

19-21

Serious Incidents (SI) update

There was one new SI in ODT (ODT-INC-3840) outside the current reporting period. On 23 February a heart was accepted for transplant from a multi-organ donor following Donation after Brain Stem Death (DBD). The heart transplant centre was informed that the heart was retrieved and was leaving the operating theatre. Based on this information the heart transplant centre anaesthetised their intended recipient and invasive monitoring was undertaken as per usual protocol. Unfortunately, the heart did not actually leave theatre until 26 minutes after the call to the heart transplant centre. Due to the geographical location of both the donor and transplant hospital, the heart was to be sent via both road and air. As a consequence of the delay the heart transplant centre team deemed that the new estimated Cold Ischaemic Time (CIT) was unacceptably long and therefore they decided to stand down, so as to not expose their patient to undue risk. Their patient remains on the urgent heart transplant list. JO asked how a communications failure occurred? A Root Cause Analysis (RCA) concluded that it was not clear if there was a communications failure. GM and FM confirmed that some NHS Trusts had different practices as to who takes responsibility for ensuring heart transferred to delivery driver. These procedures would now be clarified so the responsibility for delivery to the waiting driver would be clear.

There has been a confirmed case of Hepatitis E Virus (HEV) transmission which was detected during a lookback investigation after an apheresis donor tested positive for HEV RNA. Samples from previous donations were tested as negative. The Safety of Blood, Tissues and Organs (SaBTO) has requested an update from NHSBT/Public Health England (PHE) on HEV testing since the start of universal testing in 2017 to review if the current measures remain cost effective. This issue will go to a SaBTO meeting later in the year.

There was a possible transmission of Staphylococcus epidermidis. A young child, under 2 years old, received one unit of seven-day old apheresis platelets which did not alert on bacterial screening. Within five minutes of the transfusion commencing the child experienced a high temperature and was unwell. The patient recovered and has been discharged. The investigation is ongoing and the donor has been contacted.

One Blood Donation (BD) incident previously reported to the Information Commissioner's Office (ICO) has now been closed with no regulatory action being taken. No further incidents have been reported.

KR asked for an outcome with regard to pregnancy in donors. *The Assistant Director, Education & Governance provided an update offline, post meeting: The British Medical Association (BMA) recommendations are now endorsed and we will work to implement with key stakeholders and the relevant colleges.*

JO noted the air embolism reported in the Blood Supply (BS) and that it stated no error by NHSBT. GM further explained how the incident occurred and likelihood of any harm from small air embolisms. JO asked if in future reports if no error by NHSBT is reported, would the comment be followed up with an explanation as to why it happened and what is meant by no error.

QI10809 - Discrepancies in Blood Donors – The Bone Marrow Registry Database (BBMR) – This incident is now closed.

19-22 Infected Blood Inquiry (IBI)
The review of the first 250 NHSBT boxes, of the 2700+ boxes chosen by the IBI team, commenced on 29 January 2019. Rule 9 Responses have recently been provided to the IBI team on behalf of Serious Hazards of Transfusion (SHOT) and Joint United Kingdom Blood Transfusion Services Professional Advisory Committee (JPAC).

An Inquiry Team site visit to the Filton Donor Centre has been arranged for the 2 April 2019 and will include a donor presentation and a chance to view the processes at the site.

Iron Mountain (IM) are conducting a full box review of the unallocated boxes. The review began in February 2019 and is expected to conclude mid to late April 2019. There are a number of boxes that are not correctly labelled. Many of the boxes pre-dates storage at IM. JO questioned the protocols of labelling boxes and were the boxes damaged in some way? LC informed the GAC that standards of labelling and archiving have improved since these boxes were put into storage and any damage to the boxes pre-dates IM. LC noted that any learning from the review will be shared and actioned. that a review of the learnings will be organised.

2 Quality Assurance (QA)

19-23 Management Quality Review (MQR)

There was one external inspection in Quarter 3, which was performed in October 2018 over two days by the Medicines and Healthcare products Regulatory Agency (MHRA) at Birmingham New Street and focused exclusively on NHSBT's Pulse and IT management systems. No Major findings were identified. An action plan is in place and will be more Information Technology (IT) focused.

19-24 Overdue Document Update

Documents overdue continue to decline following scrutiny from the Executive Team (ET), which the GAC noted had been excellent work and expressed thanks to all those involved. Further effort to continue the reduction in overdue actions was encouraged. FM noted the overdue items are in a regulated timeframe which can be adjusted.

19-25 Non-Executive Director (NED) Site Visit Update

The varying attitude to inspections was noted by the GAC. The Southampton site was praised for its positive mind set approach, which was also calm and mature. **Action:** FM to inform Southampton of the positive feedback from the GAC.

FM

3 Business Continuity (BC)

Verbal Business Continuity Update Report

There were a number of low level findings for the International Standard for Business Continuity Management (ISO22301) Audit, undertaken in November and December 2018. It was considered that Information Technology (IT) risks were not clearly reflected. This is now under review and BC are working closely with IT to rectify this. RR noted to the GAC that the review will be articulated in future BC reports to the GAC. A BC paper will be submitted to the June 2019 GAC.

19-27 Brexit Update

NHSBT continues to work very closely with the Department of Health and Social Care (DHSC) with the key focus being on no deal planning. NHSBT's key risk remains failure

in continuity of critical supplies/consumables; it is both the most commonly occurring Brexit risk (19 risks across the organisation) and the Brexit risk with the highest risk score. NHSBT's no deal planning to assure continued critical consumable supply has been ramped up and further resource added to accelerate the required actions, particularly placing orders with suppliers to stockpile to agreed planning assumptions and/or ensure delivery routes are reviewed. It was noted that the required stockpiling deliveries were being monitored effectively.

NHSBT holds data in accordance with General Data Protection Regulations (GDPR) in our Datacentres and IT systems. RR noted that NHSBT are up to date with Data sharing and little impact is anticipated.

JO queried if there are any shared issues between the United Kingdom (UK) and the Republic of Ireland regarding blood. RR noted that the Republic of Ireland 's blood issues are the same as the UK and complexities are being are being managed together.

19-28

Stock Target / Mass Casualty Report

From April 2019, NHSBT will align the corporate stock metric to the minimum stock safety levels and report against, the number of occasions when red cells stock for any blood group (except Group AB) falls below 4.5 days for 2 consecutive days. NHSBT corporate reporting has always been set against a minimum of 3 days of stock which is the stock levels that trigger NHSBT Business Continuity response. The GAC asked RR to explain the updated NHSBT corporate reporting measure. The nuances of different mass casualty scenarios were considered in the discussion, noting that this measure addressed the heavy snow fall in 2018 and the overall blood stocks. The GAC noted the proposal to maintain current stock levels, which was discussed at length. The Blood Operations Leadership Team (BOLT) meeting is assured of this proposal. HF suggested the stock levels could be measured in hours rather than days

In conclusion, RR wished to assure the GAC that BC were confident that the documented stock levels were satisfactory should a mass casualty event occur.

4

Transformation Programme Board (TPB)

19-29A,B

TPB Report

- The Filton Extension project remains Red awaiting final confirmation of costs via GMP, which is expected ahead of the May 2019 TPB. The GDPR project is also reporting Red ahead of approval of a new extended project scope, which was presented at the March 2019 TPB meeting and approved.
- There is a planned but modest delay for the next release of Pulse and assurance was noted to the GAC that the programme would continue as scheduled after this delay.
- The NHS App was noted that its status was Amber and not Green. The Amber status was considered to be the appropriate position in preparation to the three changes to the Organ Donor Register (ODR) for proposed legislative change in England; these should be delivered through the forthcoming NHS App, by April 2019.

Action: The GAC requested that acronyms in all papers should be explained in its first use within a paper, from all GAC attendees and ET members.

ALL

Verbal	<p><u>Key Programmes Update</u> <u>ODT Hub</u> The ODT HUB is reporting Red status this month and is currently experiencing delays to Matching Run and Offering Scheme deliverables. Focus is now on completion in the final six months.</p>
19-30	<p><u>Core Systems Modernisation (CSM) – Reporting 2018/19 / Constructive Loss Assessment of the CSM loss was noted by the GAC.</u> The paper was taken as read, noting that further work was underway.</p>
19-31	<p><u>General Data Protection Regulations (GDPR) Update Report</u> LC presented a detailed presentation to the GAC for the current status of the GDPR project, outlining progress against the Price Waterhouse Cooper (PWC) audit recommendations, additional resource and the scope of the extended project. The GAC agreed with the project extension/scope change.</p>
5	Internal Audit
19-32	<p><u>Internal Audit Progress Report</u> Four audit reports, in respect of GDPR, Core Financial Controls Q1 and Q2, Board Performance Reports and Capital and Infrastructure Projects were high-lighted. Two drafted audit reports are currently being circulated that may result in Limited assurance opinions;</p> <ul style="list-style-type: none"> • Risk Management (Blood Donation) • Quality Management Systems <p>Following the initial review of GDPR readiness in 2017/18, KF advised that an advisory review will be scheduled for 2019/2020.</p> <p>KF drew the Committee's attention to the Annual Internal Audit Report and Opinion that will be required as part of the Report and Accounts in the light of the Internal Audit reports conducted during 2018-19. The view formed will be influenced by difficulties in making progress with GDPR and the problems previously discussed surrounding the CSM programme.</p>
19-33A,B	<p><u>Outstanding and Overdue Internal Audit Actions</u> <u>Blood Strategy</u> - LH advised the GAC that one medium point relating to the Blood Strategy will be updated to the NHSBT Board meeting on 28 March 2019. where a decision has been taken to delay the completion (to ensure the new Chief Executive has ability to input) an extension is requested to 31 March 2020.</p> <p><u>GDPR</u> - Two points require further work and resources and an extension to the GDPR project to TPB has been approved. These two actions are to be addressed as part of the extended project referenced above.</p>
19-34	<p>An extension was approved by the GAC <u>Internal Audit Plan 2019-2020 – For Approval</u> PWC gave an overview of the proposed audits for 2019/2020 map against NHSBT's top-scoring corporate risks and give members of the GAC further insight as to the planned focus of work and assurances over the course of the financial year. GDPR and Cyber Security are two audits deferred from the 2018/19 plan and are scheduled for 2019/2020.</p> <p>Following a discussion, the Internal Audit Plan for 2019- 2020 was approved.</p>

6		External Audit	
19-47		<u>External Audit Progress Update</u> Overall audit progress is on track and there are no significant issues arising. Key financial systems and controls, discussions with the corporate finance team, in relation to the year-end accounts process, timetable and new accounting standards, has been completed and / or is on-going since the last GAC meeting. The final audit fieldwork will begin in early May 2019 and the audit completion report will be completed in early June 2019.	
19-35A,B		<u>Annual Accounts Timetable – To Confirm</u> LH confirmed the dates for the high level timetable for completion of the year end accounts and annual report for 2018 / 2019. Action: Circulate the revised timetable including revised GAC dates to the GAC members.	LH
7		Information Technology (IT) Governance	
19-36		<u>Information Technology update</u> <u>People</u> - Following the cancellation of the Core Systems Modernisation Programme (CSM), and the loss of the Chief Digital Officer and other key members of the IT Senior Management Team (SMT), a key focus was placed on one to ones with staff, the SMT, and the wider ICT team. Feedback on these key levels of engagement and communication have been good. <u>Post CSM</u> – The progress and decision making on key infrastructure projects – pulse/workspace, data centre and local infrastructure had stalled through 2018 and an immediate review of infrastructure options, proposals and approach has been carried out. The projects are now working to agreed scope and approaches and are being driven forward. <u>Supplier</u> – Core applications / services with suppliers has been fragmented. Initial focus to re-build relationships and be close to the supplier management has been successful and current contracts are being finalised.	
19-37A,B		<u>Cyber Update Report</u> Initial focus for cyber security has been understanding the risks and gaps against GDPR and the Data Security Protection Toolkit (DSPT) requirements, along with assessing the current capacity, capability and tooling. The Board have been made aware current capacity and management of cyber risks and regular updates will be submitted to the ET and the GAC. GAC members noted the work proposed and encouraged the ET to consider adding further resources beyond those agreed to accelerate the plans for improvement in this area.	
8		Integrated Governance	
19-38		<u>Board Performance Report – November 2019</u> The report was taken as read, noting that the report captures concerns. PW noted that for future GAC meetings Risk Management should be removed from the Board Performance report and reported in its own right.	

19-39 NHSBT Standing Orders – For Approval
 No substantive changes to the Standing Orders were proposed. Most changes were edits to updates titles or provide clarification. This included a reference to the appointment of Executive Members of the Board and reiterating that this is the accountability of the Chair. As part of this the Chair has suggested some potential changes to the process for appointing Executive Members of the Board but this would be discussed with the Remuneration Committee.

The GAC Approved the revised Standing Orders.

19-40A,B,C Fraud Annual Report and Work Plan for 2019 – 2020
 The NHSBT risk profile remains 'low', with a strong and enhanced reporting of higher risk claimed salary and expense expenditure in place.

The self-review tool (SRT) score remains Amber as it was in 2018/2019. The counter fraud plan work for 2019/2020 is expected to support an Amber SRT in 2019/2020, recommending a proportionate effort for the level of risk, posed at NHSBT. No standards are assessed as Red in 2018/2019.

19-41 Insurance Arrangements - For review

- The NHS Resolution provides indemnity cover for legal claims against the NHS in England. The GAC were asked to note that the premia for 2019/20 will increase.
- A cap of £1m was confirmed with regard to the Property Expenses Scheme (PES).
Action: PW suggested to RB that this potential maximum be checked for adequacy.

RB

9 Committee Business

19-42 GAC Work Plan - For Approval
 With one further update the GAC work plan was approved.

10 Chair's Action (for discussion only as required)

- No items to note.

11 Papers for information

19-43A,B,C Losses and Special Payments

19-44 Waivers

19-45 Raising Matters of Concern (Whistleblowing)

- **To note** – An advertisement for the position of The Freedom to Speak up Guardian (FTSU) has been launched.
- **Action:** The Whistleblowing, Anti-Slavery and Raising Matters of Concern will be linked to the Corporate website.

KR

19-46 Clinical Audit (CA) Annual Programme 2019-2020

- **Action:** AS to re-circulate the CA report as it did not load correctly to Convene.

AS

12 Any Other Business

No items to note.

13 Review the effectiveness of the meeting

- The attendees noted a large amount of information is shared within papers and can be too much.
- There is too much on the Agenda
- Could jargon and acronyms be kept to a minimum, with acronyms written in full in the first instance.

- Good discussion was noted throughout the meeting, with input from all.

Dates of Meetings in 2019

Date/Time	Venue	GAC Papers for submission
Tuesday 11 June 2019 14.00 hrs – 17.30 hrs	London Medical Research Council	Monday 3 June 2019
Monday 16 September 2019 13.00 hrs – 16.30 hrs	London WEDC Board Room	Friday 6 September 2019
Monday 18 November 2019 13.00 hrs – 16.30 hrs	London WEDC Board Room	Friday 8 November 2019