

Blood and Transplant

MINUTES

**The 54th Meeting of the NHSBT Governance and Audit Committee Meeting
Held on Tuesday 13th September 2016
West End Donor Centre, Board Room, 26 Margaret Street, London, W1W 8NB**

Present: Roy Griffins (RG) – Chairman
Keith Rigg (KR)
Charles St John (CSJ)
Shaun Williams (SW)

Apologies: Kay Ellis (KE) DH
Jamie Moore (JM) NHSBT
Mike Stredder (MS) NHSBT
Huw Williams (HW) NHSBT

In Attendance:

Ian Bateman (IB) NHSBT
Rob Bradburn (RBr) NHSBT
Tom Cowdrey (TC) NHSBT
Gareth Davies (GD) MAZARS
Denise Dourado (DD) NHSBT
Colin Evans (CE) PwC
David Evans (DE) NHSBT
Karen Finlayson (KF) PwC
Linda Haigh (LH) NHSBT
David Hakin (DH) NAO
Peter Lidstone (PL) NHSBT
Gail Miflin (GM) NHSBT
Ella Poppitt (EP) NHSBT
Aaron Powell (AP) NHSBT
Richard Rackham (RR) NHSBT
Ann Smith (AS) NHSBT (Minutes)
Andrew Weal (AW) NHSBT

Action

Declarations of Conflict of Interest

Members confirmed that they had no conflicts of interest.

Risk Presentation – Business Continuity (presentation)

The purpose of the presentation was to inform and also assure the Governance and Audit Committee (GAC) that Business Continuity complies with the Corporate Risk Management approach, ensuring that the process for local identification of risk maps into the new risk management approach via MPD849. RR assured the GAC that good progress has been made in the new approach to Risk Management.

It has been agreed that the Business Continuity and Estates registers will merge which prevents confusing duplication of risk with varying scores. A draft Estates/Business Continuity register has been produced for discussion at the Estates SMT and will be presented to the Executive team (ET) in October 2016 and will then be presented to the GAC in November 2016.

Chairman's Introduction

RG welcomed all to the meeting, including Tom Cowdrey, Gareth Davies, Colin Evans and David Hakin.

Papers 16-84A&B and 16-86 were discussed as one item in section 4.

Minutes of the 53rd Meeting Held 14 June 2016

The minutes were signed as a true and accurate record.

Matters Arising

The outstanding actions were closed to the GAC.

1 Clinical Governance**16-76 Clinical Governance Report – July 2016**

Paper noted for information.

16-77 Serious Incident (SI) update

The Serious Incident management process and terminology is being updated and will be published on Q Pulse in September 2016. **Action:** EP to send RG the updated Management Process Description (MPD) by the end of September 2016. The term SI will be used going forward.

EP

16-78A&B Clinical Audit update

Papers noted for information.

KR requested to read AUD3121 - Knowledge of Transfusion Theory in TAS Nurse Practitioners. **Action:** EP to send AUD3121 report to KR.

EP

16-79A&B Revalidation Annual Report

Papers noted for information.

CSJ questioned the process should a Clinician leave the organisation mid way through revalidation. GM assured the GAC that Clinicians must complete the revalidation process.

16-80 Clinical Audit Risk and Effectiveness (CARE) Committee Annual Report

Paper noted for information. The CARE Committee has complied with its terms of reference from 1 April 2015 to 31 March 2016.

CARE Committee update September 2016 – Oral (GM)

There were no confirmed SIRS during the reporting period.

An operational proposal was approved at the September 2016 CARE Committee to remove Lidocaine from use in Blood Donation. CARE has approved the use of the title Mx. Donors will still have to specify a gender M or F in Pulse to ensure that the appropriate manufacturing processes are applied to their donations.

The Safety of Blood, Tissues and Organs (SaBTO) recently postponed the Hepatitis E virus (HEV) working group. The working group has been re-scheduled for early November 2016.

NHSBT has yet to be inspected under the Care Quality Commission's (CQC) new comprehensive inspection approach. Communication has been maintained and it is expected that direction around the future scope of inspection and planned scheduled dates for inspection will be clarified at a meeting scheduled for September 2016. IB advised the GAC that NHSBT are inspection ready at all times. AW noted that CQC inspections are 'snap shot' focussed and will give six to eight weeks notice, prior to inspection.

2 Quality Assurance

16-81 Management Quality Review
 There were no regulatory inspections during Q1 2016/17, although there were a number of United Kingdom Accreditation Service (UKAS) inspections of our Red Cell Immunohaematology (RCI) laboratories.
 KR noted at the end of Q1 the number of overdue events had decreased. However, a proportion of these events were overdue by more than ninety days. IB assured the GAC that the figures had improved and work was in progress using a target approach, to reduce the number significantly. The Human Tissue Authority (HTA) performed an inspection of Organ Donation Transplantation (ODT) as part of its assisted function role. RG noted the verbal report but asked if the written report was available. IB confirmed the paper was not available at this time.
 IB confirmed the Non Executive Director (NED) visits were operating well and that the overall attendance was good.

16-82 Human Factors (HF)
 IB updated the GAC on plans to progress the development of a Safety First Culture through a HF approach within NHSBT. IB noted the progress and actions agreed with the ET in May 2016 were progressing well, with the majority of actions running to plan. Completion of an organisational wide training package for HF is now available on the NHSBT Shine Academy intranet page. This is not currently a mandatory package.
 A strategic partner approach was agreed in May 2016 in an attempt to accelerate our learning potential. Review of the current frameworks available to us to achieve this has been undertaken and a Framework specification to commence the process has been completed.
 The launch of the HF Tools and Training via People First is in place. SW asked how progress is measured. IB explained Key Performance Indicators (KPI's) were not clearly defined at present and noted that at the next Group meeting in October 2016; Kip's would be reviewed, agreed and put in place.

3 Business Continuity

16-83A&B Business Continuity Update Report
 RR noted that the mass casualty response plan will be tested as appropriate with external partners. At present NHSBT are dependent on NHS England co-ordinating the plan.
 RR advised the consideration of the makeup of the National Emergency Team (NET) needs to be more defined, with regard to the communication process following an Incident.
 Incidents of all levels will, in future, be formally declared by the National Critical Incident Manager (NCIM) by sending a message to all directors and will be formally stood down in the same way.
 CSJ questioned the low level of mandatory training, which has remained low since the last report to GAC. RR confirmed there were still issues but work is in progress to improve the levels of training by the end of 2016. DE advised that there has been 'teething problems' with the new online system but processes are in place to address this.

Tissues single point of failure action update – Oral

RR detailed the Tissue single points of failure, noting that NHSBT have one week's supply of tissues at any one time. CSJ thought a review of how the minimum blood supply stock holdings are set in the context of updated business continuity plans would be beneficial. **Action:** RG requested an update of the development of items presented in the Business Continuity Risk presentation to the November 2016 GAC meeting; in

RR

particular, to revisit the basis for our declared minimum blood stock levels.

4 IT Governance (IT)

IT Update - Verbal

The systems are stable and functioning well following the data centre move. Performance measures are good, with incidents resolved within SLA increasing to 91%. No Priority 1 incidents were reported in June – August 2016.

The subsequent programme of major changes undertaken by the ICT Directorate planned for 2015-16 are underway, including implementation of new firewalls which are being implemented in September 2016.

Microsoft Windows 10, for desktop, is now being trialled and will require Ministerial approval following recommendation for approval from the Cabinet Office. AP and the GAC discussed Ministerial approval. **Action:** AP to review contractual commitments to proceed based on pending written cabinet approval.

The project to update NHSBT's network and telephony systems is moving slower than anticipated. AP confirmed he was in weekly contact with Vodafone and had escalated concerns about delivery.

AP

16-84A&B
16-86

Internal Audit (IA) Review – Information Technology (IT) Strategy

Papers 16-84A&B and 16-86 were taken as read.

The overall rating for the report is 'Limited Assurance' - meaning that there are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective. AP set out the actions that had been taken in response to the report and CSJ asked AP if he felt the IA expectations had been met in NHSBT's response. AP believed actions had been responded to. The GAC then discussed with Internal Audit (PwC) about their 'Limited Assurance' finding concerning the IT Strategy. The GAC agreed with the ET view not to set up a specific, separate, internal IT strategy governance body. Internal Audit accepted this outcome without objection. GAC noted that Jeremy Monroe (NED) is a member of the Core Systems Modernisation (CSM) project board but accepted that it was hard to place formal reliance on such involvement by a NED. **Post meeting note:** [Increased usage of Internal Audit advice on the IT elements of the Transformation Programme (see below) – within IA's existing annual plan – was reported subsequently to the 29 September Board].

16-85

Information Governance (IG) Annual Report

Paper noted for information.

AP noted that the IG paper had been submitted to the CARE Committee in early September 2016 and will be submitted to the Board in late September 2016.

5 Internal Audit

16-86

Internal Audit Progress Report

Discussed in section 4 with Paper 16-84A&B

16-87

Review Outstanding and Overdue Internal Audit Actions

The ET agreed that the recommended action 'a separate IT Strategy governance body' will not be implemented. The GAC were also content that no further action on this audit point is required. **Closed by the GAC.**

6		Transformation Programme	
16-88	<u>Transformation Programme Risk Summary Report</u>	The paper was prepared following discussion with the Transformation Programme Board (TPB) and the GAC. DD confirmed that the report is sent on a monthly basis to all Board members.	
16-89	<u>External Support NHSBT Transformation Programme</u>	The GAC had asked for details regarding “outsourcing” of services by NHSBT. DD advised the GAC that future external resource arrangements have been established to support the transformation programme and that resources and costs are all positioned at the right level. SW noted that it was important that NED’s were fully aware of the use, and cost of use, of external consultants during the transformation programme, and were confident that knowledge transfer to NHSBT staff was both integral to the relationships and happening in practise. The paper was very helpful in that regard. The NED’s acknowledged the rationale and safeguards in the paper and saw no need to insist on further discussion at the Board meeting but commended the paper for Board members to read.	
7		Risk Management Update	
16-90	<u>Risk Management Update</u>	The report was submitted to the CARE Committee in early September 2016 to provide and update on progress towards implementing the revised risk management process within NHSBT. All risks have been revised and updated. RG commented that the internal communications plan, which is currently amber on the progress report, needs to be put in place. EP noted that this was in progress.	
8		Integrated Governance	
16-91	<u>Board Performance Report</u>	The report was taken as read with no concerns to note. KR noted the Red RAG status with regard to Time to Type Donor after Cardiac Death (DCD). Action: RR to discuss the performance with the Director of Diagnostic and Therapeutic Services for clarification and reasons.	RR
16-92		The report was taken as read with no concerns to note. The Red RAG status was noted with regard to Diagnostic and Therapeutic Services (DTS). An action plan regarding the Red Rag status will be drawn up and delivered to the Director of Diagnostic and Therapeutic Services.	
16-93A,B, C,D	<u>Governance and Assurance Framework</u>	A new title has been given to the framework as well as incorporating the Assurance Map into the report. Action: AS to update the GAC workplan to reflect the change of document name and that the document will be reviewed annually.	AS
	<u>Fraud Annual Report and Workplan</u>	Mandatory training continues for all staff to raise awareness of fraud and how to prevent it and report it. A new Manager Passport has also been developed which highlights to managers the importance of their approvals, what to check and how not doing this can allow fraud to happen. Red rated standards were discussed. Additional exception reporting for travel and expenses were noted. NHSBT ensures that all new staff are subject to the appropriate level of pre-employment checks, as recommended by NHS Employers.	

9 External Audit
External Audit Progress Report - Oral
 A meeting will be scheduled following the handover from Deloitte to Mazars before the next scheduled GAC meeting in November 2016. Meetings with External Audit to be arranged prior to 2017 arranged GAC meetings.

10 Committee Business
 16-94 GAC Terms of Reference (ToR)
 The GAC updated its ToR and discussed the attendance of GAC meetings by appropriate Internal and External Audit representatives. The wording of the ToR will be amended to reflect IB as a regular attendee. **Action:** Attendees to send comments to update ToR to EP/ AS. **ALL**
 At least once a year the Committee should meet privately with the External and Internal Auditors without any Executive Directors present. The GAC to discuss this additional meeting at the September 2016 post GAC review meeting.

11 Chair's Action (for discussion only as required)
GAC Terms of Reference Review
 There were no Chair's action to report.

12 Papers for information
 16-68 Losses and Special Payments
 16-69 Waivers

13 Any Other Business
 No further business to report.

14 Review the effectiveness of the meeting
 The 'new' Board room at the West End Donor Centre (WEDC) will be used for GAC meetings. All of the 2017 dates are booked to take place at the WEDC, with the exception of the March 2017 meeting.

Dates of Meetings in 2016

Date/Time	Venue	GAC Papers for dispatch
Tuesday 8 November 2016 09.30 hrs – 13.00 hrs	WEDC Board Room	Wednesday 26 October 2016

Date/Time	Venue	GAC Papers for dispatch
Friday 20 January 2017 09.30 hrs – 13.00 hrs	West End Donor Centre Board Room	Monday 9 January 2017
Friday 17 March 2017 09.30 hrs – 13.00 hrs	West End Donor Centre Board Room	Monday 6 March 2017
Friday 23 June 2017 09.30 hrs – 13.00 hrs	West End Donor Centre Board Room	Monday 12 June 2017
Friday 15 September 2017 09.30 hrs – 13.00 hrs	West End Donor Centre Board Room	Monday 4 September 2017
Tuesday 7 November 2017 09.30 hrs – 13.00 hrs	West End Donor Centre Board Room	Wednesday 25 October 2017