

**MINUTES**

**The 57<sup>th</sup> Meeting of the NHSBT Governance and Audit Committee (GAC) Meeting  
held on Friday 17 March 2017  
West End Donor Centre, Board Room, 26 Margaret Street, London, W1W 8NB**

**Present:** Roy Griffins (**RG**) NED **Chairman**  
Jonny Oates (**JO**) NED  
Keith Rigg (**KR**) NED  
Charles St John (**CSJ**) NED

**Apologies:** Ian Bateman (**IB**) NHSBT  
Karen Finlayson (**KF**) PWC

**In Attendance:**

Rob Bradburn (**RB**) NHSBT  
Gareth Davies (**GD**) Mazars  
Denise Dourado (**DD**) NHSBT  
Kay Ellis (**KE**) DH  
David Evans (**DE**) NHSBT  
David Hakin (**DH**) - *Telecon* NAO  
Linda Haigh (**LH**) NHSBT  
Sally Johnson (**SJ**) NHSBT  
Gail Mifflin (**GM**) NHSBT  
Jamie Moore (**JM**) NHSBT  
Fidelma Murphy (**FM**) NHSBT  
Neal Murray (**NM**) PWC  
Ella Poppitt (**EP**) NHSBT (Secretariat)  
Aaron Powell (**AP**) NHSBT  
Richard Rackham (**RR**) NHSBT  
Mark Rodgers (**MR**) NHSBT  
Jonathan Sawyer (**JS**) PWC  
Ann Smith (**AS**) NHSBT (Minutes)

**Action**

**Declarations of Conflict of Interest**

Members confirmed that they had no conflicts of interest.

**Risk Presentation – Blood Supply (BS)**

An overview of the presentation was given by JM, outlining the revised organisation-wide risk management system, centred around an improved Corporate Risk Register (CRR), and the new system's application to BS, highlighting the four parent BS risks on the CRR.

**Action:** One correction was noted. JM to correct the slide and AS to circulate the risk presentation with the draft minutes.

**JM  
AS**

**Chairman's Introduction**

RG welcomed all to the meeting, including the new formal GAC member, Non Executive Director (NED) Jonny Oates, also Fidelma Murphy, Neal Murray from PWC (the new IT lead for Internal Audit) and Mark Rodgers, who will replace DD on the Transformation Programme (TP).

## Minutes of the 56<sup>th</sup> Meeting Held on Friday 20 January 2017

The minutes were signed as a true and accurate record.

### Matters Arising

The outstanding actions were updated and closed to the GAC.

- RR updated the GAC regarding action – Single Point of Failure. **Action:** Add a fixed Single Point of Failure update for the GAC, within the Business Continuity report.

RR

## 1 Clinical Governance

### 17-22 & 17-23 Clinical Governance Report and Serious Incident (SI) update

Two Serious Incidents (SI) reported in the reporting period 01 December 2016 – 31 January 2017 were noted by the GAC as closed:

- INC1840: Organ Donation and Transplantation (ODT) - Cytomegalovirus (CMV) incident where a recipient of a pancreas died from CMV disease following an incorrect CMV result. The joint meeting with PHE has been held and the joint lessons learned report is being written and will be shared with the family.
- INC71660: Manufacturing & Logistics - National Transfusion Microbiology Reference Laboratory (NTMRL) incident where, samples have been tested outside of the manufacturer's instructions for use.

The GAC also noted:

Diagnostic and Therapeutic Services - INC1726 - Retrieval of heart tissue which was required for hospital post-mortem. Consent for tissue donation was obtained appropriately as per policy by the National Referral Centre. The family were unhappy that the hospital post-mortem, which was delayed, did not have the heart present for post-mortem examination. The Trust are investigating the incident, NHSBT having concluded this incident is not an SI but treating the incident seriously and trying to liaise with the family via the local Acute Trust.

In addition, the following incidents were discussed (but noted that they were outside the formal CG report to GAC):

- Information Governance (IG) – This incident relates to the transfer of data. One hundred films containing donor health check forms were lost. The films have since been found. SI calls have taken place and the incident has since been graded as a major Quality Incident (QI). However, further investigations are taking place to establish the cause of the incident and robustness of data handling processes.
- INC2278: On the 2 February 2017 the Organ Donor Register team were alerted to an incident relating to Open Exeter and the Organ Donor Register (ODR). In 2010 the Open Exeter system was introduced at GP practices in England. The system contained a software error on the organ donation screen which has recently been discovered. The investigation is ongoing. This is being managed as a major quality incident in ODT.
- ODT INC2293 – A nodule was found in the lung. The heart was transplanted. The kidneys were sent to a local hospital for transplantation. Due to poor documentation and poor telephone conversations the liver transplant was stopped. A Root Cause Analysis will take place. The Clinical Audit Risk and Effectiveness Committee (CARE) will continue to report.
- INC2306 – Two kidneys were accepted for transplantation and were successfully transplanted. Following a complex chain of communications it was discovered Lymphoma was present in both kidneys and were subsequently removed from

Action

the recipients. The Committee discussed the next steps noting improving and recording communications. An RCA will take place. This has been classified as an SI.

The GAC requested clarification of 'where the legal responsibility lies' for communication of information with the transplant teams with reference to ODT INC2293 and ODT INC2306. **Action:** SJ to consider and report back to the GAC confirmation of responsibility of communication to the transplant teams.

SJ

The GAC's intention in 2017/18 to select and undertake a deep dive into a particular SI. **Action:** RG to discuss and agree the SI for such scrutiny.

RG

It was noted that it was reported to CARE that NHSBT which will commence blood donor screening from mid April 2017 following guidance from The Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) that had recommended Hepatitis E virus (HEV) screening for all blood donations and donors of stem cells, tissues and organs.

## 2 Quality Assurance

### 17-24 Management Quality Review (MQR)

The report was submitted to the Executive Team (ET) in early February 2017. There was one regulatory inspection during Q3 2016/17. No Critical or Major non-compliances were raised during the inspection. This was two less than expected as the Medicines and Healthcare products Regulatory Agency (MHRA) moved the inspections of Colindale and Leeds into the 2017/18 schedule. Following discussions with MHRA a new 2 yearly inspection programme has been agreed which will even out the inspections schedule for NHSBT and ensure compliance. This results in a net reduction of inspection days for NHSBT.

Overdue issues such as change controls and adverse events are continuing to be a problem. The latest data demonstrates that we are not making significant and sustained improvements in all areas. KR showed concern in the continuing overdue issues and asked 'how this can be taken forward?' FM reported that this is a complex issue with a number of actions required including commitment from the business to action overdues as a priority and some work is required on how we categorise events and therefore their management. This is a significant piece of work and will require prioritisation and resourcing. **Action:** Send the MQR to the Board meeting for information.

FM

### Non Executive Director Site Visit - Oral

Sites visits are arranged for 2017, some spaces remaining IB will share the schedule one more time with NEDs and will then close the dates not filled with operations.

### 17-25 Human Factors

The Executive Team (ET) receive regular updates on the development and integration of a Safety First Culture using Human Factor principles and tools across NHSBT. Progress on the implementation so far is good. Red Cell Immunohaematology (RCI) commenced working on check list development in January 2017 and a wider NHSBT group has also now been formally trained. Internal Communications will be directed throughout the organisation, through the use of the Connect magazine, blogs and the use of pre-scheduled meeting updates.

## 3 Business Continuity

### 17-26 Business Continuity Update Report

The GAC was told of certain issues and challenges facing NHSBT's Business Continuity effort, but was not asked to intervene. A Single Points of Failure report was requested by the GAC, as well as an update on NHSBT's role in dealing with the aftermath of mass-casualty incidents. **Action:** Produce updated reports and submit to the next GAC meeting.

RR

#### 4 Transformation Programme

##### 17-27 Transformation Programme Risk summary report

- Core Systems Modernisation (CSM) – A draft plan for Transition State One (TS1 donor management activity) has been developed and will be reviewed by key stakeholders. Feedback on the plan will be presented at both the CSM Programme Board and NHSBT Board meetings. The programme status, although trending Amber, remains Red and CSJ questioned whether the Red Rag status, regarding the risk scoring, should be reviewed given there are risks scored as 5x4 or 4x5, which suggests the impact and likelihood is more serious than the associated description. DD assured the GAC that the CSM have adopted a flexible approach to the scoring, which was reviewed as the project moved forward. It was noted that it was important to avoid 'red fatigue' and continue to give such items full consideration. **Action:** Review the Red project scores. Challenges in recruiting specialist people to the project was slow but strategies are now in place and recruitment is moving into a sustainable place.
- ODT Hub – The Programme remains on track to deliver the commitments from the 2016/17 in full. The plan is due for discussion at the Board meeting and the TPB meeting later in March 2017.

DE/  
DD/  
MR

#### 5 Internal Audit

##### 17-28 Internal Audit Progress Report

- The overall audit programme for 2016/17 will end on 31 March 2017, noting that there is one ongoing piece of fieldwork which will overspill into next years plan. A draft report will be submitted offline to the GAC at the beginning of April 2017.
- The Information Governance Toolkit audit is near completion and no concerns were noted.
- The planned review of Culture and Human Factors is to be deferred until 2017/18.
- Discussions have taken place with regard to the draft internal audit plan. Topics requiring attention include Business Transformation, Integrated Governance, Risk Management and whether Fleet Management should be included in the plan, from an effectiveness perspective rather than fraud, which has previously been considered. Work will continue in conjunction with Mazars. RG asked about possible clashes and overlapping of work for PWC and Mazars. The GAC was assured that both internal and external auditors were working to ensure that overlaps were avoided.
- The GAC discussed with PWC their need to be informed of topics and issues that need attention by the GAC. PWC will consider how best to work with the GAC to deliver assurance.

17-29

##### Review Outstanding and Overdue Internal Audit Actions

There were no outstanding or overdue internal audit points as at 28 February 2017.

#### 6 External Audit

##### External Audit Progress report – Verbal

The draft Annual Report and Accounts are recorded and are on track to be delivered to the agreed plan. A final visit will commence in May 2017 with certification planned for June 2017. A meeting is arranged in early June 2017 to meet with the ET and Finance, prior to the sign off accounts scheduled for the June 2017 GAC meeting.

- 17-30 Year End Timetable  
The first draft of the unaudited Annual Report and Accounts is ready for comment. The DH had requested that unaudited accounts be submitted on 26 April 2017 and final accounts on 4 July 2017. **Post meeting note; KE confirmed that NHSBT does not need to comply with the timetable set for the DH accounts.** The GAC assessed a feasible timetable for reviewing, submitting and completing the 2016/2017 Accounts and will look to the DH to agree it.  
**Action:** RB to revert to KE to find out from the DH whether NHSBT is bound by the 6 June submission date.

RB/  
KE

## 7 Risk Management Update

### 17-31 NHSBT Corporate Risk Register

The next phase in the development of the new Corporate Risk Register (CRR) will be to work with the risk leads to look at moderation and scoring of risks in their Directorate. Not all risks have targets recorded and EP noted that the document is still a work in progress and updates to the document are scheduled. The NEDs noted that the document has a good structure and individual risk dates could be added including the flagging of new risks. It was also considered that more detail could be added and placed within the summary section.

### Risk Interdependencies – Audit and Risk Committee (ARC) – Oral

EP had attended the DH/ ALB interdependencies meeting and updated the GAC, noting that the Departmental meeting had identified few interdependencies that other ALBS had with NHSBT. **Action:** Prepare a paper for circulation noting high level meeting outcomes and actions.

EP

## 8 Integrated Governance

### 17-32 Board Performance Report

The performance report remains in line with the strategic plan. The January 2017 Board Performance report and most up to date report was circulated to the March 2017 GAC meeting. The February 2017 Board Performance report will be submitted to the 30 March 2017 Board meeting.

## 9 Information Technology Governance

### Information Technology (IT) Update - Oral

AP gave an oral update to the GAC noting the following.

- The Core Systems Modernisation (CSM) Desktop modernisation is 'going well'. Core locations have been updated and the Leeds site will commence with modernisation at the end of March 2017. AP advised that the project was working to an alternate, one week updating and one week off approach and that this approach was working well.
- Small, internet bandwidth sites have been replaced with new network switches.
- Firewall protections are installed and are being monitored.
- No priority one incidents were reported.
- Recruitment remains an ongoing challenge but AP noted strong candidates are beginning to come through the system.

## 10 Committee Business

### 17-34 GAC Workplan 2017/2018

With one amendment the workplan for 2017/2018 was agreed.

### 17-35 GAC Risk Presentation Calendar 2017/2020

EP noted that the Risk presentations had been re-aligned to reflect the Blood Donation and Blood Manufacturing and Logistics 'split' in presentations. The GAC were happy with the

noted changes and agreed the calendar. **Action:** Circulate the risk calendar to all attendees of the GAC to ensure all attendees are aware of the planned rescheduling of their risk presentations.

**11 Chair's Action**

- 17-33
- Standing Orders Review – The paper was noted. RG had reviewed all the papers, noting there were no substantive changes. RG signed off the revised Standing Orders, through the Chair's Action.

**12 Papers for information**

- 17-36 Losses and Special Payments  
17-37 Waivers  
17-38 Information Governance report  
17-39 Assurance Framework  
17-40 Security Design Principles

- 17-40 Security Design Principles – The paper was noted as being particularly informative.

**13 Any Other Business**

No further business to report.

**14 Review the effectiveness of the meeting**

The following points were noted:

- The number of attendees (21 reducing to 15) considered appropriate for the meeting's business. It was acceptable for attendees to limit their presence to the periods when their items were under active discussion.

**Dates of Meetings in 2017**

Date/Time	Venue	GAC Papers for submission
<b>Friday 23 June 2017</b> <b>09.30 hrs – 13.00 hrs</b>	West End Donor Centre Board Room	Monday 12 June 2017
<b>Friday 15 September 2017</b> <b>09.30 hrs – 13.00 hrs</b>	West End Donor Centre Board Room	Monday 4 September 2017
<b>Change of date</b> <b>Friday 24 November 2017</b> <b>09.30 hrs – 13.00 hrs</b>	West End Donor Centre Board Room	<b>Monday 13 November</b> <b>2017</b>