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The Minutes of the Eighty Seventh Public Board Meeting of NHS Blood and Transplant held at 10.00 am on Thursday 27th September 2018 in Canongate 1, Radisson Blu, Edinburgh

Present:	Ms M Banerjee	Dr G Miflin
	Mr R Bradburn	Mr J Monroe
	Mr A Clarkson	Lord J Oates
	Mr R Griffins	Mr K Rigg
	Ms S Johnson	Mr C St John
	Mr G Methven	Prof P Vyas
	In Attendance:	Ms H Gillan
Ms F Murphy		Ms S Baker
Mr A Powell		Mr J Mean
Ms K Robinson		Ms P Vernon
Ms C Rose		Mrs K Zalewska
Mr M Stredder		Mr A Colognori (item 6 only)
Mr A Snape		Ms A Scales (item 11 only)

1 APOLOGIES AND ANNOUNCEMENTS

Ms Banerjee welcomed a liver transplant recipient, Mr Andy Colognori, together with Ms Helen Gillan and Ms Fidelma Murphy who were deputising for Dr Huw Williams and Mr Ian Bateman respectively who had tendered their apologies. Apologies were also received from Ms Louise Fullwood.

Welcomed to their first meeting in their new roles were Ms Sally Johnson, Mr Anthony Clarkson and Mrs Kathy Zalewska.

The Board welcomed Mr Jeremy Mean from the Department of Health and Social Care, Ms Sam Baker from the Scottish Health Department and Ms Pat Vernon from the Welsh Health Department.

2 DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interest.

3 (18/164) BOARD 'WAYS OF WORKING'

The 'Ways of Working' were noted.

4 (18/165) MINUTES OF THE LAST MEETING

The minutes of the last meeting were approved.

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5 (18/166)

MATTERS ARISING

The Board noted the Matters Arising as complete:

- Evaluation of risk – The risk section of the Board Performance Report had been re-drafted and more complete re-formatting would follow in November.
- Corporate Position Statement – A revised Statement had been circulated to Board Members.

Chairman's Remarks

Ms Banerjee stated that the Infected Blood Inquiry had opened on Monday with a service of commemoration followed by detailed presentations from patients and their lawyers. Ms Banerjee, Ms Johnson, Dr Mifflin and Mr Griffins had attended the opening days of the Inquiry. The presentations by those who had been infected and affected had been very moving and it had been made clear that this would be a thorough and comprehensive Inquiry. It had been sobering to be reminded of NHSBT's obligation to provide safe products. It was emphasised that NHSBT was fundamental to the Inquiry as the only UK supplier of these products and was committed to finding the information needed. Ms Johnson encouraged Members to visit the live streaming site to listen to the patients' stories.

6 (18/167)

PATIENT STORY

Mr Andy Colognori joined the meeting to present his personal story to the Board having received a liver transplant in May 2016. Mr Colognori was keen to thank the staff involved with his transplant and after-care and also highlighted the benefits of transplantation, not only to patients but their wider family. When asked what he would want NHSBT to do going forward he added that innovation in new techniques in organ retrieval and transplantation was key for the future, having been one of the first patients to benefit from a liver that had undergone a new perfusion technique. He was also keen to write to his donor family. **ACTION: Mr Clarkson to facilitate this request.**

AC

7 (18/168)

CHIEF EXECUTIVE'S BOARD REPORT

Ms Johnson presented the Chief Executive's Report as detailed in paper 18/168. The report focused on key marketing and communications activity and highlighted issues on performance and risk. These were:

- a) Focus on blood donation and the Core Systems Modernisation programme. A video on the Session Solution Proof of Concept for blood supply would be played for Members later in the meeting.
- b) The issue of overdue items reported by the Quality Management System had been followed up with Directors to ensure improved performance with the aim of achieving as near to zero overdue items as soon as possible.
- c) Earlier in September there were MHRA inspections of Liverpool and Southampton as well as an HTA inspection in Liverpool. In addition, the MHRA would be carrying out an unscheduled inspection of the PULSE system in October. In response to a question from Mr Rigg asking what had prompted the inspection, Ms Murphy stated that

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- these inspections were taking place across facilities in both the public and private sector and were not specific to NHSBT.
- d) Communications activity had included support for the Department of Health and Social Care as the Government published its response to the consultation on a new approach to organ and tissue donation. The Government aimed to implement the approach in April 2020 after a year-long public information campaign to explain the change.
 - e) The opening sessions of the Infected Blood Inquiry took place earlier in the week, following which there would be a period of document gathering with oral hearings anticipated in the Spring of 2019. NHSBT had responded positively to the request for documents and other evidence for the Inquiry and a communication plan was in place.
 - f) Targeting of various ethnically diverse groups took place throughout August and there was widespread media coverage of the Transplant Games in Birmingham. Organ Donation Week at the start of September generated a large volume of national and local media coverage on the theme of 'Words Save Lives' and many public bodies showed their support by lighting up their buildings pink (green in Scotland). Following evaluation, the World Cup campaign supported an increase in new donors on last year by 23% between April and August. Also, in August NHSBT was invited to run a Know Your Type recruitment session at 10 Downing Street.
 - g) Future activity included a series of programme idents during Halloween featuring the cast of Love Island as well as a joint blood and organ donation campaign during Black History Month in October.

8 (18/169) **BOARD PERFORMANCE REPORT**

Mr Bradburn provided a presentation in support of the Board Performance Report (paper 18/169). The key highlights of the presentation were:

- a) Improved blood collection resulted in an improvement in stock during August. Collections, however, fell back significantly during September with stocks falling back to red status. Collection levels needed to be around 29,800 per week in order to build stock. If this level was not achieved stocks were likely to remain red in the near future and there was a risk that they would be at red status by the end of December and vulnerable to bad weather in the Winter.
- b) There was ongoing growth in activity and income within DTS although the trend in cord blood issues continues to be adverse.
- c) At August year to date organ donor numbers were 4.7% lower than target but were 7% higher than last year. Donor numbers were very high over the previous Winter, so the comparatives would be difficult to match, and there was a risk that deceased donors (and especially transplants) would fall back towards and possibly below last year's levels.

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Mr Griffins thanked Mr Bradburn for updating the risk register summary re the ability to supply in case of the loss of a critical IT system and for Brexit. This would be reformatted for the November Board meeting.

Following on from the above report Members discussed the deterioration in collection performance seen in September 2018. Key factors affecting performance were:

- 1) An increase in new donors attending which was not anticipated
- 2) Roll out of the capillary HemoCue to 10 more teams
- 3) Closure/relocation of WEDC to RCN (pending expansion/refurbishment) albeit the net effect of this was minimal.
- 4) Rapid increase in NHSBT cancellations

Mr Stredder gave a presentation on the next steps to improve blood collections performance which were:

- Growing capacity through adding additional sessions and appointments
- Addressing staffing challenges
- Delivering retention & reactivation initiatives
- Postponing further roll out of capillary Hemocue

Members discussed the increase in clinical deferrals due to the tightening of the copper sulphate method and the change of the secondary test to a capillary HemoCue test. Prof Vyas queried whether the potential impacts of the trial outcomes had been modelled sufficiently in terms of both timing and impact. Dr Mifflin replied that the modelling was done later as part of the piloting of the new procedure. Prof Vyas felt that in retrospect it would have been ideal to have had more capacity planned prior to implementing the changes. It was acknowledged that lessons needed to be learnt from this and that work needed to take place to resolve this issue. Discussion took place at the Blood Operations Leadership Team (BOLT) on the balance of risk to donors of the HemoCue rollout and risk to blood supply. The main safety concern was around the risk of bleeding people with an Hb level of 80 - 90 g/L and this risk had been mitigated by the changes made to the copper sulphate test. The change from venous HemoCue to capillary HemoCue had been delayed for supply reasons and a plan would need to be in place before rollout of the initiative continued. Gail Mifflin confirmed that the safety case associated with a time limited delay had been considered and approved by the ET. Prof Vyas also suggested consideration of a gender-based policy, eg consideration of rolling out to female donors in the first instance.

Many of the reported staffing challenges were acknowledged as long-term issues, particularly those related to printing and team setups. There was a need to identify and categorise immediate and longer-term solutions and the following key initiatives had been paused:

- Continuous Care Model
- 1st Time Donor Pathway
- Venue Liaison/BD Taskforce

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Support would also be provided to centralise recruitment activities and identify areas of the bespoke 7-week donor carer training which could be compressed. Ms Robinson stressed the importance of maintaining staff-side relationships and HR Direct would be contacting those who had advised of their intention to leave in order to understand the reasons behind their decision. Absence levels had recently dropped but much of the issue related to a small number of donor teams with high levels of sickness, some of which also had new recruits within the team.

Donor retention and recruitment initiatives included:

- Setting of a new donor cap: 13% for October; 10% for November; 8% for December. A detailed action plan would be submitted to the next BOLT meeting.
- An increase in the size of the Account Management Team from 1st October together with a campaign around the importance of not cancelling or at least giving 72 hours-notice
- Push messaging to selected donors
- Additional Ministry of Defence sessions
- An increase in the invitations to non-appointments
- Nursery Programme videos

Ms Banerjee stressed the need to learn from this report and to work to prevent these situations recurring. **ACTION: Dr Williams to arrange a 2-weekly report on progress on these initiatives to provide a level of assurance to the Board.**

HW

Mr Bradburn stated that although the YTD performance and forecast for the year was currently showing a surplus of £3.5m there will be a £7m - £8m increase in costs due to recruitment of an additional 160 WTEs in blood donation and on additional marketing spend. Although some of this may be temporary the level of cost carried forward into next year is significant and will impact pricing assumptions.

Mr St John queried whether, at a future Board meeting, there should be a discussion on the issue of Ro donors. Mr Bradburn noted that the increased focus on donor retention (as seen during August with O negative donors) should help to improve this situation.

9 (18/170)

CLINICAL GOVERNANCE REPORT

Dr Miflin presented the Clinical Governance Report as detailed in paper 18/170. The Board noted there were no new Serious Incidents. An alert was received from the Chief Medical Officer relating to unsolicited packages with accompanying literature requesting testing. Details on precautionary measures required for dealing with these packages were given. No packages were received by NHSBT but the alert highlighted issues with the management of out of hours immediate CAS alerts via email which were being resolved.

Ms Banerjee requested more detail on a subset of complaints and compliments in order to have a fuller understanding of the situation.

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ACTION: Dr Miflin to discuss with Ms Banerjee the requirements for this report. **GMI**

10 (18/171) **ODT STRATEGIC REVIEW**

Mr Clarkson presented the Strategic Performance Review for ODT, key outcomes and measures from which were:

- a) Consent/Authorisation rate to reach 80% by 2020
- b) No. of deceased organ donors per million population to reach 26 by 2020
- c) No. of patients transplanted per million population to reach 74 by 2020
- d) Increase in organ utilisation

The Board noted other 2018/19 priorities which included development of the Organ Donor Register App, integration of which was taking place with NHS Digital. Mr Griffins asked for reassurance that funding would be in place for the work related to Opt Out. Mr Mean responded that the impact assessment was clear in terms of the impact on NHSBT and NHSE and this funding would be kept under review, including in the next spending round. Consideration would need to be given to governance reporting of this significant amount of funding.

Prof Vyas suggested the inclusion of data on trends in refusal to accept organ offers and the reasons why, both in numeric and graph form. Additionally, it would be useful to see data on transplant waiting lists.

ACTION: Mr Clarkson to provide Board Members with details of where to find the data and ensure that it is built into the next Strategic Performance Review. **AC**

Board Members also received an update on progress with deemed consent legislation in England and Scotland. Lord Oates asked if consideration had been given to any discussion on issues around consent in the Lords as, with Government Bills, there was usually an early stage of briefing which would be useful to have. **ACTION: – Mr Mean was asked to follow up on this point.** **JMe**

11 (18/172) **UK PAEDIATRIC AND NEONATAL STRATEGIC PLAN**

Ms Angie Scales joined the meeting to give a presentation on the UK Paediatric and Neonatal Strategic Plan for Organ Donation. The Plan was designed to supplement the Taking Organ Transplantation to 2020 Strategy and was developed following extensive consultation with the stakeholders to understand current practice and to learn how NHSBT and its NHS partners could better support potential donors and their families. It was noted that there would need to be additional support in place for the staff involved in the process and that, following consultation with the HTA and DHSC, NHSBT would be helping the HTA to put bilateral agreements in place with other EU Competent Authorities to allow continued cross-border organ exchange.

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The potential for additional transplants from the strategy was estimated at around 90 extra transplants pa although it was noted that some paediatric organs would be offered to adults.

In response to a question from Prof Vyas on how transplants were commissioned, the Board were advised that livers and hearts were commissioned at super-specialised level within NHS England often on a block level or with a tariff on top. Kidneys were commissioned nationally by NHSE but with local or regional commissioners involved. There was merit for working with DHSC towards a universal funding model and Ms Banerjee advised that the commissioning structure might be devolving to regional level in the future.

OUTCOME: Members approved the Paediatric and Neonatal Strategic Plan.

12 (18/173) **TRANSPLANT SUSTAINABILITY AND RESILIENCE SUMMIT**

Prof Forsythe reported on the Summit which took place in June in collaboration with the British Transplantation Society to look at the future challenges for transplantation and to identify solutions to these challenges. Arising from the Summit was a recommendation for Transplant Collaborative meetings to be progressed and an NHS England employee would be working within NHSBT to devise, develop and pilot a Transplant Collaborative meeting within the London Kidney/Pancreas centres. The concept would require support from NHSBT and backing from commissioners for geographically close centres to have clear goals to promote joint working to address those problems highlighted by delegates. It was noted that some relatively minor resource might be needed to ensure the Transplant Collaboratives become more embedded in the future.

OUTCOME: Members noted the outcomes of the Summit and endorsed the proposed plans to take forward the solutions.

13 (18/174) **REPORTS FROM THE UK HEALTH DEPARTMENTS**

The reports from the Health Departments in England, Scotland, and Wales were noted.

14 **ANY OTHER BUSINESS**

There were no further items of business.

15 (18/175) **PLANNED MAINTENANCE CONTRACT**

The Board noted that the planned maintenance contract would need to be retendered as this was challenged by MITIE in relation to scoring.

16 **DATE OF NEXT MEETING**

The next Board meeting was scheduled to take place on Thursday, 29th November 2018 at the Royal College of Anaesthetists, Red Lion Square, London

17 **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution was noted.

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FOR INFORMATION

- 18 (18/176) **NHS TERMS & CONDITIONS CONTRACT REFRESH 2018 (PAY DEAL)**
Paper 18/176 was noted.
- 19 (18/177) **REMOVAL OF 24 HOUR WORKING**
Paper 18/177 was noted.
- 20 (18/178) **FORWARD AGENDA PLAN**
Paper 18/178 was noted.
- 21 (18/179) **REMUNERATION COMMITTEE ANNUAL REPORT 2017/18**
Paper 18/179 was noted. Mr Griffin added that consideration should be given to when minutes of the Board sub-committees are submitted to the Board, ie before they are ratified at the next meeting or after.