

**Minutes of the Seventy-third Meeting of NHS Blood and Transplant
held at 09.30 on Wednesday 25 May 2016 at the
Royal College of Obstetricians & Gynaecologists
27 Sussex Place, Regent's Park, London NW1 4RG**

Present: Mr J Pattullo Mr K Rigg
 Mr R Bradburn Mr C St John
 Dr C Costello Mr I Trenholm
 Ms L Fullwood Prof P Vyas
 Mr R Griffins Dr H Williams
 Ms S Johnson Mr S Williams
 Mr P Lidstone Dr L Williamson
 Mr J Monroe

In attendance: Ms L Austin Ms S Baker
 Mr I Bateman Ms K Phillips
 Mr D Evans Mr E Webb
 Mr A Powell Ms J Minifie
 Mr M Stredder

16/51 APOLOGIES AND ANNOUNCEMENTS

Mr Pattullo welcomed Mr St John and Prof Vyas to their first NHSBT Board meeting. He also welcomed Dr Gail Miflin, Medical and Research Director Designate, and Dr Gary Mallinson, Lead Scientist, Safety Policy, who were attending as observers.

16/52 DECLARATION OF CONFLICT OF INTEREST

Mr Rigg said that, as a user of H & I services provided by NHSBT's Sheffield Centre, he had an interest in the Leeds/Sheffield Consolidation which was the subject of paper 16/45 at item 10.

16/53 BOARD 'WAYS OF WORKING'

The ways of working were noted.

16/54 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed.

16/55 MATTERS ARISING

Paper 16/41 was noted. Mr Stredder said he was expecting additional demand for O negative over the coming Bank Holiday weekend. He highlighted the importance of transfusing patients with their own blood group as far as possible, and said a range of measures aimed at reducing the over-use of O negative were being considered for 2017/18.

16/56 **PATIENT STORY**

Dr Williamson presented the story of a patient who had received a double lung transplant 17 years ago. Dr Williamson emphasised the fact that the demand for organs is not being met and said that this was a particular area of focus by the Associate Medical Director, John Forsythe and his clinical team.

16/57 **CHIEF EXECUTIVE'S REPORT**

The Board received paper 16/42. Mr Trenholm drew attention to the key issues and there was some discussion.

16/58 **BOARD PERFORMANCE REVIEW**

Mr Bradburn provided an overview of the position as detailed in paper 16/43.

He said the audit close meeting re 2015/16 had been held the previous day and that there would be no changes to the £4.9m surplus for 2015/16 that was reported in the March management accounts and the draft Annual Report and Accounts.

Regarding operational performance he added that little could be read into April month alone but that the ongoing trends indicated that 2016/17 would be challenging across all aspect of NHSBT's business ie

- ongoing supply challenges at blood/component level due to differential demand trends (and reflected in O negative stock levels stubbornly remaining below 4 days)
- delivering TOT2020 target levels for deceased organ donors and transplants
- the ongoing gap in cord blood issues, and related income, versus plan and, more importantly, strategic expectations

Although April financials were ahead of plan he reminded the Board that NHSBT is planning to spend £33m on transformation in 2016/17 and hence generate a planned deficit of £20m (funded from cash reserves). In reality spending on transformation to this level in 2016/17 is probably unlikely and the NHSBT challenge will continue to be the management of cash flow over the next 5 years as we attempt to balance flat prices with demand decline and funding of the transformation programme.

For measures where RAG ratings showed red, the reasons for this were discussed.

Responding to a question from Mr Rigg re the single price for platelets, whether derived by CD or pooling, Dr. Williamson confirmed that there was no evidence of any material difference in the safety or efficacy of the two.

Mr Pattullo said he believed that the standard Health and Safety accident reporting measure, i.e. Lost Time Accidents per 200,000 hours worked, would be more useful than the one currently used.

Mr Evans said he would follow this up with colleagues.

DE

16/59 **CLINICAL GOVERNANCE REPORT**

Dr Williamson presented paper 16/44, drawing attention to the key items. It was noted that paragraph 4.4 should also include reference to NHS Wales.

Dr Williams summarised the actions being taken to reduce the risk of transcription errors and Mr Trenholm emphasised that these actions were likely to be in the form of a programme of work over time. It was agreed that the Board would receive an interim report at the July meeting.

HW

Dr Williamson said that it had now been confirmed that NHSBT had not made any errors in the selection and timeliness of delivery of blood in the sad case of the post-delivery death of a sickle cell patient.

16/60 **LEEDS/SHEFFIELD CONSOLIDATION**

Mr Bradburn presented paper 16/45. The Board endorsed the recommended direction of travel set out and the preparation of a detailed business case.

16/61 **R & D STRATEGIC PERFORMANCE UPDATE**

Following an introduction by Dr Williamson, Nick Watkins, Assistant Director R & D, presented an update. This included progress against key objectives, future challenges and next steps and was well received.

Dr Williamson thanked Dr Costello for championing R & D during her time on the NHSBT Board and for chairing the R & D Committee.

Dr Costello congratulated Dr Williamson, Dr Watkins and their team on what had been achieved and wished them well in continuing the work in future. Dr Watkins added his personal thanks to Dr Williamson for her support.

16/62 **BLOOD 2020 STRATEGY PERFORMANCE REVIEW**

Dr Williams presented an update on progress on strategy pillars 3 and 4.

The Board were very impressed by the progress made on the internal aspects of the plans. They recognised the challenges presented by the VMI programme and integration with hospital transfusion services but requested continued focus on both these initiatives and asked to be kept informed of any additional pilot projects.

HW

16/63 **ODT HUB PROGRAMME – YEAR 2 BUSINESS CASE**

The Board received the business case for year 2 of the ODT Hub Programme as set out in paper 16/46.

Ms Johnson emphasised the fact that the use of agile working methods had been key to the success of the work done so far. Ben Hume, Assistant Director Transplantation Support Services, presented a summary of the improvements which had been achieved in year one and described the way in which the work had been approached. This was very well received.

Mr Trenholm pointed out that, as originally intended, this work continued to be funded by the release of small tranches of money. He said he would like to discuss this at the Board Development session on 26 May to ensure the Board remain content with the approach.

The Board approved the continuation of transformation activities from July 2016 to deliver benefits during year 2 and the expenditure of £2.6m (including £0.5m contingency).

16/64 **ANNUAL MANAGEMENT QUALITY REVIEW APRIL 2015-MARCH 2016**

Mr Bateman presented paper 16/47. The MHRA had reported five major non-conformances, all relating to GMP. Mr Bateman said these did not involve any specific trend although there was an underlying issue of non-conformance with our own procedures.

Mr Williams pointed out that overdue items had featured as a main issue in previous reports to the Board and GAC and asked why this had not been addressed. Mr Bateman described actions currently being taken to ensure the issue is dealt with.

The Board noted the performance for 2015/16 and agreed the plans for improvement activities in 2016/17.

16/65 **NHSBT ENGAGEMENT PROGRAMME – ANNUAL UPDATE**

Ms Austin presented paper 16/48.

It was noted that the 10% increase in satisfaction with our performance resulted from the combination of “fairly” and “very” satisfied responses in the 2016 Stakeholder Perception Audit Report. This was consistent with the approach taken in previous audits.

Mr Williams asked UK Health Department colleagues who were present why their satisfaction levels had dropped. Mr Webb, Ms Baker and Ms Phillips said there was no obvious reason and Ms Austin said she would follow the matter up outside the meeting.

LA

The Board noted the progress with our stakeholder engagement and public facing partnership programmes during 2015/16. They reviewed progress on our three priority areas; agreed the continued

prioritisation of organ donation behaviour change and regenerative medicine; and agreed that an opportunistic approach be taken to offering our capabilities to the wider NHS and to proactively promote our work on innovation.

The Board also endorsed the plans for stakeholder and partnership engagement for 2016/17 but this was subject to the inclusion of international counterparts, stakeholders and regulatory bodies in the next Stakeholder Perception Audit.

16/66 **MINUTES OF THE NATIONAL ADMINISTRATIONS COMMITTEE MEETING HELD ON 8.2.16**

The minutes were noted.

16/67 **MINUTES OF THE GOVERNANCE AND ASSURANCE COMMITTEE MEETING HELD ON 17.3.16**

The minutes were noted.

Mr Griffins said that following the suggestion at the previous meeting of a review of the operation of the NHSBT GAC, he had discussed this with colleagues. They had concluded that the current, coincidental churn in personnel presented an opportunity to put some new processes in place and a review was unlikely to be necessary.

Following his report at the last meeting that he would be accepting a routine invitation as chair of a DH ALB Audit Committee, to attend a DH Audit & Risk Committee meeting to discuss NHSBT's Risk Management, Mr Griffins confirmed that he and Mr Trenholm had attended the meeting held on 19 May. He said his impression was that this had gone well and Mr Trenholm concurred. Mr Webb said that the Committee had said they were very assured and thought the paper we had presented as a basis for the discussion was very good.

Mr Griffins said he had stressed to the Permanent Secretary the usefulness of having UK HD colleagues attend our GAC meetings. Mr Pattullo said he and Mr Trenholm had separately made it clear we are very content with the relationship we have with our UK HD colleagues.

16/68 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

Paper 16/51 was noted. In addition:

Ms Phillips said that Vaughan Gething had been appointed as Cabinet Secretary for Health, Well-being and Sport and Rebecca Evans had been appointed as Minister for Social Services and Public Health. Latest figures showed that nine patients had donated organs under the deemed consent legislation and these had led to 31 donated organs and 26 transplants. New, more stringent, standards had been introduced by the Welsh Language Commission.

Ms Baker said Aileen Campbell had been appointed as Minister for Public Health and Sport and Shona Robison continued as Cabinet Secretary for Health and Sport.

Mr Webb drew attention to the recent meeting with the Minister as part of the Annual Accountability review; the delay to the publication of the Triennial Review Report; and to the DH reorganisation. Further news on DH sponsorship arrangements was expected on 26 May.

16/69 **ANY OTHER BUSINESS**

There was no other business.

16/70 **DATE OF NEXT MEETING**

The next meeting will be held on Thursday 28 July at The Royal College of Obstetricians & Gynaecologists, Regent's Park, London NW1. Members of the public are welcome to attend.

16/71 **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution, 16/52, was agreed.

16/72 **ODT WORKFORCE PROJECT CLOSURE REPORT**

Paper 16/53 was noted.

16/73 **FORWARD AGENDA PLAN**

Paper 16/54 was noted.