

**Minutes of the Seventy-second Meeting of NHS Blood and Transplant  
held at 08.30 on Thursday 31 March 2016 at the  
Marriott Hotel, Mill Lane, Cardiff CF10 1EZ**

Present:            Mr J Pattullo            Ms S Johnson  
                      Mr A Blakeman        Mr P Lidstone  
                      Mr R Bradburn        Mr J Monroe  
                      Dr C Costello         Mr K Rigg  
                      Ms L Fullwood        Mr I Trenholm  
                      Ms H Gillan           Mr S Williams  
                      Mr R Griffins         Dr L Williamson

In attendance:    Ms L Austin            Mr M Stredder  
                      Mr I Bateman         Ms K Phillips  
                      Mr D Evans           Mr E Webb  
                      Dr B O'Neill          Ms J Minifie

16/25    **APOLOGIES AND ANNOUNCEMENTS**

Mr Pattullo welcomed a member of the public, Ms Nicky Hogarth; Bill O'Neill and Helen Gillan who were representing Aaron Powell and Huw Williams respectively; and Jo Allen ODT Performance and Business Manager; and Katherine Robinson, Deputy Director of HR, who were attending as observers.

Apologies had been received from colleagues in the Northern Ireland and Scottish Governments.

Mr Pattullo said that since the previous meeting the appointment of the two new NEDs, Charles St John and Prof Paresh Vyas, had been confirmed with effect from 1 April. He said that they would assume the committee responsibilities of their predecessors except that Mr Monroe would take responsibility for Wales.

16/26    **DECLARATION OF CONFLICT OF INTEREST**

There were no conflicts of interest.

16/27    **BOARD 'WAYS OF WORKING'**

Mr Pattullo drew attention to the improved 'Ways of Working' and asked Mr Evans to lead a review of the Board's performance at the end of the meeting.

16/28    **MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

16/29    **MATTERS ARISING**

Paper 16/21 was noted.

16/30 **PATIENT STORY**

Dr Williamson presented a story about a sickle cell anaemia patient who had suffered a crisis in the final stages of pregnancy. Dr Williamson said that NICE had recently approved automated exchange transfusion for sickle cell anaemia patients which can be provided by our Therapeutic Apheresis Services team.

16/31 **CHIEF EXECUTIVE'S REPORT**

The Board received paper 16/22 and Mr Trenholm drew attention to the key issues.

16/32 **ODT STRATEGIC PERFORMANCE REVIEW**

The Deputy Minister for Health, Vaughan Gething AM, joined the meeting for this item.

Ms Johnson presented an update on performance outcomes for the strategy to take Organ Transplantation to 2020 and this was very well received. Her presentation would be circulated with the minutes.

Ms Johnson was asked to come back to the Board with a gap analysis for the UK countries which explains the differences in the numbers of deceased donor transplants for each country.

**SJ**

Mr Trenholm congratulated Ms Johnson and her team for their excellent work which had achieved such good results through an accumulation of incremental gains.

16/33 **BOARD PERFORMANCE REVIEW**

Mr Bradburn provided an overview of the position as detailed in paper 16/23. In particular he highlighted the increased supply challenges in blood, despite falling overall demand, due to differing demand patterns for O neg red cells and A neg platelets and the complexity introduced by moving from apheresis to pooled platelet production. As a result maintaining adequate stock levels at the individual component and group level was becoming more problematical. This was evidenced by the developments in March where stock of O negative red cells have moved below 4 days and have been at that level for a number of days. This trend is unusual and unprecedented.

He said we need to manage both ends of the supply chain in that we need to increase supply through higher numbers of specific donor types (eg O negative, Ro donors) but also to influence demand through reconsidering our approach to differential pricing (eg for O negative red cells). As discussed at the Board last year the introduction of differential pricing will be a challenge as, although it is likely to be effective, it is a very blunt tool.

**MS**

In this regard he noted that the strategic targets for blood donor numbers expressed in the Business Plan needed further consideration. Given the supply challenges now being seen the targets should be expanded to group level and probably increased to reflect the need for higher numbers of active donors at critical group level. Progress against the appropriate targets should then be tracked within the performance report.

Mr Rigg asked for updates on the Microbiology/LIMS and DRT projects which were both reported at 'Red' status. Mr Lidstone said that we do not yet have the right specification to go out to tender for LIMS and the work has been paused while resources are being concentrated on the work on the Core Systems Modernisation Programme.

Ms Johnson said the status of the DRT project was due to a three week delay in completing the project in order to fix outstanding bugs in how the app data interfaces with NTxD. It was expected to revert to green next month.

Ms Fullwood drew attention to SCDT in DTS, asking whether the red status had generated an action plan or was an indication that the targets are wrong. Ms Gillan confirmed that there was an action plan and said she would feed back the question about the targets to Dr Williams and Dr Hadley. Mr Bradburn noted that this would be considered when the Stem Cell strategy is reviewed in July.

HG

#### 16/34 **CORE SYSTEMS MODERNISATION PROGRAMME**

Mick Burton, Accountable Executive Core Systems Modernisation, attended to give a presentation in support of paper 16/24. Mr Lidstone confirmed his support for the proposals.

The Board approved funding of £2.2m to commence the mobilisation and design phase of the programme, funded from within our revenue and cash budget for 2016/17.

The Board agreed to receive an Outline Business Case at the July meeting following procurement of the manufacturing platform. The OBC will take in any further learning from the mobilisation and design phase and the Board requested that it sets out phasing of the development and be based on realistic cost estimates.

#### 16/35 **NHSBT BUDGET 2016/17**

Mr Bradburn presented an overview of the budget and the implications for the financial position from 2016 to 2020 as background to paper 16/25. He said he would circulate the presentation after the meeting. Mr Bradburn drew attention to the fact that we are planning to spend £33.5m on transformation projects in 2016/17. This would lead to a planned deficit of £19.7m in 2016/17 and would be funded from our existing cash reserves. He also noted that we still needed to find an additional £5m of savings in 2017/18 to ensure that the 5 year plan was robust and

RB

fundable. This is consistent with our previous position and provided time to secure and deliver the savings.

Mr Trenholm confirmed his support for the budget as presented. He said it focused on productivity in the three operational Directorates and catching up on investment, notably in IT, to provide future security for the organisation. He emphasised the need for us to be as financially self-sufficient as possible, particularly in the light of forthcoming changes at the DH.

With regard to the plan for ODT Mr Pattullo asked how this compared to a previous presentation to the Organ Donation Congress which showed a significant funding deficit versus the TOT2020 strategy.

Mr Bradburn explained that the plan presented was based on the indicative funding provided by the four UK Health Departments with our plans constrained to what was possible within that funding level. As such it included much lower spending on consent than was implied by the TOT2020 strategy, although NHSBT now believes that smaller targeted campaigns are more appropriate than the larger expensive campaigns originally planned. In addition this level of funding provided no capability for funding new perfusion technologies. The intention was that NHSBT would generate business cases for additional funding as and when the evidence becomes available to support these.

Mr Pattullo asked if that meant NHSBT was currently retaining the targets expressed in the TOT2020 strategy but not necessarily with the funding necessary to achieve it. Mr Bradburn confirmed that this was the case and it would require further consideration in future planning cycles.

The Board approved the NHSBT 2016/17 budget. They noted the caveats and further actions described and noted the significant planned deficit being drawn down from our cash reserves.

16/36

## **CLINICAL GOVERNANCE REPORT**

Dr Williamson presented paper 16/26 and this was noted. She drew attention to the sign off by the GAC of the final report on the Serious Untoward Incident (SUI), regarding the incorrect product transfused to a baby, and to several safety policy matters. These related to (i) the Zika virus and the breaking news that it has now reached Cuba – a situation which will be carefully monitored; (ii) securing the required volumes of imported FFP from Austria; and (iii) the position on HEV testing. She also drew attention to the appointment of Professor James Neuberger as the new Chair of SaBTO from mid-April, supported by Dr Gary Mallinson as Lead Scientist, Safety Policy, who will also provide new support to JPAC and its SACs.

16/37 **FRANCIS REPORT FINAL UPDATE**

Dr Williamson presented paper 16/27. The Board agreed that the actions listed be either closed or monitored as proposed. They also agreed that the overall Francis Report action plan can be closed, subject to confirmation that there is no requirement for further reporting to the DH.

LW

16/38 **BLOOD 2020 PERFORMANCE REVIEW**

Mr Stredder and Mr Lidstone presented an update on progress against the milestones relating to the key challenges for blood donation and manufacturing operations.

Mr Stredder repeated the points about the red cell and platelet demand profile made by Mr Bradburn earlier in the meeting and explained the effect of a recalibration of the number of units equating a one day's supply in terms of presentation.

The Board were pleased to note good progress against a comprehensive and challenging plan.

The Board agreed to a suggestion from Ms Fullwood that in future planned savings should be shown alongside savings achieved.

**Executive  
Team**

In Dr Williams' absence some aspects of performance versus the strategy were not reviewed and these will be covered in the May Board.

16/39 **PEOPLE STRATEGY**

Mr Evans introduced paper 16/28 and Katherine Robinson presented the People Strategy.

Subject to (i) a slight change to the language style to reflect NHSBT as one organisation rather than "us" (the Board/Executive) and "them" (the Workforce); and (ii) a broadening of the areas of *our expertise* to include disciplines such as IT and Communications; the Board endorsed the strategy and supported its delivery following a launch planned for 21 April.

The Board asked to receive a look back of how the strategy is being deployed at an appropriate point in the future.

**DE**

16/40 **MINUTES OF THE NATIONAL ADMINISTRATIONS COMMITTEE MEETING HELD ON 16.11.15**

The minutes were noted.

16/41 **MINUTES OF THE TRUST FUND COMMITTEE MEETING AND VIRTUAL MEETINGS HELD IN APRIL, JULY AND NOVEMBER 2015**

The minutes were noted.

16/42 **MINUTES OF THE EXPENDITURE CONTROLS COMMITTEE MEETING HELD ON 18.1.16**

The minutes were noted. It was also noted that Mr Pattullo had subsequently written to the Welsh Minister about issues raised.

16/43 **MINUTES OF THE GOVERNANCE AND ASSURANCE COMMITTEE MEETING HELD ON 19.1.16**

The minutes were noted.

Mr Griffins regretted the unsatisfactory arrangements for the GAC meeting held on 17 March, then highlighted the main issues covered. In addition he said that he intended to accept an invitation, in his capacity of Chair of the GAC, to attend a meeting of the DH Audit and Risk Committee on 19 May. Mr Webb said this was a routine invitation for ALBs although it was the first to an ALB within his own remit. To the knowledge of Board members it was also the first to NHSBT.

The Board agreed a suggestion from Mr Pattullo to conduct an overall review of the NHSBT GAC at the Board meeting on 25 May.

**RG**

16/44 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

Paper 16/35 was noted. Mr Webb said (i) in relation to the DH restructuring, he anticipated information about sponsorship for NHSBT w/c 4 April; and (ii) the Parliamentary Under-Secretary for Public Health, Jane Ellison, would be attending NHSBT's Annual Accountability Review in May.

16/45 **ANY OTHER BUSINESS**

Mr Trenholm formally congratulated Aaron Powell and his team on the successful delivery of the Data Centre move.

16/46 **DATE OF NEXT MEETING**

The next meeting will be held on Wednesday 25 May at The Royal College of Obstetricians & Gynaecologists, Regent's Park, London NW1. Members of the public are welcome to attend.

Mr Pattullo said he proposed a half day for Board Development on Thursday 26 May, followed by a working lunch for the NEDs during which they would hold their annual review of NHSBT trends and issues and their review of the Chair's performance. He asked Board members to let him have any suggestions for discussion topics for the Board Development session by close of Monday 4 April.

**All**

16/47 **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution, 16/36, was agreed.

16/48 **ORGAN DONOR REGISTER: UPDATE ON INCIDENTS AND  
ROOT CAUSE ANALYSIS**

Paper 16/37 was noted.

16/49 **REGISTER OF SEALINGS**

Paper 16/38 was noted.

16/50 **FORWARD AGENDA PLAN**

Paper 16/39 was noted.