

**Minutes of the Sixty-Ninth Meeting of NHS Blood and Transplant  
held at 08.30am on Thursday 24 September 2015 at the Radisson Blu Hotel  
3 Cromac Place, The Gasworks, Ormeau Road, Belfast BT7 2JB**

Present:            Mr J Pattullo            Mr J Monroe  
                      Mr A Blakeman        Mr K Rigg  
                      Mr R Bradburn        Dr C Ronaldson  
                      Dr C Costello         Mr M Stredder  
                      Ms L Fullwood        Mr I Trenholm  
                      Mr R Griffins         Dr H Williams  
                      Ms S Johnson         Mr S Williams  
                      Dr G Miflin

In attendance:    Ms L Austin            Ms P Niven  
                      Mr I Bateman         Ms P Vernon  
                      Mr D Evans            Mr E Webb  
                      Mr A Powell           Ms J Minifie  
                      Ms D Evans

**15/106 APOLOGIES AND ANNOUNCEMENTS**

Mr Pattullo welcomed Mike Stredder, Director of Blood Donation, to his first NHSBT Board meeting. Apologies had been received from Dr Williamson, Dr Jones and Mr Brown and Mr Pattullo welcomed Dr Gail Miflin, Ms Vernon and Ms Niven who were their respective representatives. He also welcomed Ms Dreena Evans who was representing the Northern Ireland Health Department following Mr Campbell's secondment to another Directorate within the Department, and Ben Hume, Assistant Director Transplantation Support Services, and Anthony Clarkson, Assistant Director Organ Donation and Nursing.

**15/107 DECLARATION OF CONFLICT OF INTEREST**

Dr Williams said he used to work at a senior level at one of the companies bidding for the Abdominal Perfusion Fluid contract. He advised he would absent himself from the meeting during discussion of that item.

**15/108 MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

**15/109 MATTERS ARISING**

Paper 15/72 was noted. On the Review of the Income Generation Agreement with NHSBT Ms Niven said that the submission shortly to be made to the Minister was likely to recommend that NHSBT should continue to commission the National Organ Retrieval Service at present. With regard to benchmarking data relating to NHSBT's spend on Workforce Development, Mr Evans said he and Mr Blakeman were considering what can be produced and this will be circulated to the Board.

**DE**

## 15/110 ODT HUB PROGRAMME

Ms Johnson presented paper 15/73, Ben Hume and Anthony Clarkson gave a presentation which explained the improved processes, systems and extended role of the Hub over the existing Duty Office. The presentation was well received and Mr Griffins, Mr Williams and Mr Monroe, who had reviewed the paper, confirmed their support for the proposals. In answer to a question, Mr Trenholm said that, given the high priority of this work he was confident that there was sufficient capacity to deliver this work alongside other projects approved by the Board.

It was agreed to carry out additional benchmarking against other operations, including relevant non Healthcare facilities.

**SJ**

The Board endorsed the programme to invest in an ODT Hub including: the transformation of operating processes to a clinically-led model; establishing central control and command of ODT resources; implementing new enabling digital technology to support these; and the iterative approach to the delivery of the programme, with three Transition stages to 2020 (including Transition one, funded in 2015/16).

The Board also supported the Executive in seeking funding for Transition stages two and three from all four UK Health Departments.

The Board's endorsement and support was subject to (i) a target of a minimum 10% increase in ODT productivity (ii) significant interface with the Human Tissue Authority at all stages of the work; (iii) development of the operating model between ODT and Tissues (iv) due attention to interdependencies amongst a number of critical projects.

## 15/111 ODT PERFORMANCE REVIEW

Ms Johnson presented a review of ODT's strategic performance.

The Board considered the fact that year to date performance indicators against strategic performance were mostly rated red and highlighted the commitment of all four UK Governments to support the 2020 Strategy.

Mr Pattullo asked UK Health Department colleagues how they perceived the position. Mr Webb said that the performance indicators were rated red at the DH but he considered that they might now be regarded as approaching amber.

Ms Vernon concurred with Mr Webb's comment and added that the Welsh Government's Transplant Advisory Group is focusing on issues in hospitals including reviewing the performance of the Organ Donation Committees.

Ms Niven said the Scottish Minister was not too anxious as variations had been seen before in other countries. She added that the work was underpinned by a 2020 to 2030 plan in Scotland.

Ms Evans said local targets were being met in Northern Ireland and concurred with the point about variations across the UK as a whole having been seen before.

Mr Trenholm said that the data on death rates and treatment rates from the HSCIC was being sought as part of a broader piece of work which will enable us to see which of the numerous specific activities are producing good results and adjust activities accordingly.

The Board agreed they had a duty to highlight to the UK Health Departments and other stakeholders the gap between current performance and the targets. The expectation is that this will stimulate even more urgency to improve performance.

The Board also agreed that a review of current activities should be carried out to check, as far as possible, whether they are together sufficient to meet the targets.

**SJ**

#### **15/112 PUBLIC HEALTH AGENCY'S (PHA'S) EVALUATION OF THE PUBLIC INFORMATION CAMPAIGN**

Naomi McCay, Health Intelligence Manager at the PHA, presented the key findings from the evaluation of the Organ Donation Campaign. This was well received by the Board who found it useful.

The Board were particularly interested to note how the specific wording of questions had affected the responses and Ms Johnson suggested that it might be timely to develop a consistent terminology across the UK.

**SJ**

It was noted that there are no current plans to move to an opt out or presumed consent system in England or Northern Ireland pending the outcome of the changes in Wales. NHSBT supports this position.

#### **15/113 CHIEF EXECUTIVE'S BOARD REPORT**

Mr Trenholm presented his report 15/74, highlighting the key issues.

#### **15/114 BOARD PERFORMANCE REPORT**

The report 15/75 was received. Mr Bradburn noted that a flash flood had occurred at the Colindale site on 26 August. This affected the car park, had no impact on the building, but had come close to the power units that powered the cooling in the data centre. Given that, as a result of the data centre hosting project, NHSBT will be totally dependent on the data centre at Colindale during February 2016, this was a potentially serious risk to NHSBT. Work is therefore taking place to identify and implement additional contingency measures in case of local flooding risk during that key period.

#### **15/115 CLINICAL GOVERNANCE REPORT**

Dr Mifflin presented the report, 15/76. She drew attention to (i) the event affecting a bone marrow donor which the Board had been informed of since the report was circulated; (ii) actions being taken to improve risk awareness throughout NHSBT; (iii) the finalisation of our Being Open Policy; (iv) the implementation of testing for Hepatitis E from January 2016; and (v) a recommended change to the policy for screening donors for HTLV which will be used to pilot the ABO Risk Based Decision Making Framework.

Dr Costello raised concerns about the outcome of the audit on H & I Testing and it was agreed to carry out a further review of our overall testing protocols.

**HW**

**15/116 MINUTES OF THE GAC MEETING 26.06.15**

The minutes were noted.

**15/117 MINUTES OF THE EXPENDITURE CONTROLS COMMITTEE MEETING 20.07.15**

The minutes were noted.

**15/118 MINUTES OF THE NATIONAL ADMINISTRATIONS COMMITTEE 20.07.15**

The minutes were noted.

**15/119 REPORTS FROM THE UK HEALTH DEPARTMENTS**

Paper 15/80 was received. Mr Webb drew attention to three current pieces of work at the DH i.e. the Spending Review, the Triennial Review and the development of a shared delivery plan for the DH and its ALBs. He also said that the Minister had received letters about the withdrawal of processing from the Sheffield Blood Centre from MPs in the North East, York and Humberside and the East Midlands. A response was being prepared which would be shared with NHSBT. He agreed to include in this reiteration of our plans which appear to have been misunderstood by some stakeholders. Mr Trenholm described the positive response NHSBT has received from hospitals and clinicians we have visited to explain the plans. He offered to meet with the Minister if that would be helpful.

**TW**

**15/120 ANY OTHER BUSINESS**

There was no other business.

**15/121 DATE OF NEXT MEETING**

The next meeting will be held on Thursday 26 November at the Royal College of Obstetricians & Gynaecologists.

**15/122 RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution, 15/82 was agreed.

**15/123 SENIOR MANAGEMENT REVIEW HEALTH & SAFETY**

Paper 15/82 was noted.

**15/124 INFORMATION GOVERNANCE ANNUAL REPORT 2014-15**

Paper 15/83 was noted.

**15/125 FORWARD AGENDA PLAN**

Paper 15/84 was noted.

