

**Minutes of the Sixty-seventh Meeting of NHS Blood and Transplant  
held at 9.00am on Thursday 28 May 2015 at the  
Royal College of Obstetricians and Gynaecologists  
27 Sussex Place, Regent's Park, London NW1 4RG**

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

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

15/59            **APOLOGIES AND ANNOUNCEMENTS**

Mr Pattullo welcomed Ted Webb, Deputy Director - Health Science & Bioethics Division of the DH, who had taken over day to day sponsorship responsibility for NHSBT from Dorian Kennedy. The Board recorded their thanks to Dr Kennedy for his very helpful contribution.

Apologies had been received from Mr Campbell and from Dr Jones who was represented by Ms Vernon.

Mr Pattullo summarised the output from the Development Day on 27 May which had comprised sessions on (i) Board Effectiveness and (ii) Risk.

A separate summary of the Board effectiveness follow-up items will be issued.

The Risk session had used the emergence of IT risk as a case study and consequently there had been significant discussions on this topic. These had raised some important issues and Mr Pattullo said he had asked Mr Trenholm to provide an overview paper for the July Board to serve to provide an overall perspective on the IT situation and thereby complete the discussion.

The Board agreed to conduct a further formal review of effectiveness in three years' time. Of course, there will also be ongoing opportunities to improve Board process and effectiveness.

15/60            **DECLARATION OF CONFLICT OF INTEREST**

Mr Rigg asked the Board to note that he had a potential conflict of interest under item 7, the Organ Donation Behaviour Change Strategy – Allocation of Funding, because the Nottingham

University Hospitals NHS Trust will be part of the hot house pilot. There were no other conflicts of interest.

15/61 **AGREED WAYS OF OPERATING FOLLOWING THE BOARD DEVELOPMENT DAY**

The agreed ways of operating were noted.

15/62 **MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

15/63 **MATTERS ARISING**

Paper 15/35 was noted. In addition (i) Dr Williamson said she would be providing the Board with a paper on the issues raised in the report of the Penrose Inquiry at the July meeting; (ii) The Board had received the initial report on the IT outages on 22 May.

15/64 **PROGRESS REPORT: IMPLEMENTATION OF NHSBT PLANNING AND CONTROL SYSTEM AND HOSPITAL STOCK MANAGEMENT**

Teresa Allen, Assistant Director Customer Services, attended to present paper 15/36 and this was well received. The Board noted the progress made with the PCS and hospital stock replenishment projects and approved the additional funding defined in the paper. The Board received assurances that the revised funding estimate was robust.

15/65 **ORGAN DONATION BEHAVIOUR CHANGE STRATEGY – ALLOCATION OF FUNDING**

Ms Austin and Ms Johnson presented paper 15/37. The Board supported the recommendation to allocate £1.2m from Grant in Aid funding to deliver the behaviour change interventions in England in 2015-16.

The Board commended the paper as an exemplary example of their requirements for length and clarity.

15/66 **ODT NATIONAL HUB & ASSOCIATED IT – OUTLINE BUSINESS CASE FOR YEAR ONE**

Ben Hume, Assistant Director Transplantation Support Services, attended to present paper 15/38. The Board approved the year one Outline Business Case which would enable the delivery of the three Heart Pathway Prototypes in 2015/16.

The Board were clear that they would not normally be prepared to receive a stage one business case of this kind until after they had given approval in principle to a programme in its entirety. They agreed to the sequencing of this business case as an exception

because they were assured that the heart pathway prototype would deliver significant, much needed benefits on a stand alone basis in the event that the programme as a whole was not approved.

Commenting on the standard of the paper the Board agreed that it was too lengthy, partly because of duplication. Also it would have been beneficial had some of the issues discussed been drawn out in the paper.

**15/67 2015-2020 R&D STRATEGY**

Dr Nick Watkins, Assistant Director R&D, attended to present paper 15/39. This was well received and the 2015-2020 R&D Strategy was approved.

**15/68 NHSBT ICT – STRATEGY, OVERVIEW AND RISK**

Mr Powell was supported by James Fishwick, Assistant Director Solutions Architecture; Anthony Snape, Head of Service Management; and Karen Packham, Performance & Business Manager, in presenting paper 15/40 and this was extremely well received.

The Board noted the progress towards the implementation of the Strategic Framework and noted the updated structure of ICT and how Service Management, benchmarking and performance monitoring will inform its future. They also considered the key risks facing ICT in NHSBT and confirmed their support for the mitigation strategies being applied.

Re Pulse replacement Mr Bradburn asked whether a full risk analysis has been produced on the “platform” approach versus implementing an existing blood management system such as ePROGESA.

Mr Monroe observed that the same level of analysis to underpin the Pulse replacement project had not been conducted to the extent seen in the earlier ODT business case approval and asked what the plans were for this.

It was agreed that the Board would receive a paper on the approach being taken to replace the Pulse system in light of the platform approach at the September meeting. The Chairman asked that this includes answers to the questions posed by Mr Bradburn and Mr Monroe.

The Board was informed that standard IT performance metrics such as downtime are now being put in place. Mr Bradburn was asked to include the key measures from the IT balanced scorecard in the Board performance report.

**RB**

15/69 **NHSBT'S ENGAGEMENT PROGRAMME - ANNUAL UPDATE**

Ms Austin presented paper 15/41. The Board noted progress with our stakeholder engagement and public facing partnership programmes. They also confirmed their support for the future focus for senior level engagement.

It was agreed that future reports would incorporate a discrete section on international stakeholders.

15/70 **MANAGEMENT QUALITY REVIEW ANNUAL REPORT APRIL 2014 to MARCH 2015**

Mr Bateman presented paper 15/42. The Board noted the current levels of regulatory performance across NHSBT and supported the actions being taken to achieve quality improvements and address the weaknesses and issues identified.

The Board agreed in future to receive the Management Quality Review Annual Report offline and to receive a short paper containing comment from Mr Bateman at their formal meeting.

15/71 **CHIEF EXECUTIVE'S REPORT**

The Board received paper 15/43 and Mr Trenholm drew attention to the key issues.

15/72 **BOARD PERFORMANCE REPORT**

Mr Bradburn presented the report 15/44 the main points from which had been highlighted by Mr Trenholm.

Mr Bradburn drew attention to the possibility of recording a technical deficit in 2015/16 as a result of using our cash balances to fund the transformation plan. In response to concern raised that the Government might ask for funds to be returned to them, Mr Trenholm said he had emphasised the fact that our plans would deliver reduced costs to the NHS at his recent meeting with the Permanent Secretary.

15/73 **CLINICAL GOVERNANCE REPORT**

Dr Williamson presented paper 15/45. The Board noted that they would receive a report on the potential introduction of Hepatitis E testing at the next meeting.

15/74 **MINUTES OF THE GAC MEETING 27.02.15**

The minutes were noted. Mr Blakeman confirmed that in future he would provide the Board with a short paper on key points.

15/75 **SUMMARY OF THE MEETING OF THE REMUNERATION COMMITTEE 25.03.15**

The summary was noted.

15/76 **MINUTES OF THE NATIONAL ADMINISTRATIONS COMMITTEE MEETING 24.04.15**

The minutes were noted.

15/77 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

Paper 15/49 was noted.

15/78 **ANY OTHER BUSINESS**

Mr Pattullo reminded the Board that two new NEDs would be recruited in 2016 and he hoped that the composition of the Board could in future better reflect the BAME mix of society in general. He asked Directors to let him know of any high calibre individuals of who might be interested in applying for the vacancies.

There was no other business.

15/79 **DATE OF NEXT MEETING**

The next meeting will be held on Thursday 30 July at the Royal College of Obstetricians & Gynaecologists in London.

15/80 **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution, 15/50 was agreed.

15/81 **FORWARD AGENDA PLAN**

Paper 15/51 was noted.