

**Minutes of the Sixty-fifth Meeting of NHS Blood and Transplant  
held at 9.00am on Thursday 27 November 2014  
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            Dr D Kennedy  
                      Mr D Evans            Ms P Vernon  
                      Mr A Powell           Ms J Minifie

**14/144 APOLOGIES AND ANNOUNCEMENTS**

Mr Pattullo welcomed Linda Haigh, Assistant Finance Director, Operations, and Mick Burton, Divisional Finance Director, Blood and Specialist Services, who would be presenting the Annual Finance Functional Report and were observing the meeting as part of their induction and ongoing development respectively. He also welcomed Ian Bateman, Associate Director of Quality, who would be presenting the Annual Quality Review, and Aaron Powell attending for the first time in his capacity as Interim Director of ICT.

Apologies had been received from Mr Brown and from colleagues in Northern Ireland.

**14/145 DECLARATION OF CONFLICT OF INTEREST**

There were no conflicts of interest.

**14/146 AGREED WAYS OF OPERATING FOLLOWING THE BOARD DEVELOPMENT DAY**

Mr Pattullo encouraged the Board to maintain the good balance between challenge and support which had been achieved at the previous meeting following comments from executive Board members.

**14/147 MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

#### 14/148 **MATTERS ARISING**

Paper 14/123 was noted. On Building the Business Case for the ODT National Hub and Technology Transformation, Mr Trenholm said that the contract had been broken up as discussed and a performance element had been included in the fees.

#### 14/149 **NHSBT IT STRATEGIC FRAMEWORK 2015-2020**

The Board noted that this proposal represented a framework within which the IT function will operate rather than a strategy in the true sense.

Mr Powell summarised the achievements of the past four years and presented proposals for delivering our business and digital ambition over the next five. These did not identify specific technologies but were intended to provide a decision making framework for future investments and to set out the principles according to which we will move from the existing systems to a new set of technologies. Similarly, only an indication of costs was included; actual costs would depend on the specific technologies selected.

Mr Powell said he was seeking the Board's support for the principle of seven or eight core platforms which would provide a common service across the organisation in place of the present arrangement of separate systems for discrete business areas. The intention is to operate either standard platforms or platforms unique to NHSBT as a whole, as appropriate, using bespoke solutions only where necessary.

Mr Monroe said he considered the cost estimate to be reasonable, but he would expect a strategy to include an indication of current cost. It was noted that significant expenditure would be needed to support the existing arrangements if they were to continue. Mr Bradburn said he considered that the proposals were affordable provided they were properly prioritised and sequenced and that the challenge would be in finding sufficient business and IT resource. Mr Powell said he had begun a review of workforce capability.

Dr Kennedy encouraged Mr Powell to set out what he anticipated would be considerable pay back. He also said clarity on the funding streams was needed. Mr Bradburn said the costs had not been split between the three operating areas. He believed that the costs relating to blood and DTS could, in principle, be funded from blood prices subject to adequate phasing of the work and avoidance of "gold plated" solutions. Funding for the work in ODT would be much more difficult as overall funding for ODT will clearly be highly constrained in the future.

Mr Williams asked how dependent the proposals were on government approval particularly as the strategy covered the period of the next Parliament when there would be even greater pressures on NHS finances. Mr Powell said approvals would be required for individual business cases. He said it was important for the strategy to be broadly consistent with the Government's direction of travel and he believed it was. He added that it would be important to ensure the platforms were joined together in a way that meant no particular provider had too great a share. Dr Kennedy recommended that the strategic framework be shared with Government Digital Services at as early a stage as possible as he believed this would assist the passage of the individual business cases as they came through.

Mr Trenholm said he believed the approach matched the approach being taken across Government and by other political parties. He said the original preference for smaller providers was changing because of a recognition that the more solid platforms were often those provided by the larger companies. He said he believed the Agile approach addresses some of the concerns raised by the Board and suggested that it would be useful to run a Board seminar about the Agile concept in the new year.

Ms Fullwood suggested we could be at risk of censure if we do not align our approach with government strategy and this could prevent us from securing funding and separate us from the main stream.

Mr Blakeman said he broadly endorsed the proposals but he had three areas of concern: He did not believe the structure could remain unchanged for a five year period. He felt that it was essential for pay back to be achieved quickly - he did not think it was clear that the benefits would outweigh the costs - and he supported continued use of old but effective systems if these cost less. The framework made no reference to the principle of data stewardship; he believed sponsor ownership was essential and as this was contrary to the shared platform principle he thought that could fail through lack of use.

Ms Johnson said existing bespoke systems in ODT were holding back development and she would welcome standardised systems which could be developed more quickly. She said one of the challenges would be the ability to continue to run current systems during the transition period because they were reliant on small numbers of people with specialist knowledge but without the skills needed for the transition.

Dr Williamson said she was broadly supportive of the proposals and agreed that action was necessary, particularly on NTXD. She pointed out that engagement with the front line users would be important to ensure the systems are developed in a way which supports how they need to work.

Mr Rigg said it was clear to him from both an internal and external stakeholder perspective that action was needed and he was broadly supportive of what was proposed. He believed the eradication of manual processes was important.

Dr Costello said she endorsed Mr Rigg's comments about the need to act. She said she felt it was time to take a blue sky approach of the kind proposed. In her view the costs we would incur over the next six to 12 years if we continue to attempt to maintain the existing systems were particularly relevant.

Mr Bateman said that the changes would present a challenge from the regulatory point of view. We will need to work very closely with our regulators who may not have experience of these types of development systems.

The Board supported the need to make a fundamental change and believed what was being proposed was in line with current best practice. The strategic framework was agreed, subject to some additional work and some follow up steps:

It was agreed that the Board would receive, by 24 December, a final paper referencing some of the points made during the discussion and including the following information:

- An analysis of the cost of one off systems investments made throughout the past six years plus the current running costs of all existing systems. This provides a baseline against which to evaluate future expenditure.
- A risk assessment and a plan to manage specific risks throughout the transition period.
- Proposals for management of data stewardship.

It was agreed to create an NHSBT Advisory Board, the membership of which would include Chief information and Chief Digital Officers of other organisations and representatives from our regulatory bodies, to help ensure we continue on the right path. The Board were asked to provide Mr Powell with the names of individuals who they knew who would be willing to be considered as members of such an Advisory Board which would meet twice a year.

**All**

It was agreed to hold a seminar on the topic of behavioural change and our ability to deliver a step change in our IT capability.

While it was acknowledged that the substance of the proposals was dynamic by nature, it was agreed there would be no further Board discussion on the IT Strategic Framework for 2015-2020

once the final document was received at the end of the year. Future IT business will be in the form of business cases for individual projects. These will be considered on their own merit against the design principles set out in the presentation. Each business case will include specific financial information.

The presentation had been well received and the Board were unanimous in their praise for its clarity. Ms Fullwood urged that a similar approach be followed in all technical papers in future or that papers at least included a glossary.

#### **14/150 INFRASTRUCTURE HOSTING PROJECT – DETAILED BUSINESS CASE**

Mr Powell presented the proposal. Mr Monroe and Mr Williams, who had reviewed the draft paper, said it had their support. In response to a question, Mr Powell said the discovery element involved documentation of the existing structure to enable it to be replicated elsewhere and that information was of value whichever option was taken.

The Board approved the award of the contract and the expenditure of the sum of £684,000. Any further expenditure would require the approval of the Board on the basis of a separate submission.

#### **14/151 CORE SYSTEMS CONTRACT – DETAILED BUSINESS CASE**

Mr Powell presented the proposal. This had the unequivocal support of Mr Monroe and Mr Blakeman and the proposal was agreed.

The issue of single suppliers to support specialist and dated software was raised. Mr Trenholm believed this would become an increasing issue for government and suggested that it might be desirable to provoke a change in the market place to ensure these systems are secured for the future where needed.

#### **14/152 DONOR PORTAL SELF SERVICE VERSION 2**

Dr Ronaldson presented the proposal. He drew attention to the appendix which described the Agile approach. Mr Powell said the proposal was consistent with the principles of the IT strategic framework and had his full support.

Mr Griffins and Ms Fullwood had reviewed the draft paper. Mr Griffins said that the 50/50 split of external and internal resource for the chosen option had commended it to him and helped our case with the Government Digital Service (GDS). Ms Fullwood said she considered the case to have been well laid out and particularly appropriate for our first project using the Agile approach.

Mr Trenholm emphasised the very positive reaction from the GDS to the work done by Mr Powell and Dr Ronaldson's teams on this project. Mr Monroe agreed that this was a near perfect match with GDS's requirements but cautioned that other projects in future may match less well.

In response to questions from Mr Monroe, Mr Powell said system testing, including penetration testing, was being carried out in parallel with delivery. There had been resilience problems with the first phase of the portal, which were being addressed, and stress testing was being carried out on version 2. Mr Powell said he would review the whole testing programme.

The proposal was approved.

#### **14/153 REVIEW OF STRATEGIC TARGETS 2015/16**

Mr Bradburn presented the paper which contained updated strategic targets for 2015-20. Mr Blakeman said he considered it best practice to set out Key Performance Indicators and strategies to see how they translate and commended the document.

Mr Bradburn was asked to include reference to the living donor strategy and to refer to growth, rather than maintenance, in

relation to H & I. The Board agreed to provide Mr Bradburn with any further specific comments outside the meeting.

The Board endorsed the targets for inclusion in the DH Summary Plan which would be drafted during December and January.

#### **14/154 SINGLE EQUALITY SCHEME 2014-2018**

Ms Johnson presented the paper. Mr Evans thanked her for her role as the operational lead for this work.

Mr Williams said that in his experience good internal reporting was crucial. He also said it was essential that the contents of the document were realised on the front line and suggested that NEDs asked people what they knew about the Scheme when they visit sites.

Declaring a previous interest having been a Director of a charity for people with disabilities in the past, Mr Williams said he considered the document to lack sufficient emphasis on disability. While he understood the importance of the BME issue to NHSBT's core purpose he felt we do not compare well with other organisations in terms of disability and this did not fit with our ambition to be a world class organisation. He said he would like to see more focus on this area over the next four years. Mr

Pattullo concurred, commenting that the scheme was overly focused on BAME matters and should be broadened to embrace other diversity opportunities.

Ms Johnson said we have a very strong disability advocacy group and some specific targets are in place which should help us to make progress in that area. This had not been brought out in the narrative.

Dr Costello said she agreed that benefits to patients are important but pointed out that that is not the main function of this Scheme. Mr Evans concurred and said more needed to be done for employees and there was more that could be done for donors in terms of access to sessions.

The Board agreed that the document be redrafted to give adequate emphasis to disability and also sexual orientation. It was agreed that Mr Williams and Dr Williamson would approve the revised version on the Board's behalf.

**SJ**

**SW LW**

On a related issue, Ms Johnson said that work had recently been completed to identify the number of organ donors of Black and Asian origin. One of the points this had identified was that in any one year there are over 600 Black and Asian patients on the renal waiting list but only about 400 Black and Asian potential donors. So even if all the families of potential organ donors consent, the need cannot be met and it was clear that living donation was the only way to fill that gap. It would be important to share that message with the Black and Asian communities when we meet them.

Referring to the absence of BME representation on the Board, Mr Pattullo said he and Ms Johnson were working together to try to create a pool of talent so that there was a pipeline of BME applicants for NED positions at NHSBT in future.

#### 14/155 **DIAGNOSTIC AND THERAPEUTIC SERVICES PERFORMANCE REVIEW**

Dr Williams presented a review of progress versus objectives in the Tissue, Diagnostic, Stem Cell and Therapeutic Apheresis Services areas of his Directorate and this was well received. Mr Pattullo observed that looking at DTS “in the round” in this was more appropriate than Board review of each operating division of DTS.

The Board noted that Dr Williamson had recently had the privilege of awarding the Percy Oliver Award for Services to Transfusion to Catherine Howell, Chief Nurse – Diagnostic & Therapeutic Services. It was agreed that Mr Pattullo would write to her on behalf of the Board to congratulate her.

#### 14/156 **ANNUAL FUNCTIONAL REPORT – FINANCE**

The Board received paper 14/129 which set out the finance function's activities. Mr Bradburn was joined by Linda Haigh and Mick Burton to present the key actions and issues relating to the function's support of NHSBT's strategy.

Mr Blakeman said he considered our priorities in the finance area are right and he had no concerns about the capability of our

finance teams. He said this view was borne out by both internal and external audit reporting.

In answer to a question from Mr Pattullo, Mr Bradburn said there could be an opportunity for NHSBT to take the initiative on cross ALB shared services and that a simple menu of shared service opportunities was being developed. Mr Blakeman said that while he would not normally support our providing shared services, as they are not our core purpose, he considered the danger of a shared service being forced upon us great enough to warrant this for our own benefit and that of others. It was agreed that Mr Trenholm would raise the potential for NHSBT to provide services across the ALB sector with Tamara Finkelstein at their forthcoming meeting.

IT

#### 14/157 **QUALITY FUNCTIONAL REVIEW**

Mr Bateman presented an overview of the role of the Quality function, the regulatory background and the role of the function in supporting delivery of organisational strategies and transformational change. The Board found the presentation reassuring. Mr Blakeman said the Quality team provided the GAC with valuable assurance alongside that provided by the clinical team.

The Board agreed that it would not be appropriate for NHSBT to offer formal support from the quality function to other organisations.

#### 14/158 **CHIEF EXECUTIVE'S REPORT**

Mr Trenholm presented paper 14/130 which highlighted key points from the period since the previous meeting. He asked Board members to let him know if they would like to receive different information in future.

#### 14/159 **PERFORMANCE REPORT**

Mr Bradburn presented the report, drawing attention to key issues. He said red cell stocks were lower than usual for the time of year but the group mix was satisfactory. Dr Ronaldson said that following actions taken, the O negative inventory had



increased by half a day in the last few days and there was a high percentage of O negative donors in forthcoming appointments. Mr Bradburn expressed some concern about declining O negative donor numbers and Dr Ronaldson said initiatives were in place to improve the position. Donor complainants had increased to just over 6,000 per million donors. This figure included an increase in the staff attitude category and that measure was being closely monitored.

In ODT there had been a record number of deceased donors in September with October a close second and November looking reasonably strong. While the numbers remained behind plan it was expected that the year end total would marginally exceed the number for last year. The major issue was the source of future funding, particularly for 2015/16.

DTS performance had largely been covered in the earlier agenda item but Mr Bradburn noted in particular that the number of cord blood issues was behind plan and it was timely that the investment/benefits of existing plans would be reviewed as part of the Stem Cell strategy refresh in March. He also noted that there had been an unusual cluster of RCI quality incidents this month and in the previous month. These had been reviewed but no underlying theme was evident.

Corporate sickness absence levels had increased slightly. The logistics function was a major contributor with particular issues being addressed at the Tooting centre through close working between the Logistics and HR teams.

Financially there was currently a £4m financial surplus in Blood Supply and DTS. A £2.5m surplus in ODT resulted from the lower levels of activity. We had submitted a business case to the DH seeking to spend £1.0 of this underspend on improvements with the rest due to be returned to DH. A year end cash figure of at least £12m is forecast and Mr Bradburn asked the Board to note that a decision to spend that money on transformation projects next year would result in a planned "technical" deficit.

Mr Bradburn confirmed that the original tender for the NAT Testing Contract had now been formally terminated. The legal action had also ended, without damages and with all parties paying their own legal costs. NHSBT's costs amounted to approximately £300k. Current efforts are focused on the retender with a view to completion by March. Mr Bradburn said that although NHSBT remained highly committed to collaborative procurement the contract would be for NHSBT alone as the inclusion of the three other UK blood services was too complex to achieve in the time available. Mr Blakeman asked questions about the effects of this on the other three services and Mr Trenholm agreed to discuss the matter with him outside the meeting.

**IT AB**

Mr Bradburn said that a potential decision to pull out of negotiations on the new Brentwood property was imminent because of continuing delays on the part of the landlord and his agent. A number of other suitable options were being reviewed.

**14/160 CLINICAL GOVERNANCE REPORT**

Dr Williamson presented the report, 14/132, which had been compiled in a new format. She drew attention to changes to the Serious Incident Management Process; to the clinical items on the risk register, where most of the required improvements depend on IT systems; to the fact that SaBTO will be considering recommendations on Platelet Additive Solution for apheresis platelets at their meeting on 9 December and to the donor compliance study that will report to SaBTO in April 2015.

Dr Williamson also said that NHSBT had been approached by a large teaching hospital seeking operational and quality support to their transfusion laboratory following some specific difficulties. We had offered to undertake some work in our laboratories on their behalf on a temporary basis.

Mr Evans drew attention to the reference in the report to the *Fit and Proper Person Requirement for Directors*. He said it might be necessary for HR to write to Directors to confirm certain points.

**14/161 SERIOUS INCIDENT SUMMARY REPORT**

There were no new SUIs or POSHIs.

The three POSHI incidents in Cellular and Molecular Therapies had been discussed at the Board previously but Dr Costello said she was concerned by the fact that staffing levels appeared to be a factor in the incidents. Dr Williams said staffing levels had been reviewed to his satisfaction but Dr Costello remained concerned and was supported by Mr Williams. Mr Blakeman undertook to enable further discussion about this at the GAC on 28 November.

**14/162 MINUTES OF THE EXPENDITURE CONTROLS COMMITTEE MEETING 25.7.14**

The minutes were noted.

**14/163 MINUTES OF THE NATIONAL ADMINISTRATIONS COMMITTEE MEETING 1.10.14**

The minutes were noted.

**14/165 REPORTS FROM THE UK HEALTH DEPARTMENTS**

The reports were noted.

**14/166 ANY OTHER BUSINESS**

There was no other business.

**14/167 DATE OF NEXT MEETING**

The next meeting will be held at the Royal College of Obstetricians & Gynaecologists in London on Thursday 29 January 2015.

**14/168 RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution, 14/137, was agreed.

**14/169 MEDICAL APPRAISAL AND REVALIDATION ANNUAL REPORT 2013-14**

The report was noted.

**14/170 NATIONAL ORGAN RETRIEVAL SERVICE (NORS) REVIEW: PROGRESS REPORT**

The report was noted.

**14/171 ACCORD UPDATE REPORT**

The report was noted.

**14/172 REGISTER OF SEALINGS**

Paper 14/141 was noted.

**14/173 NHSBT CONTRACT PIPELINE REPORT**

The report was noted.

**14/174 FORWARD AGENDA PLAN**

The forward plan was noted.