

**Minutes of the Sixty-third Meeting of NHS Blood and Transplant
held at 10.00am on Thursday 31 July 2014
at the Royal College of Obstetricians and Gynaecologists
27 Sussex Place, Regent's Park, London NW1 4RG**

Present: Mr J Pattullo Ms S Johnson
 Mr A Blakeman Mr J Monroe
 Mr R Bradburn Dr C Ronaldson
 Ms L Fullwood Dr H Williams
 Mr R Griffins Dr L Williamson
 Ms L Hamlyn

In attendance: Ms L Austin Mr A Campbell
 Mr M Cox Dr M Donnelly
 Mr D Evans Dr D Kennedy
 Mr M Potter Ms J Minifie
 Mr I Trenholm

14/83 APOLOGIES AND ANNOUNCEMENTS

Mr Pattullo highlighted the fact that this was Ms Hamlyn's final day as Accounting Officer with that responsibility passing to Mr Trenholm on 1 August.

Apologies had been received from Dr Costello, Mr Rigg, Mr Williams and Mr Brown.

Mr Pattullo welcomed Ms Lewis, who was representing the Welsh Health Department, and Dr Donnelly and Mr Campbell from Northern Ireland. He also welcomed Rachel Johnson, Assistant Director – Governance and Clinical Effectiveness, and Steve Carroll, Assistant Director – Business Systems Solutions, who were observing the meeting as part of their development.

14/84 DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interest.

**14/85 AGREED WAYS OF OPERATING FOLLOWING THE BOARD
DEVELOPMENT DAY**

Mr Pattullo drew attention to the Board's agreed ways of operating, in particular *working at all times with colleagues in a challenging but supportive manner*.

14/86 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed subject to a change to point 14/74 "Scottish ODT Review" where the last sentence of the first paragraph should be amended to read "The

NHSBT Board would be given the opportunity to provide comments on the outcomes of the review before they are submitted to Ministers.”

14/87 **MATTERS ARISING**

There were no matters arising.

14/88 **PLATELET SUPPLY PROJECT**

Dr Ronaldson presented paper 14/74. Dr Williamson said SaBTo would be reviewing the recommendation to add Platelet Additive Solution to apheresis platelets at their meeting in December and she would report the outcome to the Board in January.

Mr Griffins asked why it was not proposed to reduce apheresis collection to 60% of overall platelet demand in one step. Dr Ronaldson said that the reasons were to provide the opportunity to gain evidence to support the demand forecasts and to test the regional production of HLA matched platelets.

The Board approved the recommendations as set out in the paper. A paper setting out the same recommendations had been considered and agreed in the private section of the previous meeting. Since then the Board's decision had been communicated to staff and communication with hospitals was underway.

Mr Pattullo commended the staff side and management at Brentwood for the effort they had put in to explaining the reasons for the closure to blood donors and employees. This had been clearly evident when he and Ms Hamlyn had visited the Centre on 30 June.

14/89 **IT/DIGITAL STRATEGY TO 2020**

Mr Potter gave a presentation to support paper 14/75.

Mr Monroe said he supported the direction outlined but cautioned that the necessary Cabinet Office approvals could be difficult to secure. He emphasised the significance of the cultural change indicated in the paper to move ownership of projects to the business areas they will support. He also reiterated the critical importance of retaining the necessary skills in house to support the projects and the challenge this represented.

Mr Blakeman said he supported the direction outlined and shared the view that the success of the strategy depended on business ownership of projects. He also highlighted the importance of funding being available over the entire period of the strategy.

Mr Trenholm emphasised the importance of the right platform selection: there is a need for platforms which can integrate with one

another and with government systems; allow changes to be made rapidly and accommodate new and future technologies. He also said there will need to be changes to the way we fund projects and the way we work with contractors and we should consider alliances with other NHS organisations and outsourcing where appropriate.

Ms Johnson said she welcomed the strategy and believed the donor and transplant communities would welcome changes to the way we deliver support systems. She emphasised the point that the proposed investments were essential to deliver operational efficiencies in ODT.

Dr Kennedy said that in addition to the efficiencies to be delivered by the strategy an indication of the cost and how far that might be met through the blood price, or through other savings generated within NHSBT, would be a key element of any representations to the Treasury.

Mr Bradburn said that, subject to prioritised phasing of the work, and a view of how services would be delivered (i.e. in house investment versus managed service), he felt that the programme was broadly deliverable within existing blood price levels. He also noted that premium pricing of O negative blood could also provide funding for the ITS related areas of the programme. He added that funding for IT investment in ODT was less straightforward and that additional funding from the UK Health Services would be required for the major changes that are proposed within ODT.

Dr Ronaldson said it may be possible to adopt systems in use by other organisations, such as a paperless system for blood donors operated by the American Red Cross, which would reduce costs.

Mr Potter said that while he considered the assessment of costs for the total programme to be reasonable it might be beneficial to seek an independent opinion. Mr Blakeman said he supported this suggestion.

It was noted that it would be appropriate for the GAC to have oversight of this large transformational project, particularly with regard to risks relating to data security.

Mr Blakeman asked whether there was a current proposal for shared services. Mr Bradburn said there was not; current activity was confined to internal efficiencies. A decision on the platform for shared services was needed and a potential option was for NHSBT to provide some shared services.

The Board agreed to receive a further paper at the next meeting. This will address the choice of platforms and platform architecture, including outsourcing where appropriate; priorities for the short term and over the next six years; quantification of the benefits; how to

MP

effect the cultural change; the potential to adopt systems already in use elsewhere; resilience and risk and capital requirements. This paper to be followed by a final version of our IT/digital strategy for 2020 for approval at the November Board meeting.

14/90 **NATIONAL ORGAN RERIEVAL SERVICE (NORS) REVIEW:
PROGRESS REPORT**

Ms Johnson presented the interim report on the NORS Review. She said that Mr Rigg had reviewed the draft version and made some minor changes. She said the first of the “challenge” events had taken place at which it had been apparent that the main concerns related to (i) engagement with NHS England and its support for transplantation and (ii) the ability to support the introduction of new perfusion technologies.

Given that it would be difficult to find extra money, Dr Kennedy said it was important for the options for consideration to be fully costed and to demonstrate savings as well as improvements. Ms Johnson said that she was keen to ensure optimum value for money and to pursue savings for reinvestment but she stressed that it was essential to continue to maintain flexibility in the system to cope with peaks and troughs. Adoption of a lowest cost option would lead to occasions when not all available organs could be retrieved. This would be costly both in terms of lives lost and, in the case of kidneys, additional costs to the NHS.

Ms Johnson agreed to refine the Terms of Reference of the Review Board to make clear that the separate Novel Technologies in Organ Transplantation Group is considering perfusion techniques, and will feed its conclusions in to the Review Board, while acknowledging the need to ensure that a new NORS service has the capability to support the logistics required by these new techniques.

SJ

Ms Johnson confirmed that the Board will have the opportunity to preview the findings of the review before they are published.

SJ

14/91 **ANNUAL FUNCTIONAL REPORT - PROCUREMENT**

Mr Bradburn presented an overview of the activities of the Procurement Function, highlighting the key actions and issues in relation to the function’s support of NHSBT’s strategy.

Mr Blakeman said he considered the procurement team’s work was well linked to NHSBT’s strategic aims. In his view, the team follows good practice and our level of capability appears appropriate, although he had discussed some areas of relatively high headcount with Mr Bradburn. Acknowledging that this was a business issue rather than a direct procurement issue, Ms Fullwood said she welcomed the increased engagement with suppliers.

Mr Pattullo said he would like to see development of a capability to determine the cost of core procurement items, as had been done on the blood pack procurement, to help bring our costs down and encourage competition.

Mr Blakeman said he had also discussed shared services provision with Mr Bradburn and would be in favour of NHSBT providing some services outside our core functions in the interests of service quality.

14/92 **CHIEF EXECUTIVE'S REPORT**

The Board received paper 14/78.

Having completed her normal annual programme of visits over the previous six months, Ms Hamlyn drew attention to her recent visit to Liverpool. The Royal Liverpool and Broadgreen University Hospitals NHS Trust has been running our stock management pilot for 15 months with very encouraging results.

Ms Hamlyn also drew attention to the Communications section of her report which, as always, contained much to celebrate. Ms Johnson said that Mr Brown had asked her to express his thanks for the extensive good quality coverage of National Transplant Week in Scotland.

Ms Hamlyn said that NHSBT had a national and international track record, in which she was immensely proud to have played her part. One area where she was sorry not to have achieved more was in all NHS staff regarding being a blood donor and being on the organ donor register as a natural component of their professional and caring role. She said that there could be an opportunity to pursue this objective through NHS England following Simon Stevens' recent suggestion that NHS staff could set an example in reducing obesity.

Ms Hamlyn said she hoped that her report reflected the full extent of the corporate effort involved in all NHSBT's achievements and she thanked the Board for their support.

The Board recorded their appreciation of Ms Hamlyn's outstanding contribution and the excellent results and progress she has achieved during her time as Chief Executive.

14/93 **PERFORMANCE REPORT**

Mr Bradburn drew attention to paper 14/93 in the information section of the agenda summarising the 2013/14 annual report and accounts. These had been approved by the GAC on behalf of the Board, no issues had been recorded and the final results were in line with the management accounts presented at the March Board meeting. A paper copy of the Report and Accounts was available on request.

Turning to performance in the first quarter of 2014/15, Mr Bradburn drew attention to the main area of concern which was deceased organ donation. The number of deceased donors was 14% behind plan year to date with transplants 13% behind plan. Of greater concern was the trend with the moving annual total of deceased donors declining, especially DCD donors. Ms Johnson had issued a note to the Board setting out the background to the position and she reinforced the point that the purpose of the strategy is to deliver further improvements. She added that there had been some improvement in numbers over the last two weeks.

Activity in DTS was going well, with growth in Tissues sales in particular, and costs were being well managed. Customer satisfaction levels for RCI had increased significantly from the poor result seen in March. Customer satisfaction for H & I was better than plan although significantly lower than March.

On blood supply the rate of reduction in demand for red cells appeared to be slowing (albeit still in decline). Demand for platelets was increasing slightly but further patient blood management activity would possibly have an impact. The percentage of O negative demand continues to increase and we are seeking to increase the numbers of O negative donors.

Mr Bradburn said that there had been discussions at the recent meeting of the National Commissioning Group for Blood (NCG) around the principle of charging a premium for O negative As well as influencing behaviour/usage the mechanism discussed could also provide additional income for investments in better blood usage. Proposals are being worked up for presentation at the second NCG meeting and a paper will be brought to the Board prior to that on 2 October.

RB

Donor satisfaction levels have increased but complainants are again above 6,000 per million donors. The number of changes taking place is contributing to this position but Dr Ronaldson said that we are broadly on track to reduce complaints in the two top categories by 50% by the end of the year. A number of initiatives are in place in support of this goal including training on complaint handling for the senior nurses on session and their teams.

Income and expenditure is ahead of plan and the financial plan continues to report a break even position for the year although the underlying position is a surplus of £6.4m generated partly by higher income and lower costs in blood supply and DTS and partly by lower than expected activity in ODT.

14/94 **CLINICAL GOVERNANCE**

The Board received the Clinical Governance Report. Dr Williamson drew attention to:

- (i) The House of Commons Science and Technology Inquiry on blood, tissue and organ screening. Dr Williamson updated the Board on the recommendations from the Inquiry. A significant recommendation was for a study of blood samples to establish the prevalence of vCJD in the UK population and it would be important to have clarity on how the results of the study would be used to guide policy. If Board members had any specific comments on the report she asked for these by 8 August so she could incorporate them into the response being led by the DH. Dr Kennedy thanked Dr Williamson and her team for their input and follow up work.
- (ii) The SaBTO Hepatitis E Working group which will report to SaBTO in March 2015.

ALL

Paper 14/81, the Serious Incident Summary Report, was received.

The Board approved the recommendations on the Classification and Handling of Serious Incidents set out in paper 14/82.

The Board received the update on the Francis Report Action Plan, 14/83, and Dr Williamson drew attention to the work being done to review our complaints handling processes.

14/95 **ANNUAL REVIEW OF BOARD COMMITTEES**

Mr Pattullo drew attention to the 2013/14 Annual Reports from the Board Committees, contained in paper 14/93 in the information section of the agenda. He said that the report from the Remuneration Committee, which was not included, would be finalised on Mr Williams' return and included in the papers for the next meeting.

DE

14/96 **MINUTES OF THE MEETING OF THE NATIONAL ADMINISTRATIONS COMMITTEE HELD ON 27.3.14**

The minutes were noted. Mr Pattullo commented that these served as a good example of the purpose of this Committee.

14/97 **SUMMARY OF THE MINUTES OF THE MEETINGS OF THE REMUNERATION COMMITTEE HELD ON 8.4.14 AND 7.7.14**

The summaries were noted. Mr Pattullo emphasised the seriousness with which the Committee carried out its responsibilities under Mr Williams' chairmanship.

14/98 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

The reports were received. Ms Lewis drew attention to experience during National Transplant Week which had highlighted the

importance of different approaches to raising awareness amongst different socio-economic groups. Ms Austin said this issue is being covered within the work to deliver behaviour change in organ

donation. She added that that the timing of National Transplant Week was being reviewed to maximise its impact.

Dr Kennedy drew attention to the appointment of George Freeman MP as Life Sciences Minister.

14/99 **ANY OTHER BUSINESS**

There was no other business.

14/100 **DATE OF NEXT MEETING**

The next meeting will be held in Cardiff on 2 October.

14/101 **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution was agreed.

14/102 **DELIVERING BEHAVIOUR CHANGE IN ORGAN DONATION – CAMPAIGN PLAN**

Paper 14/89 was noted.

14/103 **INFORMATION GOVERNANCE ANNUAL REPORT 2013/14**

Paper 14/90 was noted.

14/104 **ANNUAL ACCOUNTABILITY REVIEW 2013/14**

Paper 14/91 was noted.

14/105 **IMPLEMENTING THE HUMAN TRANSPLANTATION (WALES) ACT AND DEVELOPING A NEW ORGAN DONOR REGISTER**

Paper 14/92 was noted.

14/106 **2013/14 ANNUAL REPORT AND ACCOUNTS**

Paper 14/93 was noted.

14/107 **BOARD COMMITTEES' ANNUAL REPORTS 2013/14**

Paper 14/94 was noted.

14/108 **REGISTER OF SEALINGS**

Paper 14/95 was noted.

14/109 **NHSBT CONTRACT PIPELINE REPORT**

Paper 14/96 was noted.

14/110 **FORWARD AGENDA PLAN**

Paper 14/97 was noted.