

**Minutes of the Sixty-second Meeting of NHS Blood and Transplant
held at 9.00am on Thursday 22 May 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 Mr K Rigg
 Dr C Costello Dr C Ronaldson
 Ms L Fullwood Dr H Williams
 Ms L Hamlyn Dr L Williamson

In attendance: Ms L Austin Mr G Brown
 Mr I Bateman Ms J Hardy
 Mr M Cox Ms P Vernon
 Mr D Evans Ms J Minifie
 Mr M Potter

14/56 APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Mr Griffins, Mr Williams, Dr Kennedy and Dr Jones who was represented by Ms Vernon. Mr Pattullo welcomed Mr Bateman, Assistant Director of Quality, who was also present at the meeting.

Mr Pattullo said that it was likely to be Ms Hardy's last NHSBT Board meeting as she would be moving to a new post and he congratulated her on her promotion.

Mr Pattullo thanked Board members for their contribution to the discussions at the Development event the previous day.

Mr Pattullo said there was a possibility that members of staff or donors from the Brentwood area would attend the public part of the meeting and if so he would give them an opportunity to make a representation.

14/57 DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interest.

14/58 AGREED WAYS OF OPERATING FOLLOWING THE BOARD DEVELOPMENT DAY

Mr Pattullo drew attention to point six: proactive development of relationships between and across all members of the group.

14/59 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed.

14/60 **MATTERS ARISING**

Paper 14/54 was noted. With regard to the Data Centre Hosting Strategy Mr Potter confirmed that a meeting between NHSBT and the DH had taken place and he thanked Mr Monroe for his assistance. A revised timetable had been agreed which would allow the Board to receive a detailed business case in November with the migration work starting soon afterwards. He said the only outstanding risk to the plan was the possibility that the capital cost could exceed £5m in which case Cabinet Office approval would be required. There was no longer sufficient contingency left within the timetable to accommodate this and he said he was working with the DH to keep the cost below that figure.

14/61 **NHSBT SUPPLY CHAIN OPTIMISATION**

Teresa Allen, Assistant Director Customer Services, and Gerry Gogarty, Assistant Director Business Development & Strategy - Blood Supply, were present for this item.

The Board had confirmed its broad vision of NHSBT's blood operations in 2020 at its strategy development event the previous day. Two interdependent initiatives - to procure a Planning and Control System and to expand the Stock Management Project - would support progress towards realisation of this vision.

Procurement of a Planning and Control System

Dr Ronaldson presented the paper proposing procurement of a Planning and Control System.

Ms Hamlyn said that while the Executive had found it difficult to identify specific financial benefits of a PCS for NHSBT it would undoubtedly enable us to provide benefits to hospitals through improved matching of supply and demand. The benefits would include a reduction in the age of blood at issue and a reduction in the number of product substitutions. Mr Monroe said he and Mr Griffins had discussed the lack of financial benefits but had recognised that a PCS was key to enabling us to improve our supply chain process management. He added that this technology had been widely in place elsewhere for some time.

Stock Management Project Expansion

Dr Williams presented the paper proposing the expansion of the Stock Management Project. Ms Fullwood commended the proposal which she felt was in strong accord with the vision discussed the previous day.

Mr Monroe drew attention to the fact that this project represented the beginning of a journey which would realise substantial savings to the rest of the NHS, sometimes at cost to NHSBT, and he highlighted the

importance of the collection of data to demonstrate those benefits. Dr Williams confirmed that appropriate metrics would be put in place so that the benefits could be seen. The Board agreed that the benefits should be publicised at the appropriate time.

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The Board approved the expansion of the stock management project from eight to 20 hospitals. They also approved the purchase of a Planning and Control System as recommended. It was agreed that the Board would review progress on the Stock Management Project in a year's time.

14/62 **NATIONAL CONTRACT FOR THE SUPPLY AND MAINTENANCE OF EQUIPMENT FOR STERILE CONNECTION OF TUBING BETWEEN BLOOD PACKS**

Dr Ronaldson presented paper 14/56. He pointed out that price negotiations had not yet concluded; the paper set out the maximum costs and the final costs may be lower. In answer to questions, he confirmed that the proposal involved two separate contracts, rather than prime and sub contractors. He said that on the basis of their prior performance he was confident the two suppliers would work together constructively.

The award of the contracts was approved as recommended.

14/63 **LIVING KIDNEY DONOR TRANSPLANTATION 2020: A UK STRATEGY**

Lisa Burnapp, Lead Nurse Living Donation, was present for this item.

Ms Johnson presented paper 14/57.

Ms Johnson said that there had been recent discussions about overseeing the Living Kidney Donor Transplantation strategy through the *Taking Organ Donation to 2020* Oversight Group. This would give it greater prominence and enable easier engagement with the people who need to contribute to its implementation. Mr Rigg supported that suggestion and commented that combination of our results on

deceased and living donation would place us higher in the international performance league table.

Mr Rigg highlighted the importance of a communications plan to manage the impact on the programme of any high profile donor death. Dr Costello said she considered the document should include acknowledgement of the risks to the donor around the time of donation and possibly in the longer term include data relating to this. Ms Burnapp said the effects of donation were difficult to quantify on the basis of available data collected over the last 15 years and in her view, until more information is available, this risk was best dealt with through the appropriate counselling of donors. Dr Williamson said that the R&D committee had agreed to fund a pilot to examine the

long-term impacts of blood donation, through electronic linkage of PULSE data to other NHS databases and registries. It had already been proposed that the same methodology could be considered to examine long term outcomes after living kidney donation and this was being explored. Ms Johnson pointed out that if more organs were available from deceased donors fewer living donations would be required.

The Board approved the strategic aims and objectives of the Living Donor Kidney Transplantation Strategy and NHSBT's role in delivering these. They also supported the inclusion of the Living Donor Strategy within the remit of the *Taking Organ Donation to 2020* oversight group. On this basis, the Board would not require separate reports on progress on living donation in future.

14/64 **GOVERNANCE AND AUDIT COMMITTEE TERMS OF REFERENCE**

Mr Blakeman drew the Board's attention to the duties of the Governance and Audit Committee. He said the Committee considered that the Committee's objectives are being met, although management of risk could be improved. A suggestion that the terms of reference should require Executive Directors to be represented by a deputy if necessary was declined on the basis that this already happened consistently in practice. The Terms of Reference were agreed.

14/65 **IMPROVING ENGAGEMENT WITH OUR STAKEHOLDERS – SECOND ANNUAL UPDATE ON PROGRESS**

Sam Fletcher, Assistant Director External Affairs, was present for this item.

Paper 14/59 was received. Ms Austin presented a summary of progress made to deliver the corporate stakeholder and Board level

engagement programme to date and Ms Fletcher presented the proposals for the year ahead.

Dr Costello questioned whether it was appropriate to combine the "very satisfied" and "fairly satisfied" categories. While Ms Austin acknowledged that this could give an enhanced impression of our performance she said that our current performance is considerably better than it was three or four years ago. She was not complacent, however, and recognised there was more work to do.

Whilst acknowledging the good work achieved, Mr Brown observed that satisfaction levels are lower amongst the organ donation and transplant community than within the blood community. He also commented that the plan seen by the Board at its previous meeting seemed primarily focused on England. Ms Johnson said she believed there had been a significant improvement, particularly in relation to

organ donation, and she said she felt that some of the issues affecting satisfaction levels were related to the constraints on our marketing expenditure. Ms Austin pointed out that we will not always be able to meet the aspirations of charities and faith groups but the way we communicate this to them will be important to our reputation.

It was suggested that it may be appropriate over time for the regular activity reports to move from monthly to quarterly intervals.

The Board endorsed the plans and priorities for 2014/15.

14/66 **MANAGEMENT QUALITY REVIEW ANNUAL REPORT – APRIL 2014 TO MARCH 2014**

Mr Bateman presented the report. He highlighted the current position in relation to the review of the Medical Device Directives by the EU Commission. He also highlighted the outcome of the review of the single source supply model following the significant blood pack manufacturing defect which occurred in August 2013. This had concluded that the model remains justified on the balance of benefit and risk.

Our performance in Medicines and Healthcare products Regulatory Agency (MHRA) inspections where we had received 11 major non-compliances against our target of zero was a significant issue. Mr Bateman said that while he was satisfied that these 'majors' were not due to any slippage in our standards it was clear that we need to raise our standards further. He added that, while some of the 'majors' were based on an amalgamation of a number of smaller issues rather than one single issue, these smaller issues should not be present. An action plan designed to improve our performance is in train in partnership with the operational Directorates.

Mr Blakeman said that regulatory performance is monitored regularly by the GAC and the GAC were satisfied that the increase in the number of 'majors' was not the result of deterioration in our performance although they supported the need for improvement.

Mr Bateman had reported directly to the Chief Executive since December 2013 and Ms Hamlyn said the benefits of his membership of the Executive Team had quickly become evident during discussions and decision making. Mr Pattullo asked Mr Bateman whether he felt he had the necessary support from the Board and he confirmed that he did. He also acknowledged the support he received from the Executive Team and emphasised the importance of Quality function representation within that team.

The Board noted the actions being taken to achieve quality improvements and address the weaknesses and issues identified.

Mr Blakeman drew attention to the schedule on page five of appendix two of the report and encouraged NEDs to contact Mr Bateman if

they were able to take up any of these opportunities to visit sites in the weeks following inspection.

14/67 **ANNUAL FUNCTIONAL REPORT – LOGISTICS**

Mr Cox gave a presentation highlighting the key actions and issues relating to the Logistics function's contribution to and support of NHSBT's organisational strategy. The report and the presentation was well received and the Board congratulated Mr Cox on what had been achieved.

14/68 **SPECIALIST SERVICES PERFORMANCE REVIEW 2013/14**

Dr Andrew Hadley, General Manager Specialist Services Operations, attended for this item.

Dr Hadley gave a presentation describing the performance of the four business units which comprise Specialist Services. This was well received by the Board who welcomed the progress made in terms of growth of services and contribution to financial overheads. The Board confirmed their continued support for these areas of our work.

14/69 **ANNUAL FUNCTIONAL REPORT – COMMUNICATIONS**

Ms Austin presented the report which set out how the capability and capacity of the Communications function supports NHSBT's strategic objectives. This was well received with the Board recognising the function as a significant strength in its ability to deliver its objectives.

14/70 **CHIEF EXECUTIVE'S REPORT**

The Board received paper 14/64. Ms Hamlyn drew attention to the excellent support received from the four health departments to secure ministerial agreement to providing additional funding for 2014/15 to meet the cost pressures generated by the 63% increase achieved in organ donation over the 2007/08 baseline. She pointed out that most of this money has been allocated on a non recurrent basis and said that during 2014 we will continue to work with the UK Governments, as the commissioners of our services, to secure the additional money needed to implement the agreed *Taking Organ Donation to 2020* strategy over future years or to consider what reductions must be made in frontline services if funds are not available.

Ms Hamlyn said that since her report was despatched she had attended the second meeting of the Taking Organ Transplantation to 2020 Oversight Group where presentations given by the major stakeholders had been very reassuring. There was some concern, however, as to whether England was keeping pace with Northern Ireland, Scotland and Wales and there were plans to invite the English Minister to the next meeting.

14/71 **BOARD PERFORMANCE REPORT**

Mr Bradburn presented the report. He drew attention to the variation in the levels of reduction in demand for red cells across the country, to potential over-collection capacity and sound stock levels. Activity in ODT had improved with 117 deceased organ donors in the month and 313 transplants. Despite demand issues, DTS finances were being managed well but there is an adverse impact caused by hospitals switching from our Fresh Frozen Plasma products to Octoplas. NHSBT's financial position overall was positive.

Mr Bradburn drew attention to a challenge by Grifols to our tender for NAT testing. He said that the implementation of the proposed new contract would be prevented and there would be a detrimental effect on our savings plan.

Mr Bradburn said that, although efforts were underway, there was a low probability that a new funding process for ODT could be implemented for next year. Given that DH had confirmed that this year's additional funding was non-recurring it implied that NHSBT was at risk of facing a shortfall in funding for ODT in 2015/16. The Board agreed to consider this further at their meeting on 2 October, following the current round of planned discussions on the funding process.

The Board noted that the content of the Performance report would be modified over the next few months, to include measures relating to the Platelet Strategy and Fresh Frozen Plasma in particular.

14/72 **CLINICAL GOVERNANCE REPORT**

Paper 14/66 was received. Dr Williamson drew attention to the section on the Science and Technology House of Commons Inquiry on blood tissue and organ screening. She said the Inquiry had appeared to focus on trying to establish next steps rather than to probe events to date. Next steps may include a study of blood samples, using screening tests currently under development, in order to establish the prevalence of vCJD i.e. carriage within the blood in the UK population. Results of such a study could be helpful to us if they led to our being able to make use of the plasma derived from red cell collection and NHSBT would be a logical source of the samples if funding is available. We are following this up with the MRC Prion Unit, although such a study would involve a number of ethical and legal issues which would need to be addressed.

14/73 **SERIOUS INCIDENT SUMMARY REPORT**

The Board had been kept informed of the incident relating to a Stem Cell Calculation Error in our Sheffield laboratory. Dr Williamson presented the report and was pleased to inform the Board that the patient concerned was showing signs of engraftment and Anthony

Nolan had consequently asked us to stand down the arrangement for a further collection from the donor.

Dr Williams said a look back exercise into collections carried out over the last three months had not identified any other similar error. He also summarised the corrective actions being taken to prevent a repetition of this type of error in future.

Dr Williamson said the classification of this incident was to be reviewed. She also said that Ms Hamlyn had asked her to lead further broader work across the three operating divisions to consider whether a fundamental review of the risks associated with our current manual and/or data entry systems is required. She said she and Mr Bateman would update the GAC on the plans for this work at its next meeting and report the outcomes of the work to the September meeting of the GAC.

14/74 **SCOTTISH ODT REVIEW**

Mr Brown advised the Board that there was to be a review of the Income Generation Agreement (IGA). He said that following the discussions which had led to the provision of additional funding for ODT the Minister had requested a due diligence review of the arrangements to ensure these were delivering best value. He said this was not a political initiative and the value of a relationship with NHSBT was not in question but the review was intended to test how the relationship should work. The work would be carried out by Scottish commissioners and take the form of an options appraisal focusing on retrieval, SNODs Clinical Leads and Organ Donation Committees. Mr Chris Rudge has been appointed as Chair of the group. Mr Brown said the importance of NHSBT's close involvement was recognised and Ms Johnson and Mr Rigg had agreed to join the group. The NHSBT Board would be given the opportunity to provide comments on the outcomes of the review before they are submitted to Ministers.

Ms Johnson emphasised the benefits of a single national organ donor organisation and said she was pleased that there was not an intention to separate Scottish organ donation and transplantation from the rest of the UK. She highlighted the fact that any changes to current arrangements could have significant implications for the other UK countries. She said her main concern was to ensure immediate communication to our staff and the wider transplant community. Ms Austin said she would work with the Scottish Health Department to achieve this.

Ms Hamlyn asked, given that the IGA is quite specific, how the work would tie in with the discussions about how to handle funding if there are differences between the countries on which activities should be supported. Mr Brown said the work would not result in change in activity and there would not be a change to the funding mechanism in

2015/16. Any changes to the funding mechanism would arise after that.

Ms Hardy said an income generation agreement between Northern Ireland and NHSBT was needed but that would be addressed at a later date after this exercise had been completed.

14/75 REPORTS FROM THE UK HEALTH DEPARTMENTS

Paper 14/68 was noted.

14/76 MINUTES OF THE GAC MEETING ON 27.2.14

The minutes were noted.

14/77 MINUTES OF THE TRUST FUND COMMITTEE 24.4.14

The minutes were noted.

14/78 MINUTES OF THE EXPENDITURE CONTROLS COMMITTEE

The minutes were noted.

14/79 ANY OTHER BUSINESS

There was no other business.

14/80 DATE OF NEXT MEETING

The next meeting will be held on Thursday 31 July at the Royal College of Obstetricians and Gynaecologists.

14/81 RESOLUTION ON CONFIDENTIAL BUSINESS

The Resolution was agreed.

14/82 FORWARD AGENDA PLAN

The forward agenda plan was noted.