

**Minutes of the Sixty-first Meeting of NHS Blood and Transplant  
held at 8.45am on Thursday 27 March 2014 at the  
Radisson Blu Hotel, 80 High Street, The Royal Mile, Edinburgh EH1 1TH**

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
	Mr R Griffins	Mr S Williams
	Ms L Hamlyn	Dr L Williamson

In attendance:	Ms L Austin	Mr G Brown
	Mr M Cox	Ms J Hardy
	Mr D Evans	Dr G Duncan
	Mr M Potter	Ms J Minifie
	Dr D Kennedy	

**14/26 APOLOGIES AND ANNOUNCEMENTS**

Mr Pattullo welcomed Andrew Hadley, General Manager Specialist Services Operations; Stuart Penny, Assistant Director for National Operations Blood Supply; Nick Watkins, Assistant Director R & D; and Ceri Rose, Assistant Director Digital and Marketing, who were attending the meeting as observers.

Mr Pattullo said Mr Williams would be away on a sabbatical during May, June and July and during this period Ms Fullwood would attend meetings of the GAC although Mr Williams would still be available to comment on papers.

Mr Pattullo said Mr Rigg would be joining the GAC on a permanent basis with immediate effect.

Mr Pattullo drew attention to the DH event for ALB Chairs and NEDs being held on 7 May. He said he was unable to attend but Mr Monroe would do so. He encouraged other NEDs to attend also if they could.

**14/27 DECLARATION OF CONFLICT OF INTEREST**

There were no conflicts of interest.

**14/28 AGREED WAYS OF OPERATING FOLLOWING THE BOARD DEVELOPMENT DAY**

Mr Pattullo drew attention to the agreed ways of working.

**14/29 MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were approved.

14/30 **MATTERS ARISING**

Paper 14/28 was noted.

14/31 **APHERESIS COLLECTION SYSTEMS: FRAMEWORK AGREEMENT EXTENSION**

Dr Ronaldson presented paper 14/29. Ms Fullwood said she considered the recommendation to be the only rational and feasible response to a very difficult situation which had arisen through no fault of NHSBT. She said that while she considered it wise to draw attention to the potential for procurement challenge she considered this extremely unlikely and she strongly commended the proposal to the Board. Mr Bradburn confirmed that there were no executional or operational issues. The Board approved the extension of the framework for a period of up to eight months.

14/32 **DELIVERING A REVOLUTION IN PUBLIC BEHAVIOUR IN RELATION TO ORGAN DONATION**

Ceri Rose was present for this item.

Ms Austin presented the paper and said she had greatly appreciated the input from the UK Health Departments, all of whom had been willing to share their information and experience, in the development of the proposals. It was noted that the paper was intended for consideration and comment, rather than any decision. In response to a question, Ms Austin said the cost of the work involved had been under £100,000.

Mr Williams asked whether there was confidence that the proposals would definitely deliver outcome 1 of the UK strategy *Taking Organ Transplantation to 2020* to increase consent/authorisation rates to 80%. Ms Austin confirmed that activity would commence on a local pilot basis. Ms Rose said there was a large amount of detailed work to be done to test plans at a local level and develop models; and she did not believe we would be in a position to project the 2020 outcome until the end of year one. Ms Hamlyn reminded the Board that, while the consultation which had produced the strategy had given rise to some radical proposals, it had been decided not to take those up until we had exhausted what could be done within the current legislative framework. She therefore believed it was very important to set progress milestones to ensure that changes to plans can be considered at an early stage if needed.

Mr Rigg said he supported the national/local model, believing we should maximise the contribution available from Trust Donation Committees and patient groups. He also said that, while he considered it right to target older people, they should not replace younger people who could be important change makers. Ms Austin confirmed that it was the intention to include both groups.

Mr Rigg pointed out that it was unlikely that the £10m required would become available in the near future. Mr Williams recommended that funding be sought for a number of years as short term funding which was then removed would be unhelpful. Mr Monroe said he believed there was a real value for money argument to which the public might respond well.

Mr Griffins highlighted the importance of seeking to influence the members of the health community who are not directly involved in transplantation. He also emphasised the importance of plans to mitigate risks given the potential for damage to the transplantation cause which could arise from any untoward incident.

Dr Williamson said that R & D stakeholders had indicated a desire for more research into behavioural studies involving donor families and clinicians. She recommended that, if R & D funds are available, we should call for academic interventional research around changes of behaviour close to the donor family.

Dr Duncan pointed out that the paper referred to discussion and agreement from the UK Health Departments. It was important to be clear that this did not constitute a commitment and it was essential that these proposals were not confused with the specific action being taken in Wales.

Dr Kennedy said he had some concern about the cost effectiveness arguments on page 51 of the strategy; in particular he believed it was important to carry out separate analysis of each type of organ because not all provide the very clear savings delivered by kidneys.

In summary, Mr Pattullo said a number of very good ideas and some suggestions about process had been brought out. These included a campaign which plays to national pride, using the young as change makers, using health professionals as champions, using local media, the role of the Donation Committees and how to stimulate enthusiasm for funding. Ms Austin offered to discuss aspects of the content with members individually if they wished.

Mr Pattullo asked for a more succinct statement of the campaign and its objectives. This should link activity to expenditure; indicate who is leading on each activity; include targets and a clear mechanism to track improvements in consent rates in order to demonstrate the effectiveness of the individual initiatives; include milestones to enable us to make changes at an early stage and introduce more radical ideas if necessary; and be accompanied by a plan to secure the necessary funding. Ms Austin agreed to present a revised document at the July meeting.

**LA**

14/33

## **ANNUAL REVIEW OF NHSBT'S STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION**

The Board received the revised set of Standing Orders, Standing Financial Instructions and Scheme of Delegation, including delegated financial limits, under cover of paper 14/31.

Mr Bradburn said there had been no substantial changes to the documents since last year. One further amendment might be required, which was the inclusion of a process for determining payment to high cost contractors, and he said he would follow this up with Mr Evans. He noted that the GAC had previously approved the draft documents and this was confirmed by Mr Blakeman. .

**RB**

Mr Rigg queried the absence of any reference to limits on cash resources. Mr Bradburn said that the DH's position on end of year cash limits had become more flexible and said he would make that situation clearer in the document.

**RB**

Mr Rigg noted that point 2.10.7 of the Standing Orders referred to the "Appointments Commission" and asked that this be removed and the section updated.

**RB**

Subject to the points above, the Board approved the revised set of Standing Orders.

14/34

## **FRAMEWORK AGREEMENT WITH THE DEPARTMENT OF HEALTH**

Mr Pattullo said that Framework Agreements, which clearly set out the relationship between the DH and each of its ALBs, were a requirement of the NHS reforms. He said he, Ms Hamlyn and Mr Bradburn had been working with the DH on our agreement for approximately nine months and a workshop organised by Dr Kennedy in January, which had used specific situations from the last year as examples, had led to the production of a satisfactory document.

Mr Bradburn said that there had been little material change to the document since the version last seen by the Board. He highlighted a number of areas which were now more effectively expressed, although he said he saw the move of the legal aspects, including those relating to blood safety, from the main body of the document to an annex as less than ideal. He said, however, that he considered this version of the document to be acceptable.

Ms Fullwood said she was unclear about the status of the document given that some of its content, such as Data Protection, was already covered by legislation and binding on NHSBT (so not necessary to restate) whereas it was unclear whether the remaining content was intended to be contractually binding. Mr Pattullo said he regarded the Framework as a type of service level agreement.

Ms Fullwood also expressed concern about the amount of time and resource which had been involved in a document of unclear status.

It was pointed out that it was not usual for a document intended for publication to be marked "Restricted" whilst in its draft form. Mr Bradburn said that it was the intention to publish the document on the NHSBT website. Dr Kennedy said it was his understanding that the document was intended for publication but he would let Mr Bradburn know if this was not the case.

DK

The Board authorised Ms Hamlyn to sign the Agreement, as presented, on NHSBT's behalf and noted that it would be signed on behalf of the DH by the Director General.

The Board noted that compliance with the agreement would be reviewed at NHSBT's annual accountability review with the DH and covered within the GAC's existing assurance activities.

#### 14/35 **NHSBT BUDGET 2014/15**

Mr Bradburn presented the budget for 2014/15. He said he would circulate a corrected version of paper 14/33 which contained some minor errors in the cost trends by Directorate. He commended the budget to the Board.

Mr Williams asked whether the additional £3m savings referred to in the paper had been confirmed. Mr Bradburn said he anticipated that these would be confirmed by the Executive Team but they had not yet formally done so.

Mr Blakeman said he could see no significant weak spots in the information and he was impressed by this evidence of long running tight management of the business and operations on the part of the Executive Team.

Dr Costello expressed concern about the possible financial impact of our determination to maintain the current price of red cells. She suggested that it would be wise, at some stage, to indicate to our customers and stakeholders that this would not be sustainable in the long term. Mr Pattullo said this issue would form part of the discussions at the meeting on 21 May.

The Board approved the budget for 2014/15, noting the caveats and further action described in the paper. Mr Pattullo congratulated Ms Hamlyn and the Executive Team for their effective management of costs.

#### 14/36 **THE BLOOD SERVICES: TOWARDS 2020**

Stuart Penny and Andrew Hadley attended for this item. The purpose of the item was to provide background to the issues to be discussed on 21 May and to the three separate business cases which will be presented at the next formal meeting.

Ms Hamlyn presented paper 14/34. She said continuing decline in demand for red cells will mean the need for significant further savings which will require significant changes within our organisation. She said the following papers, 14/35, 14/36 and 14/37, summarised the position on three interlinked areas of work intended to move us towards being the best organisation of our type in the world.

It was agreed to provide the Board with a diagram, for the meeting on 21 May, showing the entire blood pathway and indicating which projects had been completed, which were underway and which were planned for the future.

LH

### **Planning and Control System**

Mr Cox presented the paper and the Board noted progress towards the development of a business case for a planning and control system.

Mr Griffins highlighted the matter of disbenefits to NHSBT and the Board confirmed its support for the principle of pursuing benefits to the overall health system even if this generates additional cost for NHSBT.

Details of the costs and benefits would be set out in the business case but the Board acknowledged that the main purpose of the Planning and Control System would be to facilitate other initiatives.

### **Stock Management Update**

Mr Penny presented the paper. He emphasised that the Planning and Control System was essential if the stock management system is to be rolled out across the NHS, because our current systems are not sufficiently robust to support the stock management system on a large scale.

In relation to disbenefits to NHSBT, Mr Bradburn emphasised that the stock management system will further reduce the demand for red cells. Mr Rigg suggested that quantification of the financial benefits to the NHS would be helpful if it is necessary to increase the blood price in future and Mr Penny confirmed that the business case would include these details.

Dr Costello said she was impressed by the improvements achieved through the pilots but asked, given the amount of work involved so far, how likely it was that the figures could be reproduced when the arrangements are extended to more Trusts. Mr Penny said that, while the same level of achievement might not be seen right across the NHS, he was confident that significant improvements would be seen. Ms Hamlyn suggested that some supporters might be prepared to champion the system.

Mr Blakeman asked whether the end goal was the introduction of a Vendor Managed Inventory system or whether our ultimate ambition was a “vein to vein” model, as this could affect our approach to planning. Mr Pattullo said we would take a view at the meeting on 21 May as to what facts and data it was reasonable to include in our thinking.

The Board noted the outcomes of the Stock Management Pilot and supported the preparation of a detailed business case for expansion of the pilot to include a further 20 hospitals.

### **Integrated Transfusion Services (ITS) Update**

Dr Williams introduced this item and Dr Hadley presented paper 14/36.

In response to a question from Mr Pattullo as to whether our market share in RCI services had changed since the Board last considered the strategy for RCI, Dr Hadley said that RCI volume increased by 3.5% in the last year and we now estimate we have an 83% share of complex testing.

In terms of our approach to developments such as next generation sequencing technology Mr Monroe asked what type of patients require blood transfusion. Dr Williamson said that over the last 10 years majority usage has moved from predominantly surgical towards treatment for patients requiring transfusion on a long term basis. Dr Williamson agreed to provide the latest information on blood use for the meeting on 21 May.

**LW**

Ms Fullwood questioned whether the right new staff appointments are being made, given that external consultancy support is required for development of the business case. Dr Williams said that the consultancy aspect relates to the detailed analysis required as part of the proof of concept which presented capacity and capability challenges given the current extensive workload.

The Board noted the status of the initiatives being delivered following their approval of the RCI strategy in July 2013.

The Board found the four papers helpful in demonstrating the interdependencies between the various workstreams and the potential for a step change in the way we provide our services.

14/37

### **IMPROVING DONOR EXPERIENCE**

Jane Pearson, Assistant Director Blood Donation Operations and Nursing, attended for this item.

Ms Pearson gave a presentation to support paper 14/38. This focused on the diagnostic approach taken to identifying the root

causes of problems with individual team performance and the process to address them.

Dr Costello said she was somewhat concerned about the ease with which significant improvements had been achieved by a poorly performing team and its implications about previous training and leadership. Ms Pearson said this was a key issue and the main driver of the new organisational structure with its single responsible Senior Sister on sessions and smaller span of control at regional level.

Dr Ronaldson said the London City Team is one of two currently piloting a system for texting donors about delays on session. He said donors had welcomed the system and he believed it would be important to roll it out across all sessions over the next two years.

The Board welcomed the progress being made and Mr Pattullo thanked Ms Pearson on their behalf. He commended the quality of the insight evident in the description of the status quo and the recognition that exhortation is unlikely to make a difference without a systematic plan; and the adoption of a breakthrough goal.

14/38

## **FUNCTIONAL REPORT – RESEARCH AND DEVELOPMENT**

Nick Watkins attended for this item.

Dr Williamson said the Board would receive the R & D Strategy at the beginning of 2015. Dr Watkins gave a presentation which highlighted the key points from paper 14/39. Dr Costello commended the work and said she hoped to be able to report a positive outcome from the funding allocation process currently taking place. The Board appreciated the very clear presentation and were pleased to note that the inception of the strategy research groups was delivering a focused approach on the translational potential of R & D work.

14/39

## **ODT PERFORMANCE REVIEW**

Ms Johnson gave a presentation which set out progress being made towards the *Taking Organ Transplantation to 2020* strategy outcomes. She drew attention to the significance of the options for the National Organ Retrieval Service which would be presented to the Board in November with a view to implementation from March 2015.

In summary Mr Pattullo said the presentation indicated a very well crafted strategy document as it provided an excellent framework against which to review performance. He also supported Ms Johnson's comments about the importance of the underlying structure of the service. He asked her to circulate a copy of the presentation to the Board.

**SJ**



14/40 **CHIEF EXECUTIVE'S REPORT**

Paper 14/40 was received. Ms Hamlyn drew attention to (i) the issue about the guidelines relating to brain stem death of newborns. It would be important for focus on the issue to be maintained and Ms Johnson said the Royal College of Paediatricians intended to review the guidelines; and (ii) the support of Ivan Lewis MP for the closure of the Lancaster stock holding unit.

14/41 **PERFORMANCE REPORT**

Mr Bradburn presented the report. He drew attention to the continuing decline in demand for red cells and gave credit to the DTS team who continued to offset their lower than planned income by means of cost controls. Overall he said he was officially forecasting a financial break even position at the year end although there might be a small deficit of around £600,000 depending on the timing of accruals/provisions for the larger transformational projects. He said there would be a significant cash balance at the year end and said that this would be necessary for the significant cash commitments to come from the larger projects (BDOD and Brentwood for example) in 2014/15. The Board noted the inclusion of the new metrics for ODT in the report and acknowledged that these would need to evolve. Mr Bradburn said DH approval of the sale of the Brentwood site had now been received.

Mr Rigg asked about the consequences of the latest position on the Data Centre Hosting Strategy. Mr Potter said the additional delay would give rise to increased costs of approximately £1.2m and almost completely eliminate contingency within the implementation timetable for the project. The Board was very concerned by the continuing delay and the effect on costs. Dr Kennedy agreed to assist in the arrangement of a senior level meeting between Directors and the relevant DH personnel as a matter of urgency. Mr Potter agreed to provide Dr Kennedy with the financial details.

**DK  
MP**

14/42 **CLINICAL GOVERNANCE**

Paper 14/42 was received. Dr Williamson drew attention to (i) our first non-compliance from a Care Quality Commission inspection. This related to cleanliness and infection control at the Birmingham Donor Centre. Remedial action had been taken promptly and all subsequent inspections at other sites have been fully compliant; (ii) the need to develop a corporate statement in response to questions from donors about the use of their information following recent publicity about the sharing of NHS patient data; (iii) the probable transmission of Hepatitis B through blood donation which, as the first since 2011, is in line with risk assessments; (iv) a serious delayed faint experienced by a donor; and (v) the section on the Science and Technology House of Commons Inquiry on blood, tissue and organ screening, including the current status of prion blood screening assays.

Ms Hamlyn drew attention to the fact that, contrary to the statement in this report, it had later been decided not to include reference to exemption from the need for a Provider Licence in the Framework Document. Mr Bradburn said Monitor has told us it is for us to decide whether we require a licence, it is our view that we do not and we have asked for written assurance from the DH that our position is reasonable.

There had been no new SUIs and the Board noted the final report on the potential incident relating to the Intestinal Failure – Associated Liver Disease (IFALD) allocation scheme.

14/43 **MINUTES OF THE NATIONAL ADMINISTRATIONS COMMITTEE  
11.12.13**

The minutes of the meeting were noted. Mr Pattullo drew attention to the work being undertaken in Northern Ireland in relation to Blood Services.

14/44 **MINUTES OF THE GAC 27.2.14**

The minutes of the meeting were noted. Mr Blakeman said there were no particular points to draw to the attention of the Board, the issue of the operational challenges arising from increases in organ donation and transplantation having been discussed in depth at the previous Board meeting.

14/45 **MINUTES OF THE EXPENDITURE CONTROLS COMMITTEE  
27.2.14**

The minutes of the meeting were noted. Ms Hamlyn said she had no issues to raise.

14/46 **UPDATE FROM THE NOMINATIONS COMMITTEE**

Mr Pattullo proposed that this item be moved to the private section of the meeting and this was agreed.

14/47 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

The reports were noted.

Dr Kennedy said the key issue for England was ODT funding and he confirmed that additional money had been provided on condition of a sustainable long term solution thereafter. He also echoed Mr Pattullo's earlier remarks encouraging NEDs to attend the event for ALBs being held on 7 May.

Dr Duncan said that a successor to David Sissling as Director General and Chief Executive of the NHS in Wales was being recruited and Simon Dean, currently Chief Executive of Velindre

NHS Trust, would hold this position on an interim basis in the meantime.

Dr Duncan also said that this was likely to be his last attendance at an NHSBT Board meeting as he was taking on new responsibilities. He complimented the Board on the way it operated. He said Dr Chris Jones would take on responsibility for blood and organ donation legislative work. Mr Pattullo said he would welcome an induction session with Dr Jones before he attends his first meeting.

**GD**

On behalf of the Board, Mr Blakeman thanked Dr Duncan for his contribution to NHSBT's work, in particular the way he had helped the Board to improve the quality of its interaction with all four of the UK Health Departments.

**14/48 ANY OTHER BUSINESS**

There was no other business.

**14/49 DATE OF NEXT MEETING**

The next formal meeting of the Board will take place on Thursday 22 May at the Royal College of Gynaecologists in London. This will be preceded by an informal discussion meeting, at the Grand Connaught Rooms on Wednesday 21 May.

**14/50 RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution, 14/48, was agreed, with the addition of the item under item 14/46 above.

**14/51 THE ANTHONY NOLAN AND NHS STEM CELL REGISTRY ANNUAL REVIEW 2014 "TOGETHER FOR BETTER"**

The review was received and noted.

**14/52 NHSBT TRUST FUND ANNUAL REPORT AND ACCOUNTS**

The Trust Fund Annual Report and Accounts were received and noted.

**14/53 REGISTER OF SEALINGS**

The Register of Sealings was noted.

**14/54 NHSBT CONTRACT PIPELINE REPORT**

Paper 14/52 was noted.

**14/55 FORWARD AGENDA PLAN**

The forward agenda plan was noted.