

**Minutes of the Fifty-ninth Meeting of NHS Blood and Transplant  
held at 9.00am on Thursday 28 November 2013 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 R Bradburn	Mr K Rigg
	Mr A Clarkson	Dr C Ronaldson
	Dr C Costello	Dr H Williams
	Ms L Fullwood	Mr S Williams
	Mr R Griffins	Dr L Williamson
	Ms L Hamlyn	

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

**13/136 APOLOGIES AND ANNOUNCEMENTS**

Apologies had been received from Mr Blakeman, Ms Johnson and colleagues from Northern Ireland.

Mr Pattullo welcomed Ms Fullwood and Mr Rigg to their first meeting of the Board.

Mr Pattullo said that he would like to progressively transition toward becoming a "paperless Board" and that he would be accessing his Board papers electronically from January onwards. He asked colleagues to let Jane Minifie know if they are willing to receive the pack only in electronic format.

Mr Pattullo said that there would be a meeting for NEDs only as part of the Board day on 30 January.

**13/137 DECLARATION OF CONFLICT OF INTEREST**

No conflicts of interest were declared.

**13/138 AGREED WAYS OF OPERATING FOLLOWING THE BOARD DEVELOPMENT DAY**

The Board reinforced the relevance of their operating principles.

**13/139 MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

**13/140 MATTERS ARISING**

Paper 13/115 was received.

## **Implementation of Shared Services Across the DH and its ALBs**

Mr Pattullo said there had been some encouraging progress on this item. Mr Bradburn had been appointed as a member of the DH steering team for the project. Karen Wheeler, the Director General responsible for the project, had agreed to meet Arvato to seek renegotiation of some of the issues raised by NHSBT.

### 13/141 **INFRASTRUCTURE HOSTING STRATEGY**

Andrew O'Connor, Assistant Director - Technology, attended for this item. Mr Potter thanked Mr Rigg and Mr Griffins for reviewing the paper and also Mr Monroe who had provided input.

Mr Potter presented the paper, focusing on the risks and their mitigation. He emphasised that a programme of work to effect the transition to a new service by January 2016 had been underway for a number of years and he was now seeking money for the next phase.

Asked by Dr Kennedy about the level of engagement with the Cabinet Office (CO), Mr Potter said that feedback to date had been positive but there had been a number of personnel changes in the CO and this represented a risk depending on the quality of the handover. Ms Austin said that other DH colleagues have been very supportive and had made a representation to the Cabinet Office about the challenges presented by staffing changes. Mr Kennedy confirmed that the sponsorship team would also provide support if needed.

Mr Bradburn drew attention to the fact that the terms of the tenancy agreement meant that there was a small risk that our costs could increase after 2013.

The Board approved the funding to complete the procurement of a new service and related transition planning. A detailed business case for implementation of the new service will be brought to the Board in July 2014 and the Board expected this to represent a cost effective solution.

Mr Williams proposed that the GAC be asked to maintain scrutiny of the project over the coming months.

### 13/142 **STAKEHOLDER ENGAGEMENT PLAN**

Ian Beggs, Assistant Director – External Affairs, attended to present this item. He emphasised that the programme was separate to those already existing for customers and donors and that it was supplementary to the broader corporate engagement programme. The overall intent is to become even more impactful with a small number of critical stakeholders. The Board programme would be tailored in respect of each individual stakeholder with a clear purpose defined for each relationship.

Dr Duncan said he welcomed the approach being taken but he felt the paper did not adequately reflect the relationships which exist within the UK outside England and Ms Austin agreed to amend the document. Mr Brown suggested that inclusion of a definition of stakeholders might help in this regard. Mr Pattullo asked colleagues to let Ms Austin know if there was any specific stakeholder in Wales or Scotland which should be added.

Ms Austin confirmed that a number of charities were among the existing broader list of stakeholders with whom in general we have very good relationships and said that a faith action plan was to be launched in December.

It was noted that, while a Customer Relationships Management (CRM) system is being introduced for Tissue Services, this was not yet available in other areas of the business but would be progressively rolled out. A CRM portal for the Board would be a welcome asset in the future but in the meantime the information would be detailed on spreadsheets.

Mr Rigg asked what would be done if an initial approach did not secure the desired engagement. Ms Austin said it may take time to achieve engagement in some cases. In the case of the Cabinet Office, for instance, she was now a member of a Government Communication Delivery Board, chaired by the Rt Hon Francis Maude MP, as the result of engagement with the Government's Executive Director of Communications.

Dr Costello asked how success would be measured. Ms Austin said the Board will receive a report annually and there will be an annual stakeholder audit. She emphasised the importance of the reasons for building each of the individual relationships being clear to both parties and said this would make it easier to track progress. Mr Williams concurred and suggested that an additional column be added to the grid stating the objectives in each case.

Commending the work, Mr Williams also suggested that the Cabinet Office and Treasury be added specifically, in addition to the DH, and that some key media and opinion formers might also be included.

Mr Griffins offered to take the lead with a European/international stakeholder if needed on the basis of his experience overseas.

The Board supported the approach being taken and committed to supporting delivery of the proposed programme. Ms Austin was asked to update the paper as discussed and issue a final version for action. A review of progress would take place at the Board meeting in May 2014.

**LA**

Mr Williams commented on the importance of the strategy for hospital customers and said he hoped the Board would receive this at an early date.

13/143 **DONOR REGISTRATION TRANSFORMATION**

Aaron Powell, Assistant Director – Transplantation Support Services, attended for this item and Mr Clarkson thanked Mr Williams and Mr Rigg for reviewing the draft paper. Mr Clarkson presented the paper.

Mr Brown and Ms Fullwood enquired about security and Mr Potter confirmed that connections will be secure and require at least one password. Mr Clarkson pointed out that the information held on the l pads would be immediately wiped if the devices are reported lost or stolen whereas currently information is captured on ten separate forms which have to be transported between hospitals, homes and offices.

Dr Costello expressed concern about the availability of connectivity. Mr Clarkson said we have tested connectivity in emergency departments, intensive care units and reception areas in 95% of hospitals. Mr Potter said that there had been some technical problems and others relating to hospital cultures but there were numerous pragmatic solutions which are being put in place. Dr Williamson said the proposal had her full support for its ability to reduce errors. She suggested that any reluctance on the part of hospitals to work with us on this may relate to the Caldicott Guidelines. These have recently been reissued and updated to include a seventh point *“The duty to share information can be as important as the duty to protect patient confidentiality”* and she offered to liaise with Caldicott Guardians in Trusts if this would help.

The Board considered that it was essential to reduce the current number of internal processes and approved the funding to deliver the option recommended in paper 13/118.

13/144 **IMPLEMENTING THE HUMAN TRANSPLANTATION (WALES) ACT AND DEVELOPING A NEW ORGAN DONOR REGISTER**

Mr Powell was in attendance to present this item. He emphasised the fact that a substantial part of the project related to changes to the processes and procedures followed by the clinicians who take consent for donation and transplantation. This included the provision of training for our SNODs and the relevant hospital staff to ensure they can work safely and effectively.

Mr Powell said that the three risks to the project were the challenges associated with operating two different consent systems, dependency on Cabinet approval of the plan and the fact that funding by the UK Health Departments will not be formally confirmed until 12 December.

Mr Monroe said he was concerned about inaccurate information, believing it was inevitable that the data in both the existing and the new registers would include some errors, and asked what was being done to address that. Mr Powell said there will be three status types on the new register (i) registrants who have opted in for one or more organs, (ii) registrants who have opted out and (iii) registrants who have appointed a representative to make a decision on their behalf. The most serious potential error would be incorrect recording of a wish to opt out. He said it was intended to restrict the number of ways in which opt out can be recorded i.e. by telephone, letter or via our website. In this way data will come to us first hand and be recorded within 24 hours. It will not be possible to register opt out through a third party. In addition we will continue to write to every new registrant to confirm their wishes and we will write to confirm in response to anyone who notifies a change between one of those three status types.

Mr Williams asked what would happen if, because of the risks Mr Powell had referred to, the programme extends beyond its planned completion date and clashes with the programme for the infrastructure hosting. Mr Powell said the Cabinet Office had indicated they would be reviewing the application in the next few days although a letter had been drafted for Dr Duncan to send to the Cabinet Office to escalate the issue in advance of the December deadline if necessary. At the same time discussions were taking place with another part of the Cabinet Office about the possibility of a temporary extension to the existing procurement framework to allow this project to complete. The worse case scenario would involve a retender. Mr Potter said there was some scheduled contingency in the timetable but a retender and/or delay would increase the costs. He said his main concern would be the switch to the new register which he would delay until after the data hosting infrastructure work had been completed. That would mean time would be extremely tight in terms of the Welsh legislation but he believed it would be sufficient. Ms Hamlyn said the timing/resourcing issues had been discussed by the Executive Team at some length and dedicated staffing resources had been allocated to each of these two projects. It was agreed that the GAC would maintain close scrutiny to provide additional assurance.

The recommendations in paper 13/119 were approved.

#### 13/145 **TRANSPORT MANAGEMENT SYSTEM**

Geoff Cotter, General Manager - Transport, attended for this item.

Mr Cox thanked Mr Griffins and Dr Costello, Mr Potter and other Executive Team colleagues for their help in finalising the paper. He presented the proposal and Mr Griffins and Dr Costello said it had their full support.

Mr Potter said that he was content with the model proposed and confirmed that the software could be separated from the hosting arrangements for the system if required in the future.

The Board approved the proposal. Mr Pattullo requested that a number of options be considered prior to the end of the initial three year period before any decision is taken to exercise the extension options.

13/146 **NATIONAL CONTRACT FOR THE SUPPLY AND MAINTENANCE OF EQUIPMENT FOR PRIMARY AUTOMATED BLOOD GROUP TEST SYSTEMS**

Dr Ronaldson thanked Dr Costello for reviewing the draft and presented the paper. In response to a question from Mr Pattullo he confirmed that, for high volume testing, this supplier was in a monopoly position. He said that, as a general principle, we are working to develop other suppliers where there was currently a monopoly. Mr Bradburn said that we had begun to work with partner blood services on this issue but results would not be achieved quickly.

The recommendation was approved.

13/147 **TOOTING BLOOD CENTRE FIRST FLOOR REFURBISHMENT**

Mr Bradburn presented the proposal. Ms Fullwood, who had reviewed the paper, confirmed her support and Dr Costello also said she supported the proposal. The recommendation was approved.

13/148 **CONTRACT FOR THE COLLECTION AND DISPOSAL OF CLINICAL WASTE: AWARD RECOMMENDATION**

Mr Bradburn presented the paper and the Board approved the award of the contract to SITA for an initial three year fixed term commencing 1 June 2014.

13/149 **CHIEF EXECUTIVE'S REPORT**

Ms Hamlyn presented her report. She drew attention to the fact that the very welcome increase in organ donation which, currently at 64% and being achieved faster than anticipated, was putting pressure on budgets in NHSBT and elsewhere in the NHS. Within NHSBT this was combined with the continued pressure to reduce the price of blood which had become more difficult in the face of reducing demand. Whilst as much as possible was being done to produce further savings within NHSBT further action was needed and Ms Hamlyn proposed a high level meeting with the four UK health departments to agree a solution. She said support from departmental colleagues in facilitating this would be very much appreciated.

Ms Hamlyn thanked her Board colleagues for their enthusiastic response to her award of NHS Chief Executive of the Year. She said that, while she was naturally pleased on a personal basis, she was particularly pleased that this recognised the fact that NHSBT has been raising the profile of organ transplantation and blood donation over many years. Her award was one of many received by staff working in NHSBT and these were highlighted in the Celebrating Success section of her report. Mr Pattullo commented on the striking level of morale, commitment and energy evident amongst staff working in NHSBT and thanked Ms Hamlyn for leading that culture.

## 13/150 **BOARD PERFORMANCE REPORT**

Mr Bradburn presented the report. He said that a refreshed version, which would incorporate the suggestions made at the previous meeting, would be available for the January or March meeting.

Mr Bradburn said that while operations were running well in general the current key issue was financial pressure. The lower demand for red cells continued and the organ donation trend was accelerating. Blood stocks were starting to increase ahead of the winter stock build; there remained concern about the ongoing long term quality of the donor base, particularly for platelets, but there had been a very encouraging start to the recent launch of the donor portal which was expected to lead to an increase in younger donors.

Asked by Mr Pattullo to comment on the *On Time in Full* (OTIF) performance, Dr Ronaldson said that on the basis of a non-statistical sample of 20 hospitals it had been found that orders made outside the terms of SLAs had been recorded as OTIF failures. If these were removed from the data and the number extrapolated we would be performing close to our 97% target.

Mr Clarkson highlighted the increased costs driven by the increased numbers of call outs for the SNOD teams. Dr Costello asked whether the level of activity was sustainable from a manpower point of view in terms of staff and patient safety. Mr Clarkson said the SNOD teams worked in accordance with the EU Working Times Directive but were now stretched to their limit. Mr Bradburn said that, contrary to previous expectations, there were insufficient funds available to accommodate growth over two years. While an overspend in ODT of between £2.8 and £3 million could be met in the current year it would not be possible to meet a similar additional amount in 2014/15.

Dr Kennedy asked whether his impression was correct that, although good progress was clearly being made, more items were shown as red than previously. Mr Bradburn said that much of that reflected the financial situation.

Not all red scores were finance related. Mr Williams asked about donor complaints and hospital satisfaction. Dr Ronaldson said there had been a significantly higher level of complaints in respect of

sessions where location changes are taking place. Complaint levels elsewhere were above target but to a far lesser degree. On hospital satisfaction Dr Williams said the slight drop in performance was mainly related to the issues described by Dr Ronaldson in respect of OTIF.

Ms Hamlyn said the target of zero 'major' regulatory non-compliances was extremely difficult to achieve but had been set following just one 'major' in each of the two previous years. Inspections were becoming even more rigorous and, while our ambitions in this area remained the same, it was clear that we will need to invest even greater effort to achieve them in future.

Mr Pattullo asked Mr Bradburn to provide a supplementary paper for the next meeting which would present the data as an organisation-wide overview of performance trends in the areas of service, patient safety and cost. This paper should indicate how many metrics in each of the three areas are improving, stable or declining over the last 12 months. The intent is to provide an insight on overall performance trends.

**RB**

## 13/151 **CLINICAL GOVERNANCE REPORT**

Dr Williamson presented the report. She drew attention to the following points:

- Our exemplary record with CQC inspections continues. CQC have asked us to assist them in writing guidance for inspection at other therapeutic apheresis units based in hospitals.
- The NHSBT/PHE Annual Epidemiology Report contains the first full year's data following the change in policy for MSM donors and shows no discernible change in infection rates or identification of MSM behaviour.
- All four UK Health Ministers have now confirmed acceptance of the recommendation by SaBTO to remove the mandate to collect a particular percentage of platelet donations by apheresis on the basis that it was no longer considered a clinically useful or cost effective safety strategy for vCJD. This opens up possibilities for reconfiguration of platelet and whole blood collection to increase efficiency.
- A near miss transfusion transmitted infection event had occurred but Dr Williamson stressed that this was due to the known limitations of bacterial screening.

In response to a question from Dr Costello about TRALI, Dr Williamson said it was not anticipated that any future reduction in the provision of platelets through apheresis would lead to an increase in the incidence of TRALI because platelet additive solution would be used rather than plasma. Dr Williamson emphasised that the

increase in the number of TRALI cases was considered to be the result of increased awareness and increased reporting.

In response to a question from Mr Williams, Dr Williamson said an update on the implementation of the recommendations of the Francis Report had been planned for the January Board. She highlighted a number of key points from the Government's response to the report which had been published on 19 November and said these would be covered in the paper to the Board.

13/152 **SUI SUMMARY**

The Board had received a further update on this incident since the Board agenda pack had been issued. The Root Cause Analysis had taken place earlier in the week and full details would be provided to the CARE and GAC Committees. The Board noted that this incident had not resulted from the actions of the SNOD alone and there were other contributing factors. Mr Clarkson said he anticipated that solutions to some of the factors would be addressed by the new systems when they are introduced.

13/153 **REVIEW OF THE ORGAN DONATION AND TRANSPLANTATION DUTY OFFICE**

Mr Powell attended to present this item. The paper built on the report received at the previous meeting and provided an update on the current status of the items in the action plan which had been presented in September. All the items were running to plan except for two which had experienced slight initial delays but were now moving forward. A report on the first of a series of Rapid Improvement Events for Duty Office Staff was included in the paper and the outcome of that event indicated a process similar to that intended to be followed by the National Referral Service. Some improvements which could be made quickly as a first step were listed.

Mr Monroe asked why the majority of the improvements could not be delivered sooner. Mr Powell said the end result depended on a combination of systems, infrastructure, operational processes and significant operational change in not only the Duty Office but also across the NHS. This could not be delivered immediately and may take some time.

Mr Powell said the need for behavioural and cultural change was a key challenge. Mr Clarkson concurred but said that there were early indications of that change beginning.

Mr Pattullo said that he supported Mr Powell's stance on the timescale but emphasised that sustained progress was essential.

The Board confirmed that from now on the GAC would review progress on their behalf. Mr Griffins said that it would be important to

establish a method of reporting to the GAC and it was agreed that Mr Clarkson would follow that up with Mr Blakeman.

**AC**

13/154 **SINGLE EQUALITY SCHEME ANNUAL REPORT**

Mr Williams reminded the Board that he is a Director of a charity which offers services in this field.

Mr Evans presented the report in Ms Johnson's absence.

Mr Williams said he would have preferred to have seen a paper which provided more focus on outcomes and impact. Also, while the particular significance of ethnicity issues for NHSBT was acknowledged, he considered the focus on disability was insufficient. Mr Evans said work relating to disability was taking place but it had not been reflected in the report. Mr Rigg suggested that it would be helpful to have a definition of world class standards to enable us to gauge our progress.

It was agreed that the format of the next report would reflect the comments made.

13/155 **SUMMARY OF REMUNERATION COMMITTEE MEETING HELD ON 23 MAY 2013**

The summary of the meeting held on 23 May was noted.

Mr Williams updated the Board on two subsequent meetings of the Committee held in November in response to a letter from the Secretary of State to Mr Pattullo, and the Chairs of other ALBs, about salary levels and redundancy payments. He said that following these meetings he could assure the Board that NHSBT's awareness and focus on governance and process in these areas is extremely vigorous and the value for money it has obtained from redundancy payments is very clear.

Mr Williams said that in light of the increasing levels of public interest in these matters, however, the Committee had agreed a change to the internal approval process for redundancies exceeding £100,000. In future these will be subject to approval of the Committee rather than its Chair alone. Additionally the Committee had agreed that it would be good practice for it to approve (i) any redundancy costs within a defined change programme which total more than a certain figure (to be determined); and (ii) the local Clinical Excellence Awards made to medical staff. Revised Terms of Reference will be presented to the Board at the next meeting.

13/156 **MINUTES OF THE TRUST FUND COMMITTEE MEETING HELD ON 14 JUNE 2013**

The minutes were noted. Mr Griffins said the meeting scheduled for 31 October had been rearranged to take place in December.

13/157 **MINUTES OF THE NATIONAL ADMINISTRATIONS COMMITTEE HELD ON 25 SEPTEMBER 2013**

The minutes were noted. Mr Pattullo said that each of the specific connections i.e. Mr Rigg with Scotland, Ms Fullwood with Northern Ireland and Mr Blakeman with Wales, had been properly deployed to the respective countries and started well. Secondly, the Terms of Reference of the Committee had been redrafted to emphasise its role in developing effective partnerships with the Health Departments and acting as a formal conduit to resolve any issues of conflicting guidance. The Terms of Reference will be submitted for formal Board approval at the next meeting.

13/158 **REPORT FROM THE UK HEALTH DEPARTMENTS**

Dr Kennedy drew attention to the meeting on Regenerative Medicine being held in January and Ms Hamlyn confirmed that either she or Dr Williams would attend.

Dr Duncan said the conference on 26 November had been a success and had been well supported by NHSBT. He also highlighted the excellent partnership between the Welsh Government and NHSBT on the new ODR. He added that he had registered the points made regarding the need for a high level discussion with the four Health Departments.

Mr Brown highlighted two points. He said that interest in opt out for organ donation continued in some parts of the community in Scotland. He emphasised that the Scottish Government's White Paper was clear that any constitutional change in Scotland would not affect the existing arrangements on organ donation and transplantation.

13/159 **ANY OTHER BUSINESS**

**Automated Blood Testing Platform in RCI**

Mr Bradburn said that since the contract for a new automated blood testing platform in RCI had been approved and reported to the Board in September the tender had failed. Some procedural errors and issues with specifications and scoring had led to a challenge by the unsuccessful supplier. It was anticipated that a retender would be required and Mr Bradburn said he would provide the Board with a note on the consequences, outside the meeting. The Board requested that the note also addresses whether these issues could potentially apply to other contracts.

**RB**

13/160 **DATE OF NEXT MEETING**

The next meeting will be held at the Royal College of Obstetricians and Gynaecologists on Thursday 30 January 2014

13/161 **RESOLUTION TO DISCUSS CERTAIN ITEMS IN PRIVATE**

The resolution was agreed.

13/162 **CODE OF PRACTICE ON HUMAN TISSUE (WALES) ACT  
RESPONSE TO THE CONSULTATION**

Paper 13/135 was noted.

13/163 **UPDATE ON THE ACCORD PROJECT**

Paper 13/136 was noted.

13/164 **ANNUAL ACCOUNTABILITY REVIEW LETTER**

Paper 13/137 was noted.

13/165 **ANNUAL SHOT REPORT 2012 SUMMARY**

Paper 13/138 was noted.

13/166 **SAFE SUPPLIES: COMPLETING THE PICTURE – ANNUAL  
REVIEW FROM THE NHSBT/PHE EPIDEMIOLOGY UNIT 2012**

Paper 13/139 was noted.

13/167 **REGISTER OF SEALINGS**

Paper 13/140 was noted.

13/168 **NHSBT CONTRACTS PIPELINE SEPTEMBER 2013**

Paper 13/141 was noted.

13/169 **FORWARD AGENDA PLAN**

Paper 13/142 was noted.