

**Minutes of the Fifty-seventh Meeting of NHS Blood and Transplant
held at 11.30am on Thursday 25 July 2013
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 R Bradburn	Mr J Monroe
	Dr C Costello	Dr C Ronaldson
	Mr R Griffins	Dr H Williams
	Ms L Hamlyn	Mr S Williams
	Mr G Jenkins	Dr L Williamson
In attendance:	Ms L Austin	Dr G Duncan
	Mr M Cox	Mr D Kennedy
	Mr M Potter	Ms J Minifie
	Mrs K Robinson	

13/76 APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Mr Blakeman, Prof Forsythe, Mr Evans Dr Donnelly and Mr Brown.

Mr Pattullo commented on the high level of activity which had taken place since the last Board meeting: The change to deemed consent in Wales; the launch of the new Organ Donation Strategy and the hopefully ongoing media interest; the consultation work in the Blood Donation area, the Stakeholder Review and Annual Accountability Review. He said he was impressed by the quality of the work and recognised the amount of effort by the Executive Team to achieve it together with valuable additional support from the NEDs and he thanked everyone for the good progress being made.

13/77 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed.

13/78 MATTERS ARISING

The Board recorded the items they had discussed in the confidential section of the meeting. These were certain commercial, strategic and policy issues. The commercial issues related to the purchase of equipment and services. The strategic issues related to the provision of diagnostic and therapeutic services and to IT services. The policy issue related to organ transplantation.

Paper 13/65 was noted and there were two updates as follows:

78.1 Taking Organ Transplantation to 2020: Establishment of an Implementation Oversight Group

The Board welcomed the news that Mrs Elisabeth Buggins had been approached and was willing to take on the role of Chair of the Group. Mr Pattullo said he would write to the four UK governments to let them know how the Group will be constituted.

JP

78.2 Commercial Vehicle Leasing Contract Award

Mr Bradburn drew attention to paper 13/88 in the information section of the agenda. This had been produced in response to discussions at the last meeting and was designed to give NEDs in particular the opportunity to raise any issues with him or other Directors in good time.

13/79 ORGAN DONOR REGISTER TACTICAL DEVELOPMENT PROJECT

Ms Johnson presented paper 13/66. The Board noted progress of the project to date and approved the descoping of the two elements identified in the paper from the project.

13/80 BRENTWOOD ESTATE OPTIMISATION

Mark Woodget, Deputy Director of Estates and Facilities, attended for this item. Mr Bradburn presented paper 13/67 and thanked Mr Williams and Dr Costello for their comments at the drafting stage. He said that since the paper had been issued, one property of interest was no longer available but another, preferable, property had reappeared on the market. He said he would therefore like to seek the Board's approval to the leases in principle following which he would update them offline. He did not expect the anticipated costs to be different from those set out in the paper but said he would bring a further paper to the Board should that be the case.

Mr Bradburn drew attention to the removal of the irradiator from Brentwood and its relocation in Colindale. Dr Williamson said her clinical team had carried out a risk assessment on the siting of the irradiator for the project board and had concluded that the risks were acceptable and could be mitigated. Dr Costello said her questions had included the subject of the removal of the irradiator, which had concerned her initially, but she had concluded that on balance the mitigation was satisfactory and she supported the proposal. Mr Williams said all his questions had been answered in detail by Mr Woodget.

Mr Griffins asked about the saleability of the freehold, the proceeds of which would go to the DH. Mr Woodget said the property was in a highly desirable residential area and it was anticipated that it would be attractive for development. He said he did not expect any difficulties with the sale although the timescale in the paper might be optimistic.

Mr Bradburn said that, in line with our usual practice, the properties would be taken on leases with short break options to enable flexibility, with the exception of the donor centre in the hospital. Because of its strategic status this would be taken on a long lease with a ten year break clause. The landlord of the donor centre would be the NHS Property Service Ltd.

The impact on staff was small but Mrs Robinson said very positive feedback had been received on the way the review had been carried out. Ms Austin commented that efforts to be more open and pro active, in response to feedback from the staff survey, appeared to have been successful.

The Board noted that the project provides benefit for donors and a reduction in costs and that potential clinical issues have been mitigated. The Board approved the overall business case for submission to the DH for final approval; leasing of four properties and the disposal of the existing Brentwood freehold.

13/82 **REVIEW OF NHSBT BOARD COMMITTEES 2012/13**

Mr Bradburn presented paper 13/68 and summarised the results from the questionnaires which fell into the three main themes of housekeeping, communication and structure.

Mr Pattullo said individual discussions with all Board members, whilst largely positive, had resulted in about 15 specific ideas being raised for consideration and he would be running a small workshop to decide which of these merited proposals to the full Board in September. The points included (i) the role and make-up of the National Administrations Committee; (ii) the process for review and appraisal of Committee members by Committee Chairs; (iii) communication between committees; and (iv) whether there should be a clinically experienced member of the GAC. Ms Hamlyn and Mr Monroe had agreed to participate in the workshop, in August, and he said others would be welcome if interested.

Mr Griffins said that he was confident that the GAC functions well as presently constructed and, while the principle of clinical NED membership could be considered, in his view it was not necessary in this case. Mr Williams said he also considered the GAC functioned well as currently constituted and Mr Pattullo said he would seek the view of Mr Blakeman.

Dr Costello asked the Board to note that the main reason for the limited level of response from the R & D Committee had been that the survey had taken place at a time when the membership was changing and the questionnaire had not been sent to either outgoing or incoming members.

STOCK MANAGEMENT: INTERIM REPORT ON THE PILOTS

Stuart Penny, Assistant Director for National Operations Blood Supply, attended for this item. Dr Ronaldson presented the paper.

Mr Monroe said that he supported the project but it was clear that it would take considerable time for the benefits to be realised and he was not surprised that difficulty was being experienced in measuring those benefits. He said he believed the work represented an important step towards a long term eventual position which would provide a number of benefits including detailed information about the use of blood. He asked whether it could be presented in a way that could attract funds on the basis of the money it would be saving hospitals.

Dr Williamson said the new system, which would maintain optimum stock levels in the hospitals, would also help maintain stocks with a longer shelf life at the point of use. She said international studies currently taking place may result in recommendations for a reduction in shelf life for red cells (currently five weeks in the UK and six weeks in the USA).

Mr Griffins said that, subject to the additional data, he supported the initiative provided that the savings to the NHS as a whole, alongside the service improvements, were greater than the financial losses to NHSBT.

Ms Hamlyn said she had received an email from Mr Blakeman in which he expressed his support for the initiative.

Mr Pattullo said that once fully developed he hoped the system might be of interest to colleagues in Wales and Scotland. He said he believed the system had a great deal of potential and he urged the Board to be bold in this early stage and to focus on the benefit of the end to end service to patients. Mr Monroe had offered to help on the basis of his technical skills and Mr Pattullo suggested that the team follow up on this offer before the business case is brought to the March Board meeting.

The Board supported the position as set out and discussed.

CLINICAL GOVERNANCE

Dr Williamson presented the report, 13/70. She drew attention to the reliance on IT system functionality, the CQC consultation, the HTA inspection and the letter from the British Acupuncture Council about UK donor deferral policy. She also drew attention to the SaBTO review of MSM deferral criteria for tissues and cells, to the proposals relating to Club 96 and to the Middle East Respiratory Syndrome Coronavirus (MRS-CoV).

Dr Williamson presented the SUI Summary Report, 13/71. She said that the two incidents in the report had accelerated changes already in train in relation to the Duty Office.

Ms Johnson said these incidents were extremely worrying. Too many of the processes in the Duty Office are manual. She summarised actions which had been taken over the last year to improve the arrangements in response to the sharp rise in workload. Changes included an increase in the numbers of staff - this did not yet apply to every shift but as soon as sufficient staff have been recruited and trained there will be three people on every one - and the introduction of a policy of not taking phone calls during handover periods. Ms Johnson also described the complexities of some of the issues involved; these related to a wide range of systems which have grown up over the years. She said the processes are being made as safe as is possible while the systems are being redesigned but the potential for error at present could not be ruled out. In response to a question from Dr Costello about the priority for introduction of the IT systems, Ms Johnson stressed that the redesign of the systems must be completed and tested before they are computerised.

Dr Costello also questioned whether it continued to be necessary to give information verbally - the cause of the incident involving the heart. Ms Johnson said that while her initial reaction to the incident had been to cease the practice of giving results verbally, it had become apparent after further consideration that a rapid change of this kind would introduce more problems. From now on, however, all results will be followed up in writing as rapidly as possible although it is not practicable to set a time limit within which this must be done.

Ms Johnson said she was pleased that the Root Cause Analysis, handled by the quality management team, had involved positive engagement by the nine out of 13 Duty Office staff involved about how they might change the way they work. Work taking place to improve the systems has included the presence of a 'Lean' expert during the night shift to map the processes undertaken.

Ms Hamlyn pointed out that the complexities in the system are not necessarily driven by NHSBT but result from very detailed requirements of allocation systems driven by clinicians. She said that revisions to systems were needed but they would not be uncontroversial if they require changes to allocation processes.

It was noted that as the incident reporting system for organ donation and transplantation had come into operation only within the last six months there was not yet sufficient data to enable comparisons or suggest targets. Dr Williamson said all the information that is available is discussed in detail at the ODT CARE group and suggested that it might be helpful to provide the Board with some outputs from this system, alongside the SHOT information, at the next meeting.

LW

Mr Williams said that although he believed there is a proper focus on the patient when errors are made, our reporting often gives an impression that our main focus is on the staff members involved and it was important that the patient focus is reflected properly. Dr Williamson confirmed that the patient and the patient's family are our main concern and said that when an error occurs our senior clinicians are always in touch with the patient's senior clinicians to explain exactly what has happened; and an offer to meet directly with the patient/patient's family is always made. She said staff must be dealt with as appropriate to the event, including support in the distress they experience following a mistake, and the National Patients' Agency decision tree is used to help achieve the correct balance of fair blame. Mrs Robinson concurred, adding that it was important not to deter people from reporting incidents.

It was agreed that the Board would receive a full update on the root cause analysis, remedial programme and a specific answer to the question of how quickly we can move away from verbal communication at its next meeting.

SJ

Mr Jenkins raised a serious concern that there might be other areas within the organisation which could become weak points as the result of additional activity or changes to ways of working and asked Directors to consider this. Dr Williamson endorsed this concern and drew attention to potential risk in the area of ante natal testing where it would be important to monitor and audit data.

The Board also received paper 13/72 which provided an update on the Francis Report Action Plan. Dr Williamson said she expected the work to be completed over the next one to two years. Additional requirements would be introduced by external bodies over time and these would be monitored and acted upon as appropriate.

13/85 **PERFORMANCE REPORT**

Mr Bradburn drew attention to the low level of platelet losses and expiries, the number of deceased organ donors which was above plan and the very significant fall in sickness absence levels in the Logistics area. He also highlighted the effect of the fall in demand for red cells on income and prices.

Referring to the discussion of the previous item, Dr Costello drew attention to the fact that the risk of transcription error surrounding manual and paper based processes throughout the supply chains had featured on the risk register for some time.

Mr Pattullo commented that while the style and content of the report was world class, one of the themes of feedback on what the Board could do better was the limited amount of discussion around

performance and this position would be considered as part of the work on improving the Board's effectiveness.

Ms Hamlyn said that a recent MHRA inspection at Filton had given rise to two 'major' non-compliances and these would be reflected in the next performance report. The inspection had involved four rather than the previously usual two inspectors.

Mr Bradburn said hard copies of the report and accounts for 2012/13 were available for anyone who wished to have one.

13/86 **CHIEF EXECUTIVE'S REPORT**

Paper 13/74 was received. Ms Hamlyn highlighted an excellent two months for our Communications agenda which included work relating to the Welsh Assembly vote to bring in an opt-out organ donation system in Wales, National Blood Week, National Transplant Week and the launch of the new Organ Donation and Transplant strategy. There had been the successful stakeholder event and publication of the stakeholder survey and annual review. In addition, on a less positive note, work had been needed to remedy incorrect connections made in the press between NHSBT and the sale of PRUK.

13/87 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

The report from Northern Ireland was noted and Dr Duncan reported on activities in Wales.

Mr Kennedy said Dr Harvey had high praise for our stakeholder event. He also said that the House of Lords report on Regenerative Medicine had been published and the DH would be contacting NHSBT in connection with that.

13/88 **MINUTES OF THE GAC MEETING HELD ON 25.4.13**

The minutes of the meeting were noted. Mr Williams said there was nothing particular to draw to the attention of the Board. He said there had been a further meeting on 14 June and that the issues discussed earlier relating to the SUIs would be considered in detail at the next meeting of the Committee.

13/89 **MINUTES OF THE NATIONAL ADMINISTRATIONS COMMITTEE MEETING HELD ON 23.5.13**

The minutes of the meeting were noted. Ms Austin said the Committee had achieved its primary purpose of securing the launch of the new Organ Donation and Transplantation Strategy but she had not had an opportunity to ask Prof Forsythe whether there were any particular points he would have wished to share with the Board.

13/90 **MINUTES OF THE R & D COMMITTEE MEETING HELD ON 13.6.13**

The minutes of the meeting were noted. Dr Costello said the Committee was now working towards establishing new programmes for submission to the NRCI and the strategy groups were working well towards that objective.

13/91 **ANY OTHER BUSINESS**

91.1 **SALE OF PRUK**

Mr Bradburn said that PRUK was for sale and, whilst BPL had been transferred from NHSBT to the DH on a clean break basis, he and Mr Pattullo had asked the DH whether there were any issues that could affect us. A response was awaited but it was not anticipated that there would be any issues.

91.2 **CONTRACTS OVER £1M AND UNDER £3M**

Mr Bradburn said there were a number of revenue items which would require NED approval before the next Board meeting and he would appreciate volunteers. **All NEDs**

91.3 **DEVELOPING THE NEW NHS ORGAN DONOR REGISTER**

Mr Potter and Ms Johnson thanked Mr Monroe for drawing the Board's attention to some issues which would need particularly careful management. These concerned the volume and nature of the data in the records in terms of security classification and the issue of the appointed representative.

13/92 **DATE OF NEXT MEETING**

The next meeting will be held on Thursday 26 September at the Marriott Hotel in Cardiff.

It was agreed that the session on Board effectiveness would take place from 6.00pm to 7.00pm on Wednesday 25 September.

13/93 **DEVELOPING THE NEW NHS ORGAN DONOR REGISTER**

Paper 13/79 was noted.

13/94 **2012/13 ANNUAL REPORT AND ACCOUNTS**

Paper 13/80 was noted.

13/95 **ANNUAL HEALTH AND SAFETY REPORT 2012/13**

Paper 13/81 was noted.

13/96 **NHSBT 2013-13 INFORMATION GOVERNANCE REVIEW**

Paper 13/82 was noted.

13/97 **GOVERNANCE AND AUDIT COMMITTEE ANNUAL REPORT
2012/13**

13/98 Paper 13/83 was noted.

13/99 **NATIONAL ADMINISTRATIONS COMMITTEE ANNUAL REPORT
2012/13**

Paper 13/84 was noted.

13/100 **R & D COMMITTEE ANNUAL REPORT 2012/13**

Paper 13/85 was noted.

13/101 **TRUST FUND COMMITTEE ANNUAL REPORT 2012/13**

Paper 13/86 was noted.

13/102 **EXPENDITURE CONTROLS COMMITTEE ANNUAL REPORT
2012/13**

Paper 13/87 was noted.

13/103 **MAJOR PROCUREMENTS PIPELINE**

Paper 13/88 was noted.

13/104 **REGISTER OF SEALINGS**

Paper 13/89 was noted.

13/105 **FORWARD AGENDA PLAN**

Paper 13/90 was noted.