

**Minutes of the Fifty-fourth Meeting of NHS Blood and Transplant
held at 11.00am on Thursday 31 January 2013
at the Royal College of Obstetricians and Gynaecologists
27 Sussex Place, Regent's Park, London NW1 4RG**

Present: Mr E Fullagar Mr G Jenkins
 Mr A Blakeman Ms S Johnson
 Mr R Bradburn Dr C Ronaldson
 Dr C Costello Dr H Williams
 Prof J Forsythe Mr S Williams
 Mr R Griffins Dr L Williamson

In attendance: Ms L Austin Mr G Brown
 Mr D Dryburgh Dr G Duncan
 Mr D Evans Dr R Jecock
 Mr M Potter Mr C Pavelin
 Dr M Bale Ms J Minifie

13/01 APOLOGIES AND ANNOUNCEMENTS

Apologies for absence had been received from Ms Hamlyn.

Mr Fullagar welcomed Messrs Mark Bale, Colin Pavelin and Gareth Brown to the meeting.

On behalf of the Board, Mr Fullagar thanked Dr Jecock for her support over several years. Although her role on the sponsor team was coming to an end she would continue to work with NHSBT on blood supply matters. In response, Dr Jecock said the work had been a pleasure.

Again on behalf of the Board, Mr Fullagar also thanked Mr Dryburgh for his contribution to NHSBT over the last six years and wished him every success for the future.

13/02 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed.

13/03 MATTERS ARISING

Paper 13/01 was noted. The Board also 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 supplies. The strategic issues and the policy issues related to organ donation and transplantation.

13/04 **INDEPENDENT REVIEW OF THE SOLID ORGAN ADVISORY GROUPS: PLAN FOR IMPLEMENTING THE RECOMMENDATIONS**

The Board approved the proposed changes to the working of the Solid Organ Advisory Groups and the timetable for implementing these changes.

13/05 **PULSE HARDWARE REPLACEMENT**

The Board agreed that the replacement of the IT hardware should proceed together with procurement of essential support from the hardware supplier.

13/06 **IMPLEMENTATION OF NHSBT UK STRATEGY FOR LIVING DONOR KIDNEY TRANSPLANTATION 2010-2014**

Lisa Burnapp, Lead Nurse Living Donation, was in attendance for this item. Ms Johnson thanked her for the excellent job she had done to produce the strategy and plan. She also thanked Prof Forsythe for his valuable contribution to the Implementation Steering Group. Prof Forsythe pointed out that the widespread engagement on the matter had involved a great deal of work which had been very well received and he thanked Ms Burnapp and her colleagues for what they had done.

Ms Burnapp presented the paper, emphasising that, as in the case of the overall organ donation and transplantation strategy, this strategy could not be delivered by NHSBT alone.

The Board noted the recommendations, approved the specific actions for which NHSBT would be responsible and approved the development of an on-going strategic plan from 2014-2017 as set out in the paper.

13/07 **INTEGRATED TRANSFUSION SERVICES (ITS) PROGRAMME UPDATE**

Dr Ronaldson presented the paper. He said that while the original plan had been ultimately to introduce the stock management solution nationally, it was now apparent that the most likely outcome is that only those hospitals deriving significant savings, and with the ability to invest time and resources as a priority, are likely to want to progress. Subject to the case being proven by the pilots, which he emphasised had involved a considerable amount of work, he expected to bring a business case to the July Board as planned. Mr Bradburn described the distribution of savings amongst the

hospitals i.e. small individual savings across many sites adding up to a large total, and said the business case would explore whether a focus on larger hospitals could deliver a majority of the benefits.

Mr Bradburn added that the paper on RCI for the March Board would cover the transfusion innovation objectives of the ITS project. He further added that the Sales and Operational Planning (S & OP) aspects of ITS were focused on changes to organisational culture and behaviours and were not dependent on IT systems. It was noted that advice was being sought from organisations which had successfully implemented S & OP processes.

In addition, in relation to stock management, Dr Ronaldson noted Mr Jenkins' suggestion that it would be useful to learn from the experience of those operating a hub and spoke pharmacy model. In relation to the RCI strategy workshops facilitated by PwC it was noted that it was proposed to follow a similar process for SCI and the Blood Components customer interface later in the year.

CR

13/08

REPORT ON THE FLOODING INCIDENT AT FILTON IN SEPTEMBER 2012

Dr Williams presented the paper. He said that very robust contingency plans, combined with good management, team spirit and strong links with regulators, had led to a rapid recovery from a potentially very serious event and there had been no break in service. Against that background, debriefing had been conducted in an extremely critical and transparent way in order to ensure no opportunity to improve our resilience through learning from the incident was overlooked. This work had been carried out by Richard Rackham, Assistant Director Governance and Resilience, who was present for this item, and his team and had been expanded across all sites.

It was acknowledged that the existence of the culvert at Filton was known and that NHSBT might have done more to satisfy themselves that those responsible were maintaining it properly. Mr Griffins pointed out that the intention to review and assess risks posed by things located beyond the perimeter of our own sites, which was referred to at the bottom of page four of the paper, was not explicit in the actions listed in the appendix. It was agreed to revise the wording of action 8 to reflect this.

HW

The Board noted the report, acknowledged its extremely self-critical approach, and noted that the action plan would be monitored by the Executive and the GAC.

13/09 **CLINICAL GOVERNANCE REPORT**

Dr Williamson presented the report. Since it had been issued it had been announced that the Francis Report of the Mid-Staffordshire Foundation Trust Public Inquiry would be published on 6 February. Dr Williamson said her Clinical Management Team had a routine meeting scheduled for 7 February and she had asked them to read as much of the report as possible beforehand so the group could consider how the outcomes of the report related to NHSBT. It was agreed that the Board would receive an early summary of the important implications for NHSBT and how these would be addressed immediately after the meeting on 7 February, with a more detailed report following at a later date. It was also agreed that if the report contained issues which were very significant for NHSBT, an additional Board meeting would be arranged before the next scheduled meeting on 22 March.

On the EU Organ Donation Directive Dr Williamson drew attention to the fact that NHSBT had received a full licence from the HTA. She emphasised that this outcome was the result of a considerable amount of work for which ODT and the Quality team were to be congratulated. She said a very much improved system for reporting complications and errors in transplantation was now in place but pointed out that it was likely to be some years before the benefits of the new system were realised. Prof Forsythe added his congratulations to all those involved. A final report on implementation of the EU Organ Directive within and outside NHSBT (paper 13/16) was included at agenda item 19 for information.

Dr Williamson also drew attention to the study to assess the prevalence in donors of the Hepatitis E virus and its significance in transfusion recipients; the recommendations following SaBTO's review of the latest information about vCJD; and the update from the UK Forum Club 96 Working Group.

13/10 **SUI SUMMARY REPORT**

Dr Williamson presented the report.

With regard to the incident involving transmission of CMV, Dr Costello said she remained dissatisfied with the position relating to virology reports and the responsibility placed on SNODs to pursue a definitive answer. She said she did not feel this arrangement was sufficiently robust. The Board asked Dr Williamson to arrange for the position to be reviewed and for the Board be provided with more assurance on the controls to prevent future incidents. Prof Forsythe offered to contribute to this if that would be helpful.

LW

With regard to the new Potential Serious Harm Incident, Dr Williamson was asked to arrange for a review of Duty Office processes to be carried out and clear and robust procedures put in place.

13/11 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

Dr Jecock said the transfer of sponsorship arrangements within the DH would be completed by the end of February, rather than the end of March as previously indicated. She drew attention to the ongoing work on the relationships between the DH and the ALBs and between the ALBs themselves; and to the wider cross government work on service implementation in which NHSBT had a significant part to play.

Dr Bale drew attention to the review of the role of the HFEA and the HTA and to the EU Balance of Competencies Review and Dr Williamson confirmed that NHSBT was engaged with both these processes. Dr Bale also drew attention to the forthcoming report from the House of Lords Science and Technology Committee Inquiry into Regenerative Medicine.

Dr Duncan provided an update on activity in Wales which included focus on the long term implications of the Francis Report; public debate on the reconfiguration of health services; and the forthcoming consultation on the Health Bill.

Mr Brown provided an update on activity in Scotland which included the continued media attention to the question of opt out; and agreement by the Minister that Scotland would contribute to the cost of a new Organ Donor Register. Organ Donation campaigns continue to run in Scotland and Mr Brown offered to share the evidence of their benefit with colleagues in the rest of the UK.

13/12 **PERFORMANCE REPORT**

Mr Bradburn drew attention to the addition of a new item in the risk section of the Board report. A further incident over the Christmas period, relating to NHS-SBS's handling of the NHSBT payroll, had fallen only just outside the definition of an information governance incident. Mr Bradburn said he had met with NHS-SBS on 30 January. They recognised the serious nature of these incidents, acknowledged responsibility and were very clear that these errors could not continue. The Finance Department would continue to work closely with SBS to help reduce the number of payroll errors.

Mr Bradburn also commented on the risk relating to shared services for finance. He said that latest developments meant it was unlikely that NHSBT would be participating in a shared scheme in the very near future. This represented a risk, however, in terms of potential for a situation where NHSBT is unable to gain approval for certain IT led initiatives in the meantime. He said that updates would continue to be reported to the GAC.

Mr Blakeman said he and Mr Bradburn had met with the DH Head of Internal Audit in December and had concluded that the proposal for a Health Shared Group Internal Audit would have some benefits and did not present a threat to NHSBT. He said they had taken the opportunity to explain the Board's concern over the shared services agenda and the operational risks relating to NHSBT which did not apply to other ALBs and government departments.

Mr Bradburn said that the DH Framework Document which had been discussed at the previous meeting had since been shared with the four UK Health Departments and was currently with the DH for review and response. Following that it would require the signatures of the Chairman and Chief Executive before going to Cabinet Office for approval. As such it would be necessary to share the document with Board members offline before the next meeting.

RB

Finally Mr Bradburn drew attention to the public announcement that BPL is for sale and the implications for our data centre situated on the site. Whilst access was guaranteed for five years, our costs might increase after three years. Mr Bradburn reminded colleagues that transfer of the data centre represented a significant risk.

Mr Burton presented the performance report. He said red cell stocks had recovered well in the new year following the Christmas dip, had held up during the subsequent bad weather and were currently in a healthy position. Income and expenditure for specialist services was currently behind plan but he expected this position to have improved by the year end. December had been another extremely good month for deceased organ donation with the increase currently standing at 44% and January expected to be another strong month.

Financially, a surplus of approximately £5m was forecast at year end with underspend in the transformation programme being the main contributor. The budget for 2013/14 was in line with the pricing agreed at the end of November. Future benefits appeared to be realisable to maintain a flat price for red cells over the next few years although a downward trend in red cell issues was a significant risk for pricing in 2014/15.

Mr Pavelin commented on the red status of the cord blood target and the potential implications for future funding, although the reasons, were well understood. Mr Bradburn said that funding would be utilised for further high resolution typing of cord blood units. He added that there was a need to redefine the cord blood banking target as although we are delivering a more effective inventory of cord blood units it would be reflected in a lower volume of units but with higher total nucleated count.

13/13 **MINUTES OF THE MEETINGS OF THE GAC HELD ON 18.10.12 AND 7.12.12**

The minutes of the two meetings were noted. Mr Blakeman drew attention to paragraph 65.3 of the minutes of the meeting held on 18 October which related to the role of the GAC. He said the Committee's agenda had been refocused to ensure it reflects the role of the GAC which is to ensure that internal controls are operating effectively and to report any concerns to the Board.

13/14 **MINUTES OF THE R & D COMMITTEE MEETING HELD ON 9.11.12**

The minutes of the meeting were noted. Dr Costello drew attention to the fact that when the current funding period ends in September 2015 there is likely to be a reduction in the amount of funding available overall and an end to ring fencing resulting in increased competition for a smaller amount of money. New arrangements had not yet been decided and this made it difficult to plan our four major programmes, all of which were effective and of good quality. Dr Williamson said this applied to organ donation and transplantation related research in particular as it is currently funded by the NIHR and Grant in Aid. Additionally some transitional funding was also being wound down. Dr Costello said the quality of our R & D work was excellent without question and she hoped some means of continued funding would allow this to continue.

Mr Fullagar suggested it would be useful to hold a Board seminar about research and development to demonstrate both the quality of the work we do and the reasons why it was important that this work is carried out by NHSBT.

LW

13/15 **MINUTES OF THE TRUST FUND COMMITTEE MEETING HELD ON 28.11.12**

The minutes of the Trust Fund Committee meeting were noted.

13/16 **ANY OTHER BUSINESS**

Cardiothoracic Examination of Issues

Ms Johnson said that the report on the Cardiothoracic Examination of Issues was due on 1 February and she would arrange for the Board to receive a briefing note as this may have implications for NHSBT.

SJ

13/17 **NEXT MEETING**

Mr Fullagar said the Board's visits to Edinburgh and Cardiff were proving to be constructive and he was pleased to confirm that the Minister had agreed to address the Board at 6.00pm before the dinner to which stakeholders would be invited on Thursday 21 March.

All

Mr Fullagar also said there were a number of significant issues to be discussed at the Board meeting on 22 March. To ensure sufficient time for these there would be no seminar and the formal meeting would run from 8.30am to 3.30pm.

All

13/18 **NHSBT 2011/12 ANNUAL ACCOUNTABILITY REVIEW**

The minutes of the Annual Accountability Review and the covering letter from the Director General were noted.

13/19 **UPDATE REPORT ON THE NHSBT ON LINE BLOOD ORDERING SYSTEM (OBOS)**

Paper 13/14 was noted.

13/20 **ACHIEVING THE 50% INCREASE IN ORGAN DONATION: A PROGRESS REPORT**

Paper 13/15 was noted.

13/21 **EU DIRECTIVE ON THE STANDARDS OF QUALITY AND SAFETY OF HUMAN ORGANS INTENDED FOR TRANSPLANTATION**

Paper 13/16 was noted.

13/22 **SUMMARY OF NHSBT ACTION PLAN IN RESPONSE TO THE RECOMMENDATIONS OF THE COMMERCIAL REVIEW REPORT**

Paper 13/17 was noted.

13/23 **FORWARD AGENDA PLAN**

The forward agenda plan was noted.