**Minutes of the Seventy-fifth Meeting of NHS Blood and Transplant held at 08.30am on Thursday 29 September 2016 in the Arcoona 1 room at the Golden Jubilee Conference Hotel, Beardmore St, Clydebank G81 4SA**

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| Present: | Mr J Pattullo | Mr J Monroe |
| | Mr R Bradburn | Mr K Rigg |
| | Ms L Fullwood | Mr C St John |
| | Mr R Griffins | Mr I Trenholm |
| | Ms S Johnson | Prof P Vyas |
| | Mr P Lidstone | Dr H Williams |
| | Dr G Miflin | Mr S Williams |
| In attendance: | Ms L Austin | Mr J Mean |
| | Ms S Baker | Ms T Norman |
| | Mr I Bateman | Ms K Phillips |
| | Mr D Evans | Mr O Roth |
| | Prof J Forsythe | |
| | Mr A Powell | |
| | Mr M Stredder | |

1 **APOLOGIES AND ANNOUNCEMENTS**

Apologies had been received from Northern Irish Government colleagues.

The Board welcomed Jeremy Mean to the meeting.

2 **DECLARATION OF CONFLICT OF INTEREST**

There were no conflicts of interest.

3 **BOARD 'WAYS OF WORKING'**

The ‘Ways of Working’ were noted.

4 **MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

5 (16/76) **MATTERS ARISING**

Mr Lidstone explained that he will be developing several metrics which will be used to track the progress of our transformation programme. These will be monitored at the Programme Board and will form a part of the standard report pack issued at the TPB. Examples will be shared at the next Board Meeting. **PL**

6 **PATIENT STORIES**

Professor Forsythe delivered a presentation designed to highlight the complexity of the decisions made by our organ donation teams. The case study concerned a 28 year old donor who had recently travelled to South America and therefore might have been exposed to the Zika virus. The presenter asked whether, given the limited information available, the Board members would have supported donation. In this circumstance, the recipients were informed of the risk and proceeded to donation.
It was asked whether the patient's age and relative youth factored into the decision – Professor Forsythe affirmed that this made proceeding with donation seem a more attractive option, given the increased likelihood of patient recovery.

7 (16/77) **CHIEF EXECUTIVE'S REPORT**

Mr Trenholm began his report by drawing attention to the two recent major campaigns, #MissingType and Organ Donation Week. The Board praised the campaign and noted the sustainable funding structure, which allowed international blood services to purchase our marketing materials and services..

Mr Trenholm noted that we will be analysing the degree to which the campaigns attracted BAME and O D Negative donors. He highlighted that our digital strategy is producing some excellent results and that we will now be focusing on increasing the conversion rates of the additional people now viewing our websites, to ensure that more people are signing up to donate.

The Board noted that Peter Lidstone will be leaving NHSBT in December and thanked him for his contribution to our enterprise.

The CEO's report also highlighted the increasingly influential role played by advanced cell therapies. Mr Trenholm noted that this area of our organisation is likely to see increasing amounts of business over the next few years.

8 (16/78) **BOARD PERFORMANCE REPORT**

Mr Bradburn began by saying that, as described in previous reports, we are entering much more challenging times. He would, however, focus mostly on Blood given that DTS is broadly in line with targets and ODT will be covered in the later agenda item on ODT activity. He noted, however, that overall ODT is behind plan on activity levels and that if current activity levels continued the year end position would be at risk of being lower than 2015/16.

The Board asked for an update on the remedial action being taken to correct the supply problems. It was noted that the #MissingType campaign is unlikely to increase the proportion of O D Negative donors. As such, the blood donation teams have begun a campaign to call O D Negative donors and book them in for appointments, as a short term measure. **MS**

Professor Vyas noted that it may be appropriate to involve the national forum in developing counter-measures. Dr Williams explained that we were already working alongside the National Transfusion Committee and which reports to NHS England at the highest levels.

Dr Williams said that the Patient Blood Management team aim to discuss the issues with the most senior individuals first in medical specialities that use the most blood, and work backwards from there to ensure the problem is being addressed at the source. He agreed that changing the culture of blood demand will be a drawn-out process.

Mr Trenholm further noted that we are implementing the 2020 Blood Strategy and moving towards a collection approach which targets urban centres to ensure we can meet the supply of blood types, including RO. As we are currently forced to substitute O D Negative for these missing types, this should help reduce demand to a manageable level.

Mr Pattullo indicated that he was satisfied that the strategy was being followed, and supported a forthright approach when discussing demand issues with hospitals.

Mr St John asked whether cornea stock levels were being tracked. Dr Williams noted that this is already a KPI and that we are currently short of our targets but have put measures in place to meet them. Mr Bradburn agreed to include them in the performance report. RB

9 (16/79) **CLINICAL GOVERNANCE REPORT**

Dr Miflin brought an incident to the Board's attention where a pancreas recipient had died of cytomegalovirus (CMV) disease. This was due to the transplantation of a CMV positive organ which had been incorrectly labelled CMV negative. Two kidney recipients are also being treated, having received organs from the same donor.

Dr Miflin assured the Board that we have offered to meet the family, and are investigating the incident. **GM**

Ms Johnson informed the Board that we are expecting the coroner's inquest next month, and that we are working closely with

Public Health England to ensure that as many answers as possible can be delivered before the inquest.

Mr Rigg asked whether retesting is something NHSBT should be recommending. Professor Forsythe noted that in this incident we were not informed of the results if the hospital did retest the organ, which is an issue. He cautioned that retesting may not always be appropriate as occasionally the blood samples are quite old by the time they are retested which can impact on the reliability of the test results.

Mr Pattullo requested that the Board be kept informed of the progress between meetings. **GM**

10 (16/80) **NHSBT PRICING PROPOSALS FOR 2017-18**

Dr Williams presented the pricing proposals for 2017/18 prior to review by the National Commissioning Group for Blood.

The Board again acknowledged that blood demand has fallen by 17% over the last five years.

This has dramatically reduced NHSBT income, and we are still facing significant supply challenges with O D Negative units.

Dr Williams assured the Board that our cost improvement measures continue but that the pipeline is currently weaker as we focus on the need to invest heavily in major projects including the Core Systems Modernisation programme.

Given these savings demands and the need to continue investing in core systems, the paper recommended raising the price of a unit of blood by £2.35, or 2% for the next financial year.

It is noted that despite the price rise the NHS blood spend will still reduce by 1.7% in 2016/17 versus this year.

Mr Williams informed the Board that, in his nearly 7 years as an NED, the pressure to keep prices flat has proved an excellent mechanism to ensure the organisation innovates to deliver savings and increase efficiency. He indicated his concern about potentially losing this key idea.

Mr Rigg noted that the maintenance of flat pricing is a formative principle of the Board, however given the unwillingness displayed by customers to change practice, pricing at the current level is unsustainable.

Mr Griffins responded to Mr Williams by agreeing the importance of the flat pricing mantra, however he highlighted that the exceptional work done by our Patient Management Team will still reduce the

overall NHS spend on blood by 2%, indicating that NHSBT is still operating in the spirit of the ideals behind adopting a flat unit pricing strategy.

Mr Trenholm added to this by noting that we have a comprehensive savings programme in place. He emphasised that the key issue underlying the pricing increase is the organisation's appetite for risk, suggesting that we should not be overly optimistic about cost improvement assumptions. Mr Trenholm concluded his remarks by noting that the price increase should support the successful completion of our large programmes, which may create future opportunities for us to reduce prices again if successful.

Mr Monroe asked how a price increase fits with our overall strategy. Mr Bradburn responded by highlighting that the price increase needs to be considered in the context of our overall efforts to reduce NHS spend, further noting that the unit price increase will enable us to continue investing in systems and will help control the pace and timing of our 3 to 5 year strategy.

It was agreed that the Executive Team will produce a report outlining our long term strategy around blood price. This will indicate key initiatives and their projected impact. The Board hopes this will allow us to re-commit to future price stability or reduction. This will be reviewed at the January Board. **RB**

Professor Vyas asked whether we had a minimum price increase in mind, if we encounter significant resistance to the suggested raise. Mr Pattullo supported Dr William's assertion that this is the minimum we can ask for by noting that it is only appropriate for us to calculate the necessary increase and then propose that. We are asking for exactly what is required.

Mr Pattullo and Mr Monroe raised concerns over proposed charges applied to private hospitals, questioning whether these are consistent with our pricing policy. A discussion was held concerning the philosophy behind our pricing, during which the following points were noted:

- Treasury guidance is to charge what it costs us to produce a product
- The principle of pricing to change behaviour (e.g. differential pricing of O D negative blood) had been considered and tested with customers. This was not expected to change behaviour, however, and was not being proposed.
- Mr Bradburn noted that sticking doggedly to this guideline would cause our prices to vary enormously and therefore we "smooth" pricing over the course of a rolling 5 year plan and so that we can provide appropriate future guidance to hospitals
- Mr Monroe suggested that pricing should be intended to reflect the cost base, stating that he did not feel that a specific approach towards the private sector would be

justifiable. As a more appropriate measure he proposed a 5% increase for O D Negative units with appropriate discounts on other types.

- Professor Vyas suggested that pricing policies should be used to alter sub-optimal practice where possible.
- Ms Fullwood emphasised that certain hospitals order 100% O D Negative units because they elect to save costs by not having on-site laboratories. As such, the proposed differential pricing would follow as a natural consequence of this decision, **HW**

As a result of these discussions the Board agreed to the pricing proposals, with the exception of the premium O D Negative charge to Private Hospitals A more comprehensive proposal about long-term pricing strategy and specifically whether we seek to use pricing to influence behaviour will be presented at the January Board alongside the Price outlook paper mentioned above.

11 **TRIENNIAL REVIEW UPDATE**

Mr Bradburn noted the recommendations that were of immediate interest versus our agenda/ work plan, including:

Recommendation 2 regarding the action on the Department of Health and how NHSBT works with Anthony Nolan should be remembered as we consider the SCDT strategy later in the agenda..
Recommendation 17 that the Department of Health undertake further analysis with regard to behavioural pricing of blood should be seen in the context of the NCG pricing proposals discussed above.

Recommendation 4 regarding a stretch target for DTS would be discussed as part of the performance targets update that is normally brought to the Board in November as part of the business planning cycle.

Mr Pattullo asked that the Triennial Review updates should be appended to the Performance Report for future Boards. **RB**

12(16/81) **SCDT STRATEGY REFRESH**

Dr Williams presented the SCDT strategy with support from Professor Vyas and Mr St John, and this was widely accepted by the Board. Dr Williams noted that we are on plan for cord blood in the UK, and overseas exports, but behind expectations in terms of adult donors. Recent initiatives and market changes have changed performance significantly for the better.

The strategy recommended four possible options, and promoted the benefits of option 1, continuing with the existing strategy as agreed with the Department of Health.

Dr Williams stated that we intend to be entirely self-funding this initiative by 2019, given the current success.

The Board praised the work done with Next Generation Sequencing, noting the importance of implementing innovative technologies to secure and maintain NHSBT's world-leading reputation.

13(16/82) **ORGAN DONATION AND TRANSPLANTATION ACTIVITY REPORT**

Ms Johnson presented two papers, the transplant activity report and Organ Donation strategic performance review.

The Board was informed that we are still not fully utilising our donor population, due to a variety of factors, notably hospitals adopting clinical pathways which may stop patients from entering intensive care before they die. Ms Johnson highlighted the importance of people having repeated conversations with their families about donation, in order to ensure that their wishes are fully understood.

Mr Rigg thanked Ms Johnson for the report and highlighted that the Board should take particular note of the consent and authorisation rates, which vary across the country in a manner which may not be simple due to demographics. Mr Rigg asked whether this suggested that good practice was not being effectively shared across regions. Ms Johnson stated that we are stressing the importance of implementing best practice and assessing how close units are to achieving the highest standards, in order to provide targets and highlight areas of weakness. Ms Johnson also noted that the positive engagement of clinical leads within hospitals was vital to the success of the organ donation approach, and this has been difficult to secure at times, within certain regions. **SJ**

14 (16/83) **AMBASSADOR PROGRAMME**

Ms Johnson informed the Board of a new initiative, aiming to secure ambassadors from the families of donors and recipients who would help promote organ donation.

Ms Johnson requested the help of a Non-Executive to support the programme by attending both the launch event and annual ambassadors' meeting. It was agreed that Ms Johnson would liaise with the Non Executives after the Board meeting, in order to secure an appropriate advocate. **SJ**

15 (16/84) **TRANSPLANT POLICY REVIEW COMMITEEE - UPDATE**

Mr Monroe informed the Board that the chair of the Research, Innovation and Novel Technologies Advisory Group had joined the committee.

16 **QUALITY FUNCTIONAL REVIEW**

Mr Pattullo began the item by highlighting that the purpose of the functional review is to review the strategic alignment of a function with the goals of the enterprise, i.e. how is the quality directorate supporting NHSBT to deliver its goals for 2020 and how is the function building capability to support this?

Mr Bateman then delivered a presentation during which the following key points were noted:

- Quality's largest spend is on pay which accounts for 88% of the budget.
- One of the key regulatory metrics is an ambition to achieve 0 major non-conformances for the year. We are at 2 currently this year.
- We are building key relationships with external regulators who are continuing to provide good advice about upcoming regulatory changes. One significant change we have worked on this year is data integrity
- The Human Factors initiative is being implemented across our sites and to an agreed plan.
- We have developed a Quality strategy for 2020, which aims to deliver a quality service model which is based on innovation and continuous improvement, enabling us to support delivery of NHSBT strategic objectives. The strategy also outlined Quality's new Vision.
- We received our first joint inspection from both the MHRA and HTA in Liverpool in August, and achieved 0 majors.
- We are keen to develop new ways to more effectively benchmark performance

Mr Pattullo stated that this was a very positive commentary which conveyed a strong sense of the function supporting the enterprise. **IB**

Mr Trenholm reminded the Board that Mr Bateman is also the appropriate point of contact for any Brexit-related queries.

17 (16/85) **MINUTES OF THE TRANSPLANT POLICY REVIEW COMMITTEE HELD ON 12.07.16**

The minutes were noted.

18 (16/86) **MINUTES OF THE 20TH EXPENDITURE CONTROLS COMMITTEE HELD ON 25.07.16**

The minutes were noted.

19 (16/87) **REPORTS FROM THE UK HEALTH DEPARTMENTS**

The Scottish report was presented, noting that performance has been very positive so far this year, particularly organ donation.

The Welsh report was then presented, informing the Board that the department are continuing to invest significant funds into advertising to raise awareness about the Opt-out changes.

Jeremy Mean, from the Department of Health, introduced himself. Mr Mean will be taking on the work previously handled by Ted Webb.

20 **ANY OTHER BUSINESS**

There was no other business.

21 **DATE OF NEXT MEETING**

The next meeting will be held on Thursday 24 November at the Regents University, Inner Circle, Regent's Park London NW1 4N. Members of the public are welcome to attend.

22 (16/88) **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution, 16/70, was agreed.

23 (16/89) **INFORMATION GOVERNANCE ANNUAL REPORT**

Paper 16/89 was noted

24 (16/90) **FORWARD AGENDA PLAN**

Paper 16/90 was noted