

NHSBT Board
July 28 2016

Annual Reports from the Board Committees

Annual Reports are attached from the Board Committees:

Expenditure Controls Committee
Governance and Audit Committee
National Administrations Committee
Remuneration Committee
R & D Committee
Transplant Policy Review Committee
Trust Fund Committee.

NHS Blood and Transplant

Expenditure Controls Committee

Annual Report 2015/16

1 PURPOSE OF THE REPORT

The Expenditure Controls Committee has prepared this report to the Board in order to demonstrate how the Committee has satisfied its terms of reference during 2015/16.

2 CONSTITUTION

The Expenditure Controls Committee was established by the Board in July 2011 to comply with Department of Health requirements regarding internal approvals for professional services expenditure. The Committee is an executive committee of the Board but has no executive powers other than those specifically delegated to it in the terms of reference.

3 OVERVIEW

The duties of the Expenditure Controls Committee are:

- To approve and endorse expenditure on professional services within the limits established by the scheme of delegation.
- To review quarterly forecasts of professional services expenditure submitted to the Department of Health.
- To ensure that an audit trail is provided to demonstrate that authorisation of professional services expenditure has been applied in line with Department of Health requirements.
- To receive reports on all professional services expenditure and so ensure that approvals have been sought as required by Department of Health controls.

4 MEMBERSHIP

The Expenditure Controls Committee membership in respect of the financial year 2015/16 was:

Ian Trenholm	Chief Executive, NHSBT and Chair
Andrew Blakeman	Non-Executive Director (Q1 – Q3 reporting)
Charles St. John	Non-Executive Director (Q4 reporting only)
Rob Bradburn	Director of Finance, NHSBT

The following individual(s) are normally in attendance at meetings:

Mark Taylor	Assistant Director Planning & Performance NHSBT
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5 COMPLIANCE WITH TERMS OF REFERENCE

Formal meetings of the Expenditure Controls Committee were held on:

20th July 2015
19th October 2015
18th January 2016
29th April 2016

All meetings during 2015/16 were quorate.

6 DUTIES AND FINDINGS

Over the 4 meetings held during 2015/16, the following matters were discussed and appropriate decisions taken by the Committee:

- The Committee received quarterly reports at each meeting detailing the type and value of expenditure incurred in the prior quarter(s) and also planned expenditure for the remaining quarter(s) of the financial year.
- Spend below £30k is reviewed and approved retrospectively by the committee, where it is over this level, ECC members are asked to provide approval off-line for prospective spend on each occasion.
- DH issued an update to the guidance in July 2013 (Government and DH Efficiency Controls – Guidance for Arm's-Length Bodies), which supersedes the previous version of December 2012, however our previous delegations remain broadly unchanged and consistent with both our ToR and issued internal guidance.
- In line with Department of Health guidance issued to Arms-Length Bodies, Internal Audit have been engaged to undertake a review of Professional Services expenditure and confirm that expenditure was sourced from non programme funding – formerly grant in aid funds (i.e. blood prices), at the end of each quarter.
- The information provided to the Committee is reviewed and discussed at the quarterly meeting and approval of the Committee is provided subject to assurance having been given that the expenditure incurred has been within the ambit and spirit of the guidance and advice received by the Authority. The Committee approved the findings at each of the 4 meetings during 2015/16.
- Internal Audit reports are produced on a quarterly basis, to date, we have received a substantial rating for each of the first three quarters eg their findings did not identify any exceptions to the guidance from the Department, namely that where expenditure was incurred from Programme Funding sources it had been authorised in line with the standing arrangements issued by the Department. The quarter 4 report (January – March 2016), is due imminently and we would expect to receive a similar finding, once received ie that there is substantial rating.

7 WORKPLAN 2016/17

The Committee will meet on an ad-hoc basis, but at least quarterly and will follow a standard agenda as per the meetings in 2015/16 (see Appendix A).

8 CONCLUSION

The Expenditure Controls Committee has complied with its terms of reference during 2015/16.

Ian Trenholm
Chair of the NHSBT Expenditure Controls Committee
July 2016

**APPENDIX A - EXPENDITURE CONTROLS COMMITTEE WORKPLAN /
STANDARD AGENDA ITEMS 2016-17**

Agenda Item	July 16	Oct 16	Jan 17	April 17
Review and approve expenditure report	X	X	X	X
Review findings of the Internal Audit Reports	X	X	X	X

Governance and Audit Committee
Annual Report 2015/16
14 June 2016

1 Status – Public

2 Executive Summary

This paper summarises the work of the NHSBT Governance and Audit Committee (GAC) for 2015/16. The GAC has complied with its existing terms of reference in 2015/16 during which it has:

- reviewed and approved the internal audit plan for 2015/16 (and 2016/17), received reports on progress from the internal auditors (PwC) and specifically received and reviewed reports with a rating less than moderate
- regularly reviewed the work of the CARE, QA and Business Continuity functions
- increased its focus on the governance and risk management of the NHSBT Transformation Programme
- reviewed the risk management process and, in particular, conducted a series of risk reviews on a number of NHSBT business areas
- reviewed the governance framework (including the Integrated Governance Framework and Assurance Map);
- reviewed and approved the Annual Report and Accounts for 2015/16

3 Action Requested

The GAC is asked to note and approve the report.

4. Purpose of the report

The GAC secretariat has prepared this report on behalf of the GAC in order to describe how the GAC has satisfied its terms of reference during 2015/16.

5. Background

5.1 An independent GAC is a key element of the governance framework by which a Board ensures effective control arrangements are in place and provides an independent check upon the executive arm of the Board.

5.2 The GAC therefore reviews and assesses the structure and effectiveness of the governance framework that provides the Board with assurance regarding the delivery of NHSBT's statutory and strategic objectives and the effectiveness of its internal controls and risk management processes.

5.3 In support of this the agenda of GAC meetings is structured to reflect the key assurance streams within the NHSBT governance framework eg clinical governance (CARE), QA, business continuity, internal and external audit, transformation governance, risk management etc. The agenda also allows for the review of risk management within a specific NHSBT business at each GAC.

6. Membership

The GAC membership in respect of the financial year 2015/16 comprised four non-executive directors:

Andrew Blakeman Non-Executive Director Chair of the GAC June 2015 meeting

Roy Griffins Non-Executive Director Chair of the GAC from Sept 2015

Shaun Williams Non-Executive Director

Keith Rigg Non-Executive Director

Executive accountability for governance now lies with the Medical & Research Director (Gail Miflin) and the associated governance team who also provide the GAC secretariat function. In support of this the Medical & Research Director works in partnership with the Finance Director (Rob Bradburn) who is identified as the lead Director for the GAC.

7. Compliance with Terms of reference

Meetings during 2015/16 have been quorate with 100% attendance, apart from March 2016 with 75% attendance of members (3).

The Committee has ensured that its terms of reference are in line with those recommended in the NHS Audit Committee Handbook, and its terms of reference have been approved by the Board and are reviewed annually by the GAC.

During 2015/16 the GAC had regular attendees, including:

- Rob Bradburn Finance Director
- Ian Bateman Director of Quality
- Denise Dourado Assistant Director Business Transformation
- Linda Haigh Assistant Finance Director
- Sally Johnson Director Organ Donation and Transplantation
- Huw Williams Director of Diagnostic and Therapeutic Services
- Aaron Powell Chief Digital Officer
- Lorna Williamson Medical and Research Director
- David Evans Director of Workforce
- Clive Ronaldson Director of Blood Supply (to Sept 2015)
- Katherine Robinson Deputy Director for Human Resources
- Louise Cheung Assistant Director Governance and Clinical Effectiveness (Secretariat function for the GAC)
- Richard Rackham Assistant Director Governance & Resilience
- Mike Stredder Director of Blood Donation (from Sept 2015)
- Peter Lidstone Director of Blood Manufacturing and Logistics (from Nov 2015)
- Ann Smith Secretary to the GAC

Representatives of the Internal and External Audit functions attend all meetings

8. Meetings

Six meetings were held during the financial year:-

24 April 2015
18 September 2015
19 January 2016

26 June 2015
20 November 2015
17 March 2016

9. Audit Provision

Internal Audit was provided by the DH Group Assurance function that have contracted with Pricewaterhouse Coopers (PwC) to provide additional capacity to their internal resources. With regard to NHSBT PwC provide 100% of the internal audit resource. External Audit services are provided by the National Audit Office who have outsourced the audit work to Deloitte in respect of NHSBT.

Internal and External Auditors submitted annual audit plans, which were agreed and monitored by the GAC. Regular updates on the progress and outcomes of these were presented during the year.

10. Duties

The GAC's terms of reference comprise five main areas of responsibility:

- Governance, Risk Management and Internal Control
- Internal Audit
- External Audit
- Other Assurance Functions
- Financial Reporting

The GAC's workplan was reviewed and amended during 2015/16. The terms of reference of the GAC will be reviewed in September 2016 as scheduled in the workplan.

The agenda of the GAC meetings is arranged under the following headings that reflect the key control and assurance streams within the NHSBT governance framework:

- Clinical Governance (CARE)
- Quality Assurance
- Business Continuity
- Information Technology
- Transformation Programme / Transformation Project Board (TPB)
- Audit (Internal and External)
- Risk
- Other governance matters/ assurance streams (through review of the Board performance report to identify areas of potential concern and the Assurance Map as a checklist).

11. Findings

- 11.1 The GAC reviewed the NHSBT Integrated Governance Framework during the year. As a result it is satisfied that it provides reasonable assurance regarding the delivery of NHSBT's statutory and strategic objectives and the

effectiveness of its internal controls and risk management processes. In recognition of the significant transformation change programme that is underway within NHSBT the GAC has, however, increased its focus on governance and risk in this area and included a review of the programme and its risks as a priority standing agenda item.

- 11.2 The GAC oversaw and supported the work of Internal Audit through review and approval of the audit plan, receiving audit progress update reports at each meeting and receiving formal reports where the audit opinion on the review of a specific area provided a less than “moderate” opinion. It also reviewed that actions arising from internal audit recommendations has been implemented to plan. As part of approving the Annual Report and Accounts for 2015/16 the internal auditors provided an annual report of the work performed and, on the basis of these results, provided an overall opinion that “**moderate assurance**” could be provided that NHSBT has had adequate and effective systems of control, governance and risk management in place for the reporting year 2015/16.”
- 11.3 The Board has delegated the authority to approve the Annual Report and Accounts of NHSBT to the GAC and in support of this it approves the external audit fee and agrees the external audit plan. As part of approving the Annual Report and Accounts for 2015/16 the GAC received a clean audit completion report with no material adjustments or management letter points identified. This was taken into account in the subsequent approval of the accounts by the GAC.
- 11.4 The NHSBT CARE structure (re clinical governance), Quality Assurance and Business Continuity are major sources of assurance regarding the effectiveness of controls and management of risk within NHSBT. Reports are tabled at every GAC meeting and incidents were followed up as appropriate, including a review of all Serious Incidents. The GAC has enhanced its focus on business continuity in recent years and it specifically reviewed the work conducted in 2015/16 to expand the scope of certification to key NHSBT sites. Within the broader action plan for site resilience the GAC was assured that planned actions were completed and noted the actions in the workplan for 2016/17.
- 11.5 As noted above the GAC has strengthened its focus on the governance of the transformation programme within NHSBT in recognition of the size, scope, cost and the source of risk that it represents. The GAC were assured by the governance structures that have been established and the recognition and management of risk that has been put in place. This will now be a standing item within every GAC agenda where it will receive the latest report from the Transformation Programme Board and review an update on risks and their management.
- 11.6 The GAC also reviewed the status of risk management within NHSBT following a programme of work to enhance risk management processes, and increase their visibility across NHSBT, that was started in 2014/15. The GAC is satisfied that a sound process exists within NHSBT but will further review the status of the action

plan and ultimately the effectiveness of the risk management process at its meeting in June 2016. In addition it received risk presentations in the following areas:

- Diagnostic Services
- Business Continuity
- Specialist Therapeutic Apheresis Services (TAS)
- Blood Supply Chain
- Clinical, Research and Development
- The transformation change programme
- Stem Cells

11.7 In addition to the standing “assurance based” agenda items described above the GAC also examined governance arrangements for:

- Information and IT Governance
- Insurance arrangements
- Fraud
- Health and Safety
- Security Management
- Action plans with regard to the Organ Donation Register (ODR)
- Sustainability
- Whistleblowing

12. Conclusion

12.1 The Board recognises that assurance given can never be absolute. The highest level of assurance that can be provided to the Board is a reasonable assurance that there are no major weaknesses in the Authority’s risk management, control, and governance processes.

12.2 As a result of its work and investigations the GAC is able to provide reasonable assurance regarding the delivery of NHSBT’s statutory and strategic objectives and the effectiveness of its internal controls and risk management processes during 2015/16.

12.3 The GAC will continue to ensure that the governance and assurance processes within NHSBT are effective and adapt to the changing shape of the challenges that NHSBT will face over the coming year.

Roy Griffins, Chair of Governance and Audit Committee, NHSBT

NHS Blood and Transplant
National Administrations Committee
Annual Report 2015/16

9 PURPOSE OF THE REPORT

The National Administrations Committee has prepared this report for the NHSBT Board. It sets out how the Committee has satisfied its Terms of Reference during 2015/16.

10 OVERVIEW AND OBJECTIVES OF THE COMMITTEE

The National Administrations Committee exists to oversee on behalf of the Board the development and implementation of plans supporting the policies of the four Health Departments in the United Kingdom.

The objectives of the National Administrations Committee are to:

- Foster and support the maintenance of excellent working relationships and partnerships with the Health Departments of the three devolved administrations
- Provide challenge and scrutiny of detailed proposals and plans to implement the policies of the three devolved Health Departments
- Monitor risks to delivery and provide a forum to manage competing and/or contradictory requirements across the four UK Health Departments
- Review any specific issues the Board may ask the Committee to scrutinise.

11 MEMBERSHIP

The National Administrations Committee membership in respect of the financial year 2014/15 was:

John Pattullo	Chair (and Committee Chair)
Keith Rigg	Non-Executive Director (representing Scotland)
Andrew Blakeman	Non-Executive Director (representing Wales)
Louise Fullwood	Non-Executive Director (representing Northern Ireland)
Sally Johnson	Director of Organ Donation and Transplantation
Léonie Austin	Director of Communications (Secretary to the Committee)
James Neuberger	Associate Medical Director (Organ Donation and Transplantation)

The National Administrations Committee had a regular attendee throughout 2015/16:

Louanna Prince, External Affairs Manager (Minutes).

12 TERMS OF REFERENCE

The Terms of Reference for the Committee remain unchanged.

13 MEETINGS

Four meetings were held during the year:

- 24 April
- 27 July
- 16 November
- 8 February

All meetings during 2015/16 were quorate.

14 DUTIES AND FINDINGS

- 14.1 The Committee reviewed its membership at the end of the financial year, as 8 February was the final meeting for departing members Andrew Blakeman and James Neuberger. The Committee for 2016/17 will include Jeremy Monroe - Non-Executive Director replacing Andrew Blakeman (representing Wales) and John Forsythe - Associate Medical Director (Organ Donation and Transplantation), replacing James Neuberger.
- 14.2 The Committee discussed and monitored relationships with each administration, particularly in relation to issues of organ donation and transplantation. It also discussed any developments in England that may have an impact on any of the National Administrations.
- 14.3 It continued to scrutinise donation rates and performance; and supported close working with Ministers and policy officials.
- 14.4 The committee regularly discussed updates on Organ Donation and Transplantation funding and also reviewed a request to establish a dedicated NHSBT Scotland Regional Manager.
- 14.5 The Committee monitored the development of organ donation opt-out Bills put forward in Scotland and Northern Ireland during this period.
- 14.6 The Committee continued to support progress with implementation of the Opt Out legislation in Wales in December 2015 and responded to issues raised regarding Welsh language provision at NHSBT's National Call Centre.
- 14.7 The Committee continued to monitor progress towards the transfer of the provision of blood services in north Wales to an all Wales Blood Service in May 2016, run by the Welsh Blood Service (WBS).

CONCLUSION

- The Committee has complied with its Terms of Reference during 2015/16.

John Pattullo
Chair, National Administrations Committee
July 2016

Remuneration Committee

Annual Report 2015/16

15 PURPOSE OF THE REPORT

The Remuneration Committee has prepared this report to the NHSBT Board in order demonstrate how the Committee has satisfied its terms of reference during 2015/16.

16 OVERVIEW

- The duties of the Remuneration Committee are:
- To exercise the authority delegated by the Board of NHSBT on the remuneration and other contractual arrangements for the Chief Executive and NHSBT Directors. This to be done with due regard to the provisions of the NHS Very Senior Manager Pay Framework and/or other relevant guidance and best practice, ensuring that they are fairly motivated and rewarded and their terms are reviewed and remain competitive and appropriate.
- Through the Chairman of NHSBT and the Chief Executive, to monitor and evaluate the performance of the Chief Executive and individual NHSBT Directors and to use the authority delegated by the Board to set performance bonuses, if appropriate and within guidelines and/or requirements set by DH.
- To oversee and advise the Board on termination and severance arrangements in relation to the Chief Executive and NHSBT Directors.
- To ensure that appropriate details of Board Members' remuneration and other benefits are published in the Annual Report.
- To consider and approve any individual redundancies with projected costs in excess of £100,000.
- To consider and approve redundancy proposals within organisational change exercises, where the total estimated redundancy cost exceeds £500k.
- To consider and approve proposals to establish management posts at Band 9 of the NHS national pay bands.
- To consider and approve recommendations for local Clinical Excellence Awards to NHSBT medical staff.

- To review the overall approach to NHSBT recommendations for national honours and to review the categories against which recommendations are made on an annual basis.
- At the request of the NHSBT Board, to undertake succession planning and any other appropriate duties to ensure that a stable, experienced and viable team is in place at executive at non-executive levels.

17 MEMBERSHIP

The Remuneration Committee membership in respect of the financial year 2015/16 was:

Shaun Williams	Non-Executive Director and Chair
John Pattullo	Chairman NHSBT
Jeremy Monroe	Non-Executive Director

The following individuals were normally in attendance at meetings:

Ian Trenholm	Chief Executive, NHSBT
David Evans	Director of Workforce, NHSBT

The Lead Director supporting the Remuneration Committee was David Evans, Director of Workforce and Business Transformation Services.

18 COMPLIANCE WITH TERMS OF REFERENCE

Formal meetings of the Remuneration Committee were held as follows:

25th June 2015
24th November 2015

All meetings were quorate, and the Committee complied with all aspects of its Terms of Reference.

19 DUTIES AND FINDINGS

At formal meetings during 2015/2016 the Committee discussed and agreed a number of matters which included the following:

25th June 2015

- Executive Director Performance Review and bonus arrangements
- Changes to the Executive structure and the progress of new appointments
- Succession Planning
- Local awards for Medical Staff
- DH Review of the Very Senior Manager Pay Framework

24th November 2015

- Salary arrangements and progress on a number of new Executive appointments.
- Local Awards for Medical Staff.
- DH Review of the Very Senior Managers Pay Framework.

7. REVISIONS TO TERMS OF REFERENCE

There were no revisions to the Committee's Terms of Reference during 2015/2016.

20 CONCLUSION

The Remuneration Committee has complied fully with its terms of reference during 2015/2016.

NHS Blood and Transplant

R&D Committee

Annual Report 2015/16

1. PURPOSE OF THE REPORT

The R&D Committee has prepared this report to the NHSBT Board in order to demonstrate how the Committee has satisfied its terms of reference during 2015/16.

2. OVERVIEW

The Board has delegated authority to the Committee to provide strategic oversight of an innovative, cohesive, high quality programme of research and development (R&D) which includes a balance of short and long term research and meets the requirements of the Strategy Groups which link research, development and operational staff in each business area. The Committee aims for timely translation of research findings into new products and services, to deliver improvements to the efficiency, efficacy and safety of blood, tissues, cellular and organ products and services for donors and patients.

The Terms of Reference of the R&D Committee were reviewed by the Committee at their meeting on 14th May 2015 and the following amendments were made.

- It was agreed that increasing the number of external experts would improve the ability of the Committee to assess proposals without the need for external peer review.
- The maximum number of external experts should be increased to four.
- A minimum of 2 external experts will be required to make funding decisions.

3. MEMBERSHIP

A number of changes to membership of the R&D Committee took place in the financial year 2015/16 as a result of changes to our corporate structure and as the term for PI observers came to an end. The Membership at the end of the reporting period was:

Committee Members

Christine Costello (Chair of RDC, Non-Executive Board Member)
Louise Fullwood (Non-Executive Board Member)
Jeremy Monroe (Non-Executive Board Member)
Harvey Klein (NIH, USA: External expert)
Rob Bradburn (Finance Director)
Sally Johnson (Director of Organ Donation and Transplantation)
Mike Stredder (Director of Blood Donation)
Ellen van der Schoot (Sanquin, The Netherlands: External Expert)
Jonas Wadstrom (University of Stockholm, Sweden: External Expert)
Lorna Williamson (Medical & Research Director)
Huw Williams (Director of Diagnostic and Therapeutic Services)

Observers

Dave Collett (Associate Director, Statistics & Clinical Studies)
Emanuele Di Angelantonio (PI observer)
Peter Lidstone (Director of Manufacturing & Logistics) (was to be observer)
Sarah McAllister (National Research Manager, Research & Development)
Rutger Ploeg (PI observer)
Chris Sims (Planning and Management Accountant, Group Services)
Simon Stanworth (PI observer)
Nick Watkins (Assistant Director, Research & Development)

4. COMPLIANCE WITH TERMS OF REFERENCE

Formal meetings of the R&D Committee were held on 14th May 2015 and 23rd November 2015. Both meetings were quorate.

5. DUTIES AND FINDINGS

1. The Committee approved the 2015 – 2020 R&D Strategy for submission to The Board. This strategy gained Board approval and commenced on 1st October 2015.
2. The Committee approved funding for a number of new appointments to support the R&D Programme including the new Junior Group Leader and new PI positions at the University of Cambridge.
3. The Committee accepted final reports on workpackages in support of the 2010 – 2015 R&D Strategy, bringing this work to a close following the approval of the 2015 – 2020 R&D Strategy.
4. The Committee approved the closure work on the development of vCJD screening assays and expansion of cord blood stem cells.
5. The Committee reviewed progress on all active workpackages and projects within the reporting period.
6. The Committee accepted the initial report and recommendations from the ABO R&D Working Group.
7. The Committee accepted reports on external grants held by Principal Investigators (PI) and recognised the ability of our PIs to attract external funding.
8. The Committee accepted an annual report on Intellectual Property.
9. The Committee accepted an annual report on the status of active Trust Fund awards.
10. The Committee agreed a workplan for future meetings.

6. CONCLUSION

The R&D Committee has complied with its terms of reference from 1st April 2015 to 31st March 2016.

Christine Costello, NED NHSBT and Chair of R&D Committee, July 2016

NHS Blood and Transplant

Transplant Policy Review Committee

Annual Report 2015/2016

21 PURPOSE OF THE REPORT

The Transplant Policy Review Committee has prepared this report to the NHSBT Board in order to demonstrate how the Committee has satisfied its terms of reference during 2015/2016.

22 CONSTITUTION

The Transplant Policy Review Committee was established by the NHSBT Board to act on behalf of the Board to review and approve (where appropriate) all policies relating to selection and allocation policies relating to organ transplantation and those initiatives that have a significant impact on organ donation and transplantation. The Committee is an executive committee of the Board but has no executive powers other than those specifically delegated to it in the terms of reference.

23 OVERVIEW

The duties of the Transplant Policy Review Committee are:

- To consider and approve, on behalf of the Board, those policies and standards developed by the solid organ Advisory Groups, the National Organ Donation Committee, and the National Retrieval Group and which relate to potential organ donor selection, organ donor management, patient selection and organ allocation.
- To ensure that the policies meet all legal, regulatory and ethical requirements and standards

24 MEMBERSHIP

The Transplant Policy Review Committee membership in respect of the financial year 2015/2016 was:

Mr Jeremy Monroe	Non-executive Director (Chair)
Dr Christine Costello	Non-executive Director
Prof John Forsythe	Associate Medical Director, ODT (Secretary) (from April 2016)
Ms Sally Johnson	Director ODT
Prof James Neuberger	Associate Medical Director, ODT (Secretary) (until February 2016)
Prof John Dark	National Clinical Lead for Governance
Dr Lorna Williamson	Medical and Research Director
Mr John Casey	Chair, Pancreas Advisory Group (from August 2015)
Prof Peter Friend	Chair, Pancreas Advisory Group (until July 2015) and Chair, Bowel Advisory Group (from August 2015)
Prof Darius Mirza	Chair, Bowel Advisory Group (until July 2015)
Dr Paul Murphy	Chair, National Organ Donation Committee
Prof John O'Grady	Chair, Liver Advisory Group
Prof Rutger Ploeg	Chair, National Retrieval Group

Mr Derek Tole
Mr Steven Tsui
Prof Chris Watson

Chair, Ocular Tissue Advisory Group
Chair, Cardiothoracic Advisory Group
Chair, Kidney Advisory Group

25 COMPLIANCE WITH TERMS OF REFERENCE

Formal meetings of the Transplant Policy Review Committee were held on:

16th April 2015
18th June 2015
17th September 2015
5th January 2016

All meetings were quorate.

26 DUTIES AND FINDINGS

Over the meetings held during 2015/2016, the following matters were discussed and appropriate decisions taken by the Committee:

The Committee reviewed and approved amendments to the following policies which are accessible at www.odt.nhs.uk

- Cornea Allocation Policy
- Cornea Selection Policy
- Donor Organ Photographs
- Guidelines for consent for solid organ transplantation in adults
- Heart Allocation Policy
- Lung Allocation Policy
- Clinical contra-indications to approaching families for possible organ donation
- Intestinal Selection Policy
- Intestinal Allocation Policy
- Introduction to Patient Selection and Allocation Policies
- Non compliance with Selection and Allocation Policies
- Responsibilities of clinicians for the acceptance of organs from deceased donors
- Pancreas Selection Policy
- Pancreas Allocation Policy

The Committee also:

- Accepted and approved a new policy and MPD in relation to patient registration for transplantation
- Approved the principles behind the changes to the Liver Allocation Scheme
- Agreed to changes to the Lung Selection Policy to remove the automatic exclusion from the lung transplant list of those patients maintained on methadone
- Noted revisions to the Pregnancy Policy and that responsibility for these guidelines lay with intensive care bodies rather than with NHSBT
- Noted progress made on the development of policies for the use of organs from babies born with anencephaly including a position statement on Organ Donation and Transplantation in the UK from children under 2 months of age
- Approved proposals for a National Allocation Scheme for super-urgent and urgent lung patients
- Approved proposals for listing criteria for super-urgent and urgent heart patients
- Received an update on registrations for liver transplantation for alcoholic hepatitis.

27 WORKPLAN 2016/2017

The Committee will meet at least six monthly and will follow a standard agenda as per the meetings in 2015/2016.

28 CONCLUSION

The Transplant Policy Review Committee has complied with its terms of reference during 2015/2016.

Jeremy Monroe
Chair of the Transplant Policy Review Committee

June 2016

NHS BLOOD AND TRANSPLANT

TRUST FUND

ANNUAL REPORT 2015/16

29 PURPOSE OF THE REPORT

The Trust Fund Committee has prepared this report to the NHSBT Board. It sets out how the Committee has satisfied its terms of reference during 2015/16, and seeks to provide evidence relevant to its responsibilities, in accordance with the powers delegated under the Standing Orders and Standing Financial Instructions.

30 OVERVIEW

The NHS Blood and Transplant Trust Fund comprises a single General Fund, plus the Howard Ostin Fund, and the British Bone Marrow Donor Appeal (BBMDA) which are special funds with specific objectives. The Trust Fund Committee administers these funds on behalf of the Board which is the Corporate Trustee. The funds are registered under an Umbrella registration No. 1061771 with the Charity Commission, in accordance with the Charities Act 1993. The Charity receives income from investments and donations from members of the public, which are mainly credited to the General Fund. Donations in support of Organ Donation are 'earmarked' within the General Fund for that purpose.

The Committee controls and manages the use of all the funds resources. It monitors the investments of the Charity and oversees all expenditure. Acting for the Corporate Trustee the Committee ensures that 'best practice' is followed in conducting the affairs of the Charity, that all legal responsibilities are met, and that monies are spent in accordance with fund objectives as outlined below; challenging when it considers that funding should first be sought from other sources.

The General Fund is an unrestricted income fund and the property therein may be used at the discretion of the Trustee for charitable purposes, wholly or mainly for the services provided by NHS Blood and Transplant.

The General Fund receives donations that can be used for any charitable purpose relating to the NHS. This flexibility has been used to fund recognition awards for those staff members with over 20 years' services with NHS Blood and Transplant (including service with the National Blood Authority), and staff winter celebrations. Staff recognition awards for those staff working in the Birmingham area are charged to the Howard Ostin Fund.

The Howard Ostin Fund is a restricted fund and the object is to further such charitable purposes of NHS Blood and Transplant as the trustee thinks fit. In furthering such purposes the trustee shall “first consider and have regard to the needs in the area of Birmingham and the surrounding district”.

The British Bone Marrow Donation Appeal (BBMDA) is a restricted fund. The objective of this fund is to improve the infrastructure for searching and accessing the Registry by clinicians, registry managers and patients.

The overall value of the funds at 31 March 2016 was £0.792m (subject to audit).

31 MEMBERSHIP

The Trust Fund Committee membership in respect of the financial year 2015/16 included:

Roy Griffins	Chair and Non-Executive Director
Andrew Blakeman	Non- Executive Director
Lorna Williamson	Medical Director
Rob Bradburn	Finance Director

Other NHSBT staff in regular attendance are:

David Evans	Director of Workforce (became a member November 2015)
Linda Haigh	AFD (Operations) and Secretary to the Committee

32 MEETINGS

Four meetings were held during the financial year 2015/16, all chaired by Roy Griffins. Attendance at these meetings is shown below:-

Committee Attendance	Apr-15	Jul-15	Nov-15	Feb-16
Roy Griffins (RG)	1	1	1	1
Andrew Blakeman (AB)	1	1	1	1
Rob Bradburn (RB)	1	1	1	1
Lorna Williamson (LW)	1	1	1	1
David Evans	1	1	1	1

33 COMPLIANCE WITH TERMS OF REFERENCE

The Terms of Reference for the Trust Fund Committee have been approved by the Board and are reviewed annually by the Trust Fund Committee.

The Committee approved an annual budget for 2015/16 and a workplan for the year. The finances of the funds have been reviewed at each Committee meeting, with all income and expenditure monitored against the approved

budget for each of the funds. During the year the Committee approved funding amounting to £99,990 in support of the following projects:

- A placebo-controlled single-blind, randomised feasibility trial of Desmopressin (DDAVP) in critical illness prior to procedures (£49,993).
- REd cell transfusion in Acute myeloid Leukaemia (REAL trial) (£49,997)

Recognising that the high standards and high quality of the services provided by NHSBT is dependent on the contribution, effort and loyalty of our staff, the Committee continues to fund loyal service awards which amounted to £21k for 2015/16. In reviewing the reserves policy, the Committee has taken into consideration the need to ensure that there are sufficient funds available to provide support for these awards over the near term.

In addition, for the fourth year running, funding for the annual 'winter celebrations' (£10 per head) for staff has been provided from Trust Funds, amounting to £34k for 2015/16.

34 GOVERNANCE ARRANGEMENTS

The Chairman of the Committee on behalf of members has reviewed the investments of the Charity at each meeting. In 2015/16 one face to face meeting was held after the November GAC and the remaining meetings were conducted via email or by phone, making best use of time and keeping costs to a minimum.

At the start of the year the Committee reviewed the reserves of the Charity and agreed an annual budget against which expenditure has been monitored at each meeting. All applications for research grants are first reviewed by the R&D Senior Management Team and all applications for funding require an Executive sponsor. In addition, the Committee receives reports on the status of all projects from the R&D Senior Management Team. Annual progress reports are also received for all on-going projects, with a final closure report required highlighting project outcomes for projects which have completed.

The Secretary has made Committee Members aware of forthcoming changes to the charities SORP and the new options for the legal status of charities. Members have also been provided with a website link where Charity Commission Newsletters, giving updates on legislative changes and topical issues, are published

The annual report and accounts for 2014/15 were reviewed by the Trust Fund Committee in November 2015 following appropriate review and clearance by the external auditors Deloitte. These were registered with the Charity Commission within the required timeframe.

35 TRUST FUND COMMITTEE OPINION

Members of the Board should recognise that assurance given can never be absolute. The highest level of assurance that can be provided to the Board is a reasonable assurance that there are no major weaknesses in the governance arrangements, risk management and internal control processes in the Management of the NHSBT Trust Fund.

The opinion of the Trust Fund Committee, based on the activities set out in section 8 below, is that the NHSBT Trust Fund's risk management, control and governance processes are adequate and effective and may be relied upon by the Board.

36 CONCLUSION

The Trust Fund Committee has complied with its terms of reference during 2015/16 during which it has:

- set and approved an annual budget against which performance is reviewed
- set and approved an annual workplan for 2015/16, monitoring that this was adhered to
- reviewed and updated the Charity's Procedure & Guidance notes
- considered the investment strategy and monitored performance of investments
- received and approved applications for funding/grants supported by the R&D Senior Management Team, challenging applications when appropriate to do so
- ensured that all expenditure was within the objectives of the respective fund
- reviewed the position for the funding of Winter Celebrations
- received and discussed progress/closure reports for all live projects
- received and approved the annual report and accounts for 2014/15
- reviewed reserves policy in light of the current economic climate and spending plans.

**Roy Griffins
Chair of Trust Fund Committee
July 2016**