NHS
Blood and Transplant

Minutes of the Seventy-eighth Meeting of NHS Blood and Transplant held at 08.30am on Thursday 30 March 2017 in the Cobalt Room, Radisson Blu Hotel Belfast, 3 Cromac Pl, Belfast BT7 2JB

Present:	Mr J Pattullo	Mr K Rigg
	Mr R Bradburn	Mr I Trenholm
	Ms L Fullwood	Dr H Williams
	Mr R Griffins	Lord J Oates
	Ms S Johnson	Mr J Monroe
	Dr G Miflin	
In attendance:	Ms L Austin	Mr J Mean
	Ms K Phillips	Mr O Roth
	Mr I Bateman	Mr B Hume
	Mr D Evans	Ms K Robinson
	Mr A Powell	Mr R Creighton
	Mr M Stredder	

1 **APOLOGIES AND ANNOUNCEMENTS**

Apologies had been received from Paresh Vyas, Charles St John, Greg Methven, Sam Baker and Joe Magee.

The Board welcomed Jonny Oates attending the meeting as a newly appointed Non-Executive Director for NHSBT. Jonny Oates informed the Board that his background is in communications, serving as deputy director of communications to David Cameron and Chief of Staff to Nick Clegg.

2 **DECLARATION OF CONFLICT OF INTEREST**

No conflicts of interest were declared.

3 **BOARD 'WAYS OF WORKING'**

The new ‘Ways of Working’ were noted. Changes were made to the previous version based on comments received from the Board.

4 **MINUTES OF THE LAST MEETING**

The minutes were approved

5 (17/17) **MATTERS ARISING**

Mr Powell noted that we may need to sign the ERP implementation partner contract before the May Board meeting due to the expiry of

the procurement framework and so requested NED reviewers to consider the paper, which will be approved using the Chairman's delegated authority between meetings. Ms Fullwood and Mr Monroe volunteered to review the paper. **AP**

6 (17/18) **PATIENT STORIES**

Dr Miflin presented a patient story concerning a pregnant woman. An antibody scan revealed the woman had a combination of relatively rare antibodies which could have caused the baby to suffer potentially fatal anaemia. Intra-uterine Transfusions were required to protect the baby. Producing the necessary blood products is a significant logistical challenge due to testing and compatibility requirements, as well as a relatively short shelf life. NHSBT delivered the units, resulting in a successful outcome and a healthy baby. The Board agreed that the incident demonstrates extraordinary levels of care and quality and suggested a more in-depth analysis of how the relevant systems function so effectively may be useful for shared learning in other systems where things have not worked so effectively. **GM**

7 (17/04) **CHIEF EXECUTIVE'S REPORT**

Mr Trenholm presented the Chief Executive's Report.

Mr Trenholm said he recently met with the Minister responsible for NHSBT, Lord O'Shaughnessy, to discuss NHSBT's work and our shared priorities, including Advanced Cell Therapies in the context of the government's industrial strategy. Lord O'Shaughnessy has been invited to visit our site at Filton.

We have also been driving collaboration with other parts of the NHS, notably Hillingdon Hospitals who have launched a fleet of courier vehicles which display marketing material promoting organ and blood donation.

With regards to our overall performance in relation to blood stocks, demand appears to be slightly higher than expected. We are therefore collecting to the original projections but the increased demand has been putting some pressure on our supply. There have also been a few days recently where our platelet levels were below ideal minimum stock levels. There are a range of small actions which need to be taken to resolve the situation.

Mr Trenholm also informed the Board that he recently visited a new automated red cell exchange programme that we have opened with Sandwell and West Birmingham Hospitals NHS Trust. The unit provides a life-changing service to sufferers of sickle cell disease, who will no longer have to travel to London for treatment.

Mr Trenholm also said that during the reporting period we had had a record week for cornea issues, which are at 101. He said that NHSBT's national reach, approach and professionalism has helped recover a struggling service, praising Mr Bateman's quality team, Dr Williams's operational team and Mr Bradburn's estates team.

Mr Pattullo requested that we publish a case study of the Eye Bank transition which should be circulated amongst key decision makers in NHS England and the Department for Health as an excellent example of our potential to improve clinical standards and reduce cost by aggregating services in the DTS area. **HW**

Mr Trenholm also informed the Board that CSM will now release smaller and more frequent pieces of functionality. The first system to be released will be the donor marketing system.

Mr Trenholm also informed the Board that on the day of the attack on Westminster we had provided some support to responding hospitals. He said that our most recent emergency planning exercise concerned a large multiple casualty event and we had prepared for such an eventuality. We have a system in place and a mechanism to mobilise the entire organisation where required in an emergency situation.

8 (17/20) **BOARD PERFORMANCE REPORT**

Mr Bradburn presented the Board Performance Report.

Deceased donors and deceased transplants will be around 2.5% higher than last year. This will be a new record for the UK, but we are not on a trajectory that will deliver for the 2020 targets. Referring to the Business Plan, Mr Bradburn said we continue to retain the 2020 targets pending any impact from the additional actions that were agreed with the Oversight Group. We may, however, need to look at rephrasing the targets at some point. DTS performance has been very good overall, particularly within TAS, TES and RCI tissues and eye services. The main underperforming area is H&I where we are behind plan on income and contribution and continue to struggle with turnaround times. We have been experiencing some issues with H&I, where we are behind plan on income. The Leeds/Sheffield project may produce some new business in that area, which would aid H&I contribution to the plan. SCDT is also performing well although the trend in BBMR matches and UK cord issues is not in line with strategic expectations.

Operational performance in Blood is very good as reflected in our delivery performance, donor satisfaction and complaints and hospital satisfaction. We continue to struggle, however, to increase

blood stocks although the mix is satisfactory and we continue to avoid getting anywhere near close to stock alert levels. As previously discussed supply/demand management is getting more difficult at component/group level and especially managing donor numbers and flow. OTIF reached a record of 97.3% in the month but 50% of the gap to 100% performance is due to the lack of Ro units and behind that the lack of black blood donors. The Business Plan therefore now includes a target to triple the number of new black donors attending.

We are forecasting a planned deficit of £8.4 million, funded by cash reserves. This is much less than the £19.7 million deficit that we planned, primarily as a result of the difference in transformation spend assumptions. In this regard the key variances are the Desktop project, lower than planned spending on CSM and an inability to progress the Stoke Gifford rationalisation until we relocate their data centre. We anticipate that the final result for 2016/17 will probably be a lower deficit than £8.4 million due to ongoing variation in transformation spend and with some project costs being recoded to capital. The very fluid nature of the transformation programme continues to present a challenge from a planning point of view.

Referring back to Ro units, and the need for significantly more black donors Ms Austin said that there had been a detailed discussion around this issue at the Executive Team level, including a detailed marketing strategy and plan brought to the last meeting setting out an ambitious plan for this year and beyond with a number of new initiatives to drive in more black donors.

Mr Rigg requested to see the organ donation consent authorisation graphs by region. **SJ**

Mr Pattullo said that a small sub group of the Board will get together and review chronic red performance indicators. There are a number of metrics which have been at red for some time. We should either increase efforts to improve performance or cull these metrics from our extensive score card. **JP**

The Triennial Review Report was appended to the Board Performance Report and overall progress to complete the recommended actions is good.

Mr Pattullo asked Mr Mean whether there would be a closure report to confirm completion of the follow up. Mr Mean said that he would take this away for consideration. **JMean**

Mr Bradburn said that the business case for the Leeds/Sheffield project was planned to come to the Board in May. Given its size he asked for early NED volunteers to review the business case and to allow time for them to visit the existing sites and the proposed new

site. Mr Griffins and Ms Fullwood volunteered to review the business case.

9 (17/21) **CLINICAL GOVERNANCE REPORT**

Dr Miflin presented the report.

In response to Mr Pattullo's request for information concerning how we support employees with legal claims, Dr Miflin said we have a bespoke service for colleagues going to give evidence in court or at inquests. Our supplier also delivers senior clinical colleague training for dealing with legal issues. Dr Miflin informed the Board that some work is being done concerning how to stop these issues becoming court cases at all.

Dr Miflin informed the Board about an information governance near miss, involving the transfer of microfilmed Blood Donor Health Check Forms. Audits conducted by NHSBT following transfer to a new supplier suggested 100 potential gaps in the sequential filing system used. All files have subsequently been located confirming no loss of data. An investigation and report is being written.

The Board also learned about an Organ Donor Register (ODR) incident involving the Open Exeter system. The system, used at GP practices, contained an error affecting the recording of organ donation forms signed at GP surgeries. The error meant that when someone ticks the six individual organ and tissues boxes, the record is incorrectly sent to the ODR as 'all organs and tissues', with implications for consent for the use of certain tissues, small bowel and any organs we may be able to transplant in the future (e.g. stomach). The ODT team and NHS Digital met on 16 February to consider the approach to resolving the issue.

Dr Miflin then informed the Board about two Serious Incidents which involved errors of communication. In incident 2293, a liver transplant was halted because the recipient coordinator raised concerns that they had not been informed of concerns about a nodule on the lung. The formal histology showed no malignancy. The usual process was not correctly followed, as the frozen section of the lung nodule should have been sent with the liver to the transplant centre, who would then be able to assess the situation themselves. In this case, however, the nurse was advised by the cardiothoracic team to send the section to the closest place it could be tested. Mr Pattullo asked Ms Johnson to confirm whether this process is formally documented. Ms Johnson said the root cause analysis will look at this. **SJ**

The Board then learned about another incident, 2306. Two kidneys were accepted for transplantation following lymphoma diagnosis in the donor. It is thought that full clinical information was not given to the third centre, which accepted the organs after rejection from the first two centres. Both recipients require a course of treatment to prevent the lymphoma seeding. The accepting surgeon states that the decision would have been different if they had had access to all the information. SJ said that the attending SNOD's documentation suggests the SNOD was not in the room when the call to the accepting centre was made and was unaware a key piece of information was left out.

Mr Pattullo said that in ODT we are system owners of a complex UK wide network. Clearly we need all of those networks to function properly with impeccable fail-safes and checks in place. In addition to a deep dive report on the incidents, he requested a review of all serious incidents in ODT over the last 24 months, presented as a diagram showing the information flow and indicating where systems have broken down. This high level overview should be shared in the GAC in June prior to coming to the Board. **GM**

10 (17/22) **ODT HUB: 2017-2018 BUSINESS CASE**

Ben Hume, Assistant Director of Transplantation Support Services, co-presented the item.

Mr Hume informed the Board of the work which has been completed so far, noting that we have delivered several platforms into live use. He said that once we have delivered the liver pathways functionality we can simply replicate the logic to deliver other organ pathways more rapidly. We will be opening the ODT Hub in the summer, coinciding with changes to centralise the offering done by nurses into the Duty Office. Mr Hume reminded the Board that the Hub comprises a series of incremental business cases delivering benefits in their own right, delivered via scaled agile techniques.

Compared to the original plan, the plan for 2017/18 includes an additional spend of £1.5 million. Mr Hume said this was the product of an approach which means systems development is more expensive than envisaged. This does not represent a change in the rate of cost.

Mr Monroe, having reviewed the programme, said that the reviewers generally felt that the initial cost estimates were the issue rather than the additional spend and they support the 17/18 expenditure. However, there is an opportunity to challenge future projected expenditure by looking at two areas- testing costs and IT labour cost. There may also be an opportunity to offset some SNOD productivity savings against future cost.

Mr Powell said that a balance needs to be struck between bringing in external parties to accelerate delivery and ensuring a core of knowledge within the organisation. He said planning to use contractors for fixed longer-term arrangements could deliver some savings.

Ms Johnson said she had visited Stoke Gifford and received positive feedback from the Duty Office about the Hub, with real impact in terms of safety. She also spoke to the SCRUM teams, noting they seem very driven.

Mr Pattullo summarised the discussion, stating that there is a lot of support for the way the programme is being run. He suggested the Board approve the 2017/2018 spend, and requested that the project team look in depth at how to reduce projected spend beyond 17/18. **BH**

11 (17/23) **2017/2018 BUDGET – REVIEW AND APPROVAL**

Mr Bradburn presented the budget paper. He suggested that the paper was taken as read, given that the budget result was in line with expectations, including the additional £10 million savings that were being sought during 2016/17. He then presented a summary of the movements in the 5 year business plan, noting that the position had deteriorated in the run up to budget as a result of assumed future project savings that were slipping, as a result of volume decline and the impact of CSM.

Although this is not good news he considered this as reflecting the current fluidity and uncertainty and that the previous positive plan position could be restored over the next few months. In particular cost savings would be restored in the plan on the back of the 50% platelet strategy that the Board received in January and the "Session of the Future" programme that has been re-set and was reviewed by the Executive Team in the previous week. He noted that, although the Blood 2020 strategy remains valid, the assumptions are now very different with regard to demand and it did not recognise the demand for Ro and the need for many more black donors. He therefore suggested that the underlying assumptions and milestone plan around Blood 2020 would need to be re-visited by the Board,

Given the uncertainty Mr Bradburn said that the Executive team would be seeking an additional £3-5m of savings for delivery in 2018/9. His view was that £3m should provide a sufficient contingency but that, due to underlying new cost pressures, £5m would be a safer target. These cost pressures had not been anticipated with the two major areas being pay costs in IT and

blood marketing costs, reflecting the new target for black donors previously discussed.

Ms Austin reminded the Board that the increasing segmentation of marketing activity has increased costs and will cost more initially.

Mr Pattullo summarised the discussion. The Board approved the Budget. It was agreed that the Board would revisit and review the position of the 5 year plan in September.

13 (17/24) **YES I DO – ORGAN DONATION BEHAVIOUR CHANGE CAMPAIGN PROGRESS REPORT AND PLANS FOR 2017/18**

Ms Austin presented the report. She said that there has been a large amount of progress made because of the investment of effort and resources to increase registrations on the ODR, thanking the teams in Wales for their help with this.

We need to do more utilising low cost channels, though there has been a good use of government channels e.g. transaction sites. As transactions move increasingly towards direct debits, however, we will lose some of the transaction prompts and need to work hard to identify new channels.

Ms Austin said that we can drive most of the activity increase with operational improvements, e.g. having SNODs in the room when families are approached about organ donation, but need to drive societal change as well to achieve our desired outcomes.

Responding to Jonny Oates's question about the need for a two-way donor register, Ms Austin explained that we want to use the ODR to make contact with potential donors and drive "member get member" activity. We also want to ensure that we have up to date information.

Ms Austin also informed the Board that we track what activity has stimulated registration, and strive to understand people's attitudes and behaviours through surveys. For this we have built the need to secure an evaluation partner into the plan for future years.

14 **ODT STRATEGIC PERFORMANCE REVIEW**

Ms Johnson presented the report, stating that we are currently 37 donors behind plan. There have been no significant increases in rates of BAME consent for donation.

Ms Johnson informed the Board that DCD referral rate is now at 85%, which is positive news, however she expressed concerns about whether donors will get to ICU due to funding pressures.

Lord Oates asked what percentage of people on the ODR whose families were not approached with SNOD support consented to donation. Ms Johnson to forward to Lord Oates. **SJ**

Mr Pattullo asked whether the improved waiting list performance applies equally to BAME patients. Ms Johnson explained that the waiting time has dropped by roughly 6 months, however BAME patients with rare types will always struggle to find a match.

Mr Pattullo thanked Ms Johnson for the presentation, stating that the Board has been kept well informed about ODT performance.

15 **WORKFORCE FUNCTIONAL REVIEW**

Katherine Robinson, Deputy Director of Workforce, presented this item.

Ms Robinson said that Service Now has had some positive outcomes which have helped shape policy and processes, partly because we can see clear statistics around response times etc. which highlight where we could do better, and what is working well. The use of statistics seems to be embedded in the team culture, which has driven the directorate to meet some ambitious targets, including 66% of queries being answered within 1 hour.

There has been a lot of LEAN activity around core processes such as recruitment, which has whittled the process down to 12.6 weeks from start to finish on average. We are also doing some work for other ALBs, including job evaluations and our work is exemplary in several other areas, notably our development schemes which are available at every level within the organisation. We are formalising our work with external organisations through our Income Generation Strategy.

Ms Robinson also said that the team have won several awards, including the HR Distinction award and G4S Customer Service award.

Mr Trenholm informed the Board that putting People First on the internet was an important move, which reinforces the commitment to supporting frontline managers who may not have easy access to the intranet on a day to day basis.

16 (17/25) **YOURVOICE UPDATE**

Mr Evans said that we had set an ambitious target for response rates, which has been achieved. He thanked everyone involved, noting that the response rate of 80% was double the average NHS employee survey response rate of 40%.

Looking at actions from the 2014 survey, the Board learned that the percentage of colleagues claiming to have experienced harassment or abuse has reduced from 26% to 17%, though this is still a number we are keen to reduce further.

The Board expressed concern that only 32% of respondents feel senior leadership is approachable, and that only 40% think we will take action based on the survey. Ms Robinson recommended benchmarking against the NHS survey.

Mr Rigg asked whether we would be able to target actions to specific concerns for different directorates. Mr Trenholm said that the very high response rate allows for this level of granularity.
Mr Pattullo said that a key area for improvement is management, asking whether we could compare areas of the organisation where management was scored highly with lower scoring areas. Mr Evans said that this was being done. This is a key area of focus.

Mr Stredder said that Blood Donation are looking at how to improve management, informing the Board that the team had discovered some managers were being given inappropriate responsibilities which distracted from their teams. The directorate is taking action where possible.

Mr Evans concluded the report by stating that there was a fantastic stream of data with a lot of potential for directorates to take action.

20 (17/29) **MINUTES OF THE 22ND EXPENDITURE CONTROLS COMMITTEE**

Mr Trenholm said that some members of the committee are of the view we are overanalysing a modest amount of spend. The team will explore with the department whether we need to continue the committee. **RB**

21 **REPORT FROM THE UK HEALTH DEPARTMENTS**

Karin Phillips delivered a verbal update from Wales, saying that there is still considerable media interest around opt-out. The first evaluation will be later this year. There will be a conference in December on the impact of the Human Transplantation (Wales) Act and performance against the 2020 strategy. The Welsh Language standards are now being rolled out to the NHS, which will have implications for NHSBT in Wales.

Jeremy Mean presented an update from the Department of Health. He said that there will be a White Paper looking at the transposition of EU Legislation into UK law which will be published, with potential implications for NHSBT. He said that there are several key factors the Department are pushing for the government to maintain, including the free movement of organs.

23 **DATE OF NEXT MEETING**

The next meeting will be held at 09:00 on Thursday 25 May, at the College Suite of the Royal College of Obstetricians and Gynaecologists, 27 Sussex Pl, Regent's Park, London NW1 4RG

24 **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution, 17/30, was agreed.

28 **FORWARD AGENDA PLAN**

Paper 17/34 was noted