

**Minutes of the Seventy-seventh Meeting of NHS Blood and Transplant
held at 09.00am on Thursday 26 January 2017 in the Novo Nordisk Suite, Royal College
of Obstetricians & Gynaecologists, 27 Sussex Pl, London NW1 4RG**

Present: Mr J Pattullo Mr K Rigg
Mr R Bradburn Mr C St John
Ms L Fullwood Mr I Trenholm
Mr R Griffins Dr H Williams
Ms S Johnson Mr S Williams
Dr G Miflin Prof Vyas

In attendance: Ms L Austin Mr J Magee
Ms S Baker Mr J Mean
Mr I Bateman Ms E Wilbraham
Mr D Evans Dr S Thomas
Mr A Powell Mr O Roth
Mr M Stredder

1 APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Jeremy Monroe and Karin Phillips

The Board welcomed Emma Wilbraham attending the meeting as part of her on-boarding to a new role in DH.

Mr Pattullo informed the Board that Greg Methven has been appointed as head of manufacturing and logistics and will be starting 06 February.

Mr Pattullo also said that this would be Mr Williams's last Board Meeting as an NED for NHSBT. He thanked Mr Williams for his contributions to the Board, chairing of the Remuneration Committee and membership of the GAC.

Mr Pattullo then informed the Board that Lord Jonny Oates is joining the Board, effective from March 01.

2 DECLARATION OF CONFLICT OF INTEREST

No conflicts of interest were declared.

3 BOARD 'WAYS OF WORKING'

The 'Ways of Working' were noted.

The "Ways of Working" are due for review, Mr Evans agreed to write to individual Board members regarding any changes or additions to the document they would suggest. He will present a

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proposed updated version at the March Board meeting, for approval.

4 **MINUTES OF THE LAST MEETING**

A typographical error was noted, and will be corrected before the minutes are approved. **OR**

5 (17/02) **MATTERS ARISING**

Ms Austin reported on her action to integrate prompts to join the Organ Donor Register on various online government forms. HMRC have responded positively but we are still waiting to hear back from DWP. The Board agreed to pursue making representation at ministerial level. **LA**

6 (17/03) **PATIENT STORIES**

Dr Mifflin presented a patient story. The patient suffered chronic leukaemia and required a stem cell transplant but unfortunately developed complications that resolved following extracorporeal photopheresis.

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

Mr Trenholm thanked the YourVoice team again, praising them for achieving a response rate of 80% with an entirely digitised survey. We will be considering the results and appropriate actions at the Senior Leader Conference next week.

Blood stocks have remained reasonably stable over the period. However this has required a significant amount of work to achieve with atypical demand patterns.

Regarding Organ Donation, we are about 20 donors behind plan as of last Friday, a position which is recoverable with the continued focus of the team.

Mr Trenholm said he intends to remain closely engaged with CSM, continuing to act as personal leader in the short term, whilst Mr Methven is going through the on-boarding process.

Mr Trenholm informed the Board that as part of the focus on reducing substitutions of both O Negative blood and A Negative platelets, we need to triple the number of black blood donors in order to support black patients with Sickle Cell disease. We are currently substituting O D Negative blood in 50% of issues to sickle cell patients.

8 (17/05) **BOARD PERFORMANCE REPORT**

Mr Bradburn presented the Board Performance Report.

DTS are broadly on plan, with strong income growth in TAS but overall growth starting to flatten. The key area of underperformance is in H&I, driven by low demand for solid organ and stem cell investigations. The trends in cord blood issues and BBMR matches are also of concern and are not as strong as anticipated in the SCDT strategy.

He noted that the customer satisfaction reports were very good in Q3 and that turnaround times in RCI had improved significantly. Turnaround times in H&I, however, were not meeting target.

It was another good month for deceased organ donation such that donation and transplants for 2017/18 will probably be 3-4% higher than last year and another UK record. Deceased organ donors will be close to plan for the year, although it should be remembered that the plan was re-profiled with the TO2020 targets back end loaded. As such the target for 2018/19 increases significantly and we are not on the glide path to meet it at present. The ODT budget build suggests that we will have a transformation fund of ca £3m in 2017/18 and would allow for some additional non-recurring investment in the behaviour change strategy (for example).

The overall performance issue continues to be blood stocks which continue to be lower than planned at around 30k units and with O D Negative stocks at around 3.5 – 4 days. He also repeated that demand for O D Negative red cells and A Negative platelets is flat/declining but issues are increasing as a result of substitution. The primary driver is the lack of donors at group/component level so an insufficient number of Ro donors with regard to O D Negative red cells and a lack of AB negative and positive donors with regard to A Negative platelets. Targets and actions are being worked up and will be reflected in the 2017/18 targets/plan.

Financially we are reporting a £2.2m deficit, £0.6m better than plan. He noted that this may be a worst case picture as the Goods Received Not Invoiced (GRNI) account is higher than normal and suggests there are a number of old items to be cleared out (with transformation costs probably over stated). This will be resolved in period 10. This does not impact the forecast of a technical deficit of £10.6 million for the year, funded by cash reserves. This compares to the planned deficit of £19.7m and is lower as a result of lower transformation spend, especially with regard to the desktop project.

The Triennial Review Report was appended to the Board Performance Report with few updates to note at this stage.

Mr Bateman informed the Board that we are expecting around 18 inspections over the summer period by HTA and MHRA, due in part to a scheduling issue on the part of the MHRA. The Board noted that there would be some benefits to the consolidation of visits/sharing of information by different regulatory bodies, including the MHRA and HTA. The Board agreed the need to raise the issue of regulatory burden with the new minister.

Ms Fullwood asked why the Brentwood work is labelled red. Mr Bradburn explained that the move date was delayed due to problems getting network cables into the site and temperature control within the main lab area and the POD store. These have now been resolved and we expect staff to move, and Brentwood close, by end of March.

Mr Trenholm noted that the reported need to build an additional 2 to 3 days of stock level at certain points may no longer be required due to re-planning on the CSM programme.

9 (17/06) **CLINICAL GOVERNANCE REPORT**

Dr Mifflin presented the Clinical Governance Report. There are no new serious incidents, we have not been able to close the two open ones.

Regarding the CMV incident reported last meeting, Public Health England have submitted their root cause analysis to the pre-inquest process. We are meeting to identify lessons we can learn and to produce a single joint report for the family of the deceased. We will have representation at the inquest. **GM**

The second incident involves the Manufacturing & Logistics National Transfusion Microbiology Reference Laboratory (NTMRL) incident where samples have been tested outside of the manufacturers 'instructions for use' with respect to timeframes. The validation work continues and the majority are now completed. The results have validated the longer time frames. We hope to be able to close the incident by the next Board Meeting. **GM**

There has also been a challenge from HTA that blood samples taken as part of NHSBT's Quality in Organ Donation research were taken outside the ethics of the Mental Capacity Act. This was not due to error on our part and was explicit as part of the request for ethical permission to set up the bio bank. We ask consent from family to take samples before death. Legal advice is being taken and we are likely to confirm that this is acceptable with the relevant ethics committee. The HTA agree this is not contravening their regulations. **GM**

There is an ongoing discussion about retrieval from pregnant donors. If a donor is tested and known to be pregnant, we should not take the organs. This is being communicated to Transplant Centres. Further advice is being requested on optimal management of a female donor who is not tested and is of childbearing age.

The Board also learned about a legal case in December, Wilkes v DuPuy International Ltd, the ruling of which changes the law with respect to the Consumer Protection Act and product liability. Dr Mifflin said that legal advice on the implications of this judgement has been requested, however it is likely to increase the importance of consent in the blood transfusion setting. It may also have implications for legal challenges in ODT.

GM

Mr Pattullo said that there was a general theme of external legal challenge permeating the report. He said it would be helpful to include information in the next Clinical Governance Report about how we support employees with legal advice.

GM

10 (17/07) PLATELET SUPPLY PHASE 2

Laura Hontoria del Hoyo, Assistant Director of Strategic Business Transformation Blood Supply, presented Phase 2 of the Platelet Supply Strategy, proposing to reduce apheresis platelet collection to 50%.

The Board agreed the financial case was strong and said that the strategy needs to be monitored, to ensure it meets customer requirements. The Board noted that the strategy still ultimately aims to reduce apheresis collection to 40%.

The Board approved the strategy.

11 HEV CONTRACT

SaBTO have recommended universal testing for HEV. In order to support our goal to implement the necessary changes by April, Mr Pattullo had taken a chairman's action to approve the contract for HEV testing in between the last Board meeting and this one.

Mr Pattullo asked for an update at the March Board meeting, concerning any implications which may arise if the implementation timescales vary.

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12 (17/08) CORE SYSTEMS MODERNISATION PROGRAMME UPDATE, INCLUDING DEMONSTRATION

Mick Burton, Accountable Executive for the CSM programme, introduced a demonstration from members of the CSM team. He then delivered a paper requesting £6.7 million funding to take the programme up to the end of September 2017.

The demonstration focused on the blood donor management part of the Customer Relationship Management (CRM) system. The team's current assumption is to go live with this part of the programme at the end of September. The presentation illustrated several features of the CRM, including:

- Powerful search tools to reduce the risk of duplicate donor records
- Personalised text reminders including details of an appointment
- A set of Visio-style tools which could be used to quickly build marketing campaigns

We will require development of an approach to effectively manage the archiving of the audit logs facility in the new platform.

Mr Pattullo asked whether there is a best practice adaptation of a Microsoft CRM system we could calibrate our work against. The team assured Mr Pattullo that the system is being built in line with best practice in order to minimise the level of customisation, working within Microsoft's defined product boundaries, to ensure our build is not adversely impacted on by future updates.

Ms Fullwood asked for confirmation that the system is being built with "data protection by design" principles in place. Mr Burton noted that we are building the system closely alongside a dedicated QA representative who is liaising with our internal information governance team.

Mr Burton said that the programme was taken to 'Red' status in September 2016 as the second period of software development was delayed by one month due to various issues arising. The programme team has implemented actions to deal with each issue and is working towards a formal move to Amber status, once the detailed plan for delivering the first transition state has been fully defined and validated, at which point the programme team would be able to provide more assurance on the September 2017 go-live date.

The board noted that the programme budget has reduced from £27.6 million to an expected £24.8 million spend due to the clarification of the VAT status of some costs. Both figures including contingency at 25%.

Mr Burton said that once we have a partner for implementation of the Enterprise Resource Planning (ERP) platform on board in July, we should gain more certainty about cost and timing for the overall migration off the legacy system. The CSM team will bring an update report to the Board in July, alongside a separate paper to recommend awarding a contract to an ERP partner in March or May. **MB**

Mr Griffins noted that we have still not received formal approval to our business case from the Minister for the Cabinet Office. Mr Mean agreed to engage with the Cabinet Office to make them aware of the request. **JM**

Mr Powell and Mr Burton reflected on the lessons learned from the first seven months of the programme, suggesting that the scale of the programme had accelerated a little too quickly initially, and that we could have completed more joint work with our delivery partners on the solution design before commencing the software build. These lessons will be taken into account going forward, particularly when implementing the ERP, with a small team of experts already working alongside our internal team to familiarise them with the new platform.

The Board approved the next round of funding.

13 **DTS PERFORMANCE REVIEW (INCLUDING STRETCH TARGETS)**

Dr Williams presented the DTS Performance Review, informing the Board that we are achieving growth through providing high quality patient and customer-focused services. Financial performance is generally good, however we are behind on adult stem cell exports in particular.

Dr Williams informed the Board that we may need to expand the Langford Clinical Biotechnology Centre which is operating at full capacity. We recently used Lean techniques to increase capacity by 30% for manufacturing plasmids, and are expecting commercial and clinical demand for plasmids to increase. By expanding this work we hope to do more of the same on a larger scale.

The stretch target for DTS has been set at an indicative £100 million by 2020/21. In order to meet the target, the team are horizon scanning for possible acquisitions. The Board agreed that by acquiring and consolidating appropriate services into NHSBT we can deliver better outcomes for patients and pass savings onto the NHS.

The Board thanked Dr Williams and his congratulated his team for their hard work and success.

14 (17/09) **REPORT FROM THE UK HEALTH DEPARTMENTS**

Mr Mean informed the Board that we are aiming to work more closely with NHS England. He will shortly be meeting the new minister and will emphasise the need to engage with NHSBT.

Ms Baker said there has been some positive progress in terms of organ donor numbers, particularly deceased donors. Scotland have currently had 106 deceased donors since last April, the highest ever in a financial year. The Board also learned that an MSP, Mark Griffin, has also lodged a statement of reasons in the Scottish Parliament as a precursor to potentially lodging a Members Bill to introduce an opt out system. This was lodged at the same time as the Scottish Government is still consulting on its own opt out proposals.

15 (17/10 – 11) **TAKING ORGAN TRANSPLANTATION TO 2020 & ORGAN UTILISATION STRATEGY REVIEW**

Sally Johnson presented the first paper. She began by noting that we are currently not on path to achieve the rates of donation and transplantation set in the strategy. The two areas of concern include securing consent for donation and ensuring that we make best use of the organs we have consent to use.

Behavioural change is key in order to increase consent authorisation rates and a proposal about behavioural strategy will be coming to the Board in March, including suggested initiatives to ensure that organ donation becomes a natural choice.

Professor John Forsythe then presented a draft strategy to improve Organ Utilization. He noted that data clearly shows that organ donors are older, have higher BMI and more comorbidity compared with years ago. It is therefore perhaps no surprise that organ utilization has not risen. Professor Forsythe noted a number of projects that had already begun, that are included in the strategy and highlighted others that will be actioned over the next months, all with close cooperation with clinical colleagues.

Board members asked questions and suggested minor amendments including the inclusion of timelines as the strategy was developed. Professor Forsythe agreed to launch the strategy at the forthcoming British Transplantation Society meeting. The Board approved the strategy and asked that it should be published.

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16 (17/11-12) **BOARD COMMITTEE MINUTES**

Professor Vyas, speaking about the R and D committee, said that we need to ensure more support is given to R&D departments to help secure external funding due to falling blood prices.

17 **ANY OTHER BUSINESS**

Mr Evans said that a full report on YourVoice would come to the next Meeting. The 3 areas for concern highlighted in the 2014 survey have seen some significant improvements. Mr Evans noted that we ran a shorter survey in 2015 and the improvements since this survey are not so marked, which may have been because we asked different questions. We seem to be performing well compared to the public sector norm for several key indicators, particularly our colleagues' pride working for NHSBT and our clarity about expected behaviours. An area of suggested improvement is the need to make senior leadership more approachable.

18 **DATE OF NEXT MEETING**

The next meeting will be held at 08:30 on Thursday 30 March, The Platinum Room, Radisson Blu Hotel, The Gasworks, 3 Cromac Pl, Belfast BT7 2JB

19 **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution, 17/14, was agreed.

20 **FORWARD AGENDA PLAN**

Paper 17/15 was noted