

NHSBT Board

May 25 2017

Matters Arising (Public) from meeting held on Thursday 30 March 2017

Agenda item no.	Issue	Lead	Action Taken
5	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	Included in the May Board agenda
6	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	This work has started but is not yet completed

7	CHIEF EXECUTIVE'S REPORT		
	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	A report is being prepared and will be completed in June.
8	BOARD PERFORMANCE REPORT		
	Mr Rigg requested to see the organ donation consent authorisation graphs by region.	SJ	Actioned.
	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	Jeremy Monroe will work with Rob Bradburn on this review. The expectation is that their work will be ready for Board discussion by the September meeting latest.
9	CLINICAL GOVERNANCE REPORT		
	Incident 2293: 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	Root cause analysis is complete. The RCA identified that there was no clear process for testing frozen sections: this is now under development, recognising that access to out of hours histopathology can be difficult.
	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	This work has started but is not yet completed

10	ODT HUB: 2017-2018 BUSINESS CASE		
	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	The ODT Hub Programme team are working closely with the ICT Solutions Delivery team to establish options for reducing spend beyond 2017/18. This work will be reflected in an update to the Board on the Programme during the year and later in the Business Case for 2018/19.
14	ODT STRATEGIC PERFORMANCE REVIEW		
	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	In 2016/17 only 63.2% of families whose relative had consented to donation by joining the ODR agreed to support the decision when approached without the support of a Specialist Nurse. 43 families consented though 68 were approached.
20	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	We are discussing this with the Department. The resolution will depend on waiting to see whether any new spending rules appear after the election.