

**Minutes of the Seventy-sixth Meeting of NHS Blood and Transplant
held at 09.00am on Thursday 24 November 2016 in the Tuke Common Room at the
Regent's University,
Inner Cir, London NW1 4NS**

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 Dr H Williams
 Mr P Lidstone Mr S Williams
 Dr G Miflin

In attendance: Ms L Austin Mr J Magee
 Ms S Baker Mr J Mean
 Mr I Bateman Ms K Phillips
 Mr D Evans Mr O Roth
 Mr A Powell
 Mr M Stredder

1 APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Professor Vyas

The Board welcomed Joe Magee to his first NHSBT meeting.

2 DECLARATION OF CONFLICT OF INTEREST

Mr Rigg said that he had a potential conflict of interest in the Living Donation Seminar as he was the clinical lead for the national tariff development for kidney transplantation with NHSE.

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 (16/93) MATTERS ARISING

The Board noted that all Matters Arising had been addressed, or were to be addressed as separate agenda items

6 (16/94) PATIENT STORIES

Dr Mifflin presented the story of a child patient suffering from congenital heart disease. The child required life-saving surgery to rebuild part of her aorta. Her condition was greatly improved as a result of the surgery.

The Board noted that our National Fulfilment System has greatly simplified the process surgeons go through when sourcing matching heart valves from banks around the country.

Ms Johnson highlighted the supply challenges the UK experiences with heart valves as these have to be matched to the age of the recipient. We are currently undertaking an intensive piece of work in neo-natal donation and hope that people will still donate hearts for valves even if the whole heart cannot be used.

SJ

7 (16/95) **CHIEF EXECUTIVE'S REPORT**

Mr Trenholm began his report by drawing attention to the promising completion rates of the YourVoice survey. Currently over 73% of NHSBT colleagues have filled out the survey, which was distributed for the first time entirely digitally. The Board will see a paper about the responses in March 2017. Mr Evans noted that we hope to be able to share some early outcomes in January.

DE

Mr Trenholm also highlighted the Represent campaign, launched in partnership with the MOBO Awards. Mr Trenholm noted that we intend for this campaign to mark the beginning of a lasting partnership with the MOBO team.

The Board noted that our stocks alert levels are currently at 5.4 days, but noted that Christmas was a challenging time and we are aiming to drive levels higher.

MS

The Board also learned about the recent emergency simulation, Exercise Tardigrade. Ms Phillips asked whether the exercise had highlighted any cross-border issues – it was confirmed there were none.

Mr Pattullo asked whether we have a fixed deployment cascade in place which would allow us to let all employees know if an emergency was taking place. Dr Williams noted that we have such a system in place, highlighting that critical members would be contacted using xMatters communication technology.

Building on the report's note that we are still aiming to increase ODT registrations, Ms Austin informed the Board that we have been in contact with DWP and HMRC and are aiming to set up end of transaction registration prompts, replicating our success with the DVLA initiative.

LA

Mr St John asked what interim arrangements had been made to cover Mr Lidstone's departure. Mr Trenholm informed the Board

that Stuart Penny, Assistant Director National Operations Blood Supply, would handle the majority of Mr Lidstone's responsibilities. Mr Stredder will expand his duties to include logistics governance. **SP**

8 (16/96) **BOARD PERFORMANCE REPORT**

Mr Bradburn began by noting that the Red Blood Cell demand decline had appeared to be accelerating throughout September and October but had reverted back to the year to date level of 4-5% decline in November. As such the variation in demand is making it difficult to forecast demand for 2017/18 and the 5 year plan.

Although demand is declining, we continue to experience supply/demand challenges at a blood group/component level. This is most obviously expressed in overall stock levels, which are around 5000 units lower than planned for this time of year. Given the pressures that can be experienced during the winter months our position is less resilient than we would like and we are keen to drive collection to meet the levels we had originally planned for. **MS**

Mr Bradburn said the stock position had arisen due to blood collection running at 6-7% below plan during September and October. It was encouraging that collection levels were now back to plan levels during November but it is worth noting that the gap in collection appeared to be due to donor availability rather than a lack of capacity / collection staffing. It is important to recognise that we are increasingly driving a much tighter configuration of our collection capacity, focusing on fixed donor centres and smaller numbers of larger (9 bed) sessions. This will require that we improve our performance with regard to donor recruitment and marketing at a more granular level to ensure that donors are channelled through the capacity footprint that is now in place.

Mr Bradburn also noted that, although collection and stocks were below the levels that we had planned for, the KPIs in the Board Performance Report were generally green. This suggests that we may not be considering the right KPIs and / or have the right targets to deliver the outcomes we are seeking. This would be considered as we refresh our targets as part of the 5 year plan update. **RB**

Mr Bradburn informed the Board that ODT had a very good month, securing 127 deceased donors against a target of 120. However, we are still around 50 deceased donors behind plan. The ODT team remain focused on closing the gap but there is a risk that if we continue at current levels, we would not be on trend to deliver the ODT strategic plan and were at risk of falling below the levels of 2015/16. We may therefore need to look at adjusting the targets for 2017/18 and within the 5 year plan. **SJ**

Mr Bradburn then focused on the financial part of the report, noting that resetting the blood price will support our ability to both manage

ongoing demand decline as well as the cost of the transformation programme.

Mr Pattullo praised the formatting of the Triennial Review updates, appended to the Board Performance Report. He requested that a more substantial update be scheduled as a separate agenda item, every third Board meeting.

OR

Mr Griffins expressed thanks that the Non-Executive Directors are now receiving regular monthly updates concerning the entire transformation programme, irrespective of whether there is a Board meeting in the month or not.

Mr Pattullo suggested that it would be useful to calculate the return on our investment from the recent two new Therapeutic Apheresis Service (TAS) sites, noting that we should approach any judgements from the perspective of a UK Plc ROI calculation.

HW

Mr St John requested that SCDT clarify the split between international and UK business in graph 31, without creating an additional graphic. He also asked what the time frame was for increasing our cornea stock to the 300 comfort range. Dr Williams explains that we are likely to meet 300 by this time next year. He informed the Board that since we took over the eye banks in April 2015, we grew cornea stocks substantially.

HW

Mr Pattullo suggested that it may be useful to produce an update concerning this, which would highlight the benefits of transferring eye bank ownership to NHSBT. He further noted that it may be useful if an appropriate consultancy were to underwrite our conclusions.

HW

Ms Fullwood noted the particularly high donor satisfaction levels, which Mr Stredder suggested were due to the success of the NHSBT app. Ms Fullwood praised the use of innovative technology to achieve this rise in satisfaction levels.

9 (16/97) **CLINICAL GOVERNANCE REPORT**

Dr Mifflin informed the Board of two incidents.

The first incident was introduced at the previous Board meeting, where a pancreas recipient had died of CMV disease. This was due to the transplantation of a CMV positive organ which had been incorrectly labelled CMV negative. Dr Mifflin updated the Board, noting that our investigation had finished. The Inquest will take place in May next year, and we will be required to attend.

The second incident involved the HTA inspection of East Grinstead Eye Bank, which noted that some samples have been tested outside of manufacturer specifications with regard to timeframes.

GM

The clinical risk is very low. Dr Mifflin informed the Board that we have already put measures in place to reduce the time frames.

Dr Mifflin informed the Board that NICE have recommended that foetal DNA testing be conducted from hospitals, which will generate additional workload for Dr Williams and his team. Mr Monroe asked whether we would be likely to secure the foetal blood typing business. Dr Williams informed the Board that our pricing is more competitive than other providers and we operate a more resilient service.

10 **CSM READINESS TEST**

Mr Lidstone presented the metrics which we intend to use to assess whether we are ready to begin another phase of the transformation programme or not. There are six transition states we will plan for.

Mr Lidstone informed the Board that each of the metrics on the checklist was underpinned by a more detailed set of criteria. The final decision about whether we are able to go live would be made at the TPB.

PL

11 **EQUALITY AND DIVERSITY ANNUAL REPORT**

Ms Johnson presented the Equality & Diversity Annual Report, noting that we have made more progress with internal HR issues than service provision, which still remains a significant challenge.

The Board learned that we will be diversifying our efforts to focus on disability and LGBT issues as well as our commitment to addressing race equality in the organisation. We aim to have 'disability confident' status within 12 months.

SJ

Mr Pattullo said that in his experience networks are empowered by senior sponsorship and asked how the Board could help develop these initiatives. The Board learned that the Executive Team will make a proactive effort to meet individuals involved with these networks when visiting centres.

OR

Mr Pattullo asked for an update in six months, in order to ensure that we are making progress.

SJ

12 **BLOOD PERFORMANCE REVIEW**

The report informed the Board that despite a decline in the overall demand for whole blood, certain requirements are increasing, particularly Ro blood. Mr Stredder noted that we need to analyse the gap between demand and issues.

MS

Ms Austin provided extra detail about targeting specific blood groups, and noted that it can be difficult to market to O D Negative donors as we do not know who they are. We are channelling funding to match demand need and focusing on the recruitment of black donors to meet the Ro requirements. Ms Austin explained that we are testing joint campaign messaging, aiming to cross-sell blood donation and ODT registration.

LA

The Board was asked to consider their appetite for entirely withdrawing donation opportunities from some areas of England.

The Board focused on whether they had concerns about the political ramifications of withdrawing coverage, rather than operational challenges. They noted that the 2020 strategy focuses on care, quality and cost rather than public access to give blood.

The Board emphasised that by becoming more productive we can help support the NHS at a challenging time, and therefore this would be an appropriate direction to take. They emphasised the need for a clear communications strategy to accompany these decisions and suggested that we need to have conversations with local government in an effort to secure savings (for example, free use of appropriate venues) which would reduce collection cost, a major factor taken into account when assessing donation locations.

Mr Lidstone informed the Board about automation, specifically the trialled platelet pooling system This ultimately achieved in excess of 35% labour productivity. Due to the historic success we have had in driving down the cost of blood bags and due to our relatively low labour costs, introducing automated platelet pooling may actually cost us more money.

Dr Williams discussed our interaction with customers. The Board was informed that we are the only public sector organisation awarded the TISSE accreditation. Mr Pattullo suggested we should be using Net Promoter Score as our key service metric. Dr Williams confirmed that this methodology had been adopted.

Mr Pattullo noted that we should determine whether to keep our published VMI targets, given the acknowledged difficulties we will experience meeting them.

HW

FINANCE FUNCTIONAL REVIEW

Mr Bradburn delivered the Finance Functional Review. The presentation included a summary of the work which has been completed since the major restructure in 2012, including numerous Continuous Improvement activities and a successful business partnering function. The Board noted that there is still some uncertainty surrounding financial planning, due to varying blood demand decline rates and high risk strategic change projects.

The finance team went live with Service Now in September for the “Procure to Pay” function and are aiming to adopt the same approach as People First, enabling a single customer service point for all queries regarding tendering, contracting, supplier service, invoicing or payments.

The Board also learned that in order to become world-class NHSBT would require significant improvements in the Order to Cash process and especially the billing component. This should be ultimately provided by the CSM project and the processes that would be supported by the Microsoft AX system. NHSBT would also in time need to replace its Oracle financial systems. Given that these also support procurement and warehousing it is likely that the preferred solution would be to replace with Microsoft AX and hence integrate with CSM, albeit this would be subject to an options analysis and procurement.

14 (16/99) **ODT HUB UPDATE**

Ben Hume (Assistant Director Transplantation Support Services) delivered a presentation updating the Board about the progress with the ODT Hub. Ms Johnson praised Mr Hume’s leadership of the programme. The Board learned that from 26 October the paper-based, 20-40 minutes Heart & Routine Lung offer process was replaced by a simple digitised process which takes seconds to complete.

There is still some uncertainty around ICT platform dependencies, and we are in daily discussions with the wider CSM team about ICT platform enablement.

BH

Mr Monroe asked whether we had considered making the platform independent of CSM. Mr Powell explained that this is not an ideal solution, and emphasised that building to the current specifications should produce a much richer solution, with little impact to the ODT plan.

Mr Pattullo thanked Mr Hume for the presentation.

15 (16/100)

COMMITTEE MINUTES

The minutes were noted. The Board learned that formal GAC (NED) members had privately and separately met NHSBT’s internal and external auditors earlier in the month. Ms Austin informed the Board that the NAC terms of reference were included in the Board pack because of an added element about giving the devolved administrations committee responsibility to oversee Brexit-related matters.

The Board noted that the terms of reference would be compared to the recommendations from the Triennial Review and amended if required.

LA

16 **REPORTS FROM THE UK HEALTH DEPARTMENTS**
(16/104)

The Welsh report was presented, informing the Board that the department will be holding an event to mark 1 year since the Opt-out changes.

17 **ANY OTHER BUSINESS**

There was no other business.

18 **DATE OF NEXT MEETING**

The next meeting will be held on Thursday 26 January at the Royal College of Obstetricians and Gynaecologists, 27 Sussex Pl, Regent's Park, London NW1 4RG. Members of the public are welcome to attend.

19 **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution, 16/105, was agreed.

20 **NORS REVIEW : IMPLEMENTATION CLOSURE**

Paper 16/106 was noted

21 **REGISTER OF SEALINGS**

Paper 16/107 was noted

22 **FORWARD AGENDA PLAN**

Paper 16/108 was noted.