DRAFT

Minutes of the Seventy-ninth Meeting of NHS Blood and Transplant held at 09.00am on Thursday 25 May 2017 in the Novo Nordisk Suite, Royal College of Obstetricians and Gynaecologists, 27 Sussex Pl, Regent's Park, London NW1 4RG

Present:	Mr J Pattullo	Mr K Rigg
	Mr R Bradburn	Mr I Trenholm
	Mr R Griffins	Dr H Williams
	Ms S Johnson	Lord J Oates
	Dr G Miflin	Mr J Monroe
	Mr G Methven	Mr C St John
In attendance:	Ms L Austin	Mr J Mean
	Ms K Phillips	Ms C Howell
	Mr I Bateman	Mr O Roth
	Mr D Evans	
	Mr A Powell	
	Mr M Stredder	

1 APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Paresh Vyas, Louise Fullwood, Huw Williams, Sam Baker and Joe Magee. Catherine Howell attended the meeting, deputising for Huw Williams.

The Board welcomed Greg Methven to his first Board Meeting. Mr Methven joined NHSBT in February as Director of Manufacturing & Logistics.

The Board agreed to observe the national one minute’s silence at 11:00 in remembrance of those who lost their lives and all others that were affected by the attack in Manchester.

The Board acknowledged that this would be both David Evans and John Pattullo’s last Board Meeting. The Board thanked them for their contributions to NHSBT over the years.

Mr Pattullo welcomed Millie Banerjee as the chairman designate, attending the meeting in an observer capacity

2 DECLARATION OF CONFLICT OF INTEREST

Lord Oates declared a political interest in the Leeds/Sheffield Business Case in the confidential section of the Board agenda. He agreed to leave the meeting room for the duration of this item.

3 BOARD 'WAYS OF WORKING'

The ‘Ways of Working’ were noted.

4 (17/35) **MINUTES OF THE LAST MEETING**

The minutes were approved.

5 (17/36) **MATTERS ARISING**

Mr Pattullo asked Mr Roth to carry the ongoing items forward to the next Board meeting. **OR**

Dr Miflin said that she would aim to bring a paper visually presenting the flow of information through Organ Donation and Transplantation (ODT) processes to the July Board. **GM**

Dr Miflin delivered a brief verbal update regarding item 6, saying that our process for manufacturing and delivering Intra-uterine Transfusions works so effectively because there is a single team who has continuous ownership and responsibility throughout the process.

6 (17/37) **PATIENT STORIES**

Dr Miflin presented a patient story concerning a regular platelet donor, a Mr F. The Board said that the story incident demonstrates how we meet our duty of care to patients and is a credit to the effectiveness of our world-leading platelet bacterial screening capabilities.

Dr Miflin confirmed that our duty of care applies to any patient or donor for whom we are ordering a test.

7 (17/38) **CHIEF EXECUTIVE'S REPORT**

Mr Trenholm presented the Chief Executive's Report and included a verbal update regarding NHSBT's response to the Manchester attack.

Mr Trenholm said that the stock position was good, 38,000 units as of the morning of the meeting and the seventh consecutive day where O D Negative stock was at five and a half days. He raised two issues; A Negative red cell wastage; and Donor acquisition rates for black donors.

Mr Trenholm said there is some early evidence that hospitals are changing their ordering patterns due to NHSBT's recently implemented changes in pricing, but it is too early to be certain of the impact.

Mr Trenholm said that DTS performance was strong this year, with cornea stock levels at 300.

The ODT team also finished the year strongly and Mr Trenholm congratulated Ms Johnson and her team for achieving record numbers of transplants and donors for the second year in a row, particularly praising the way in which Ms Johnson's team have been optimising the ODT supply chain to help reach this goal. Mr Trenholm said that ODT recently recorded the highest ever number of transplants in a single day, 44.

Mr Trenholm said that the desktop modernisation project is progressing well, though a key issue has emerged with the rollout. The software enabling us to deploy new builds remotely is not working as well as anticipated and the rollout has been paused whilst this issue is resolved.

Mr Trenholm said that he expects to sign the contract for the new manufacturing ERP partner tomorrow, and is confident the partner will be on site in June. Early conversations suggest the partner requires less time and budget than originally planned and the overall programme is still on track in timescale terms and is still under budget. The CRM system is taking longer to deploy than expected, however. The net impact is that the programme is on budget and should be delivered on time.

The ODT Hub is progressing well and the super urgent liver and lung allocation lists are now live. Mr Trenholm said that optimising these lists saves lives by ensuring the sickest patients get organs first.

There have been a number of inspections in the last reporting period, most of them with very positive outcomes. There was a Major non-compliance raised by MHRA in Manchester related to a number of related documentation and system issues. Mr Methven **GSM**
and others are doing a lot of work to address the findings and we have assured the regulator that we take quality very seriously and as usual will ensure that the points raised are all addressed robustly.

Mr Trenholm recently met with all four nations at the annual accountability review with the Department for Health. This is an opportunity for these bodies to challenge NHSBT's performance. No particular issues were raised and the feedback was generally positive.

Mr Trenholm then delivered an update about the 12 May cyber-attack. NHSBT was not directly impacted by the attack but supported a number of hospitals who reverted to emergency blood ordering systems involving faxes.

Mr Trenholm then delivered an update about the Manchester attack. NHSBT were alerted to the incident at midnight. The affected Trusts instituted emergency procedures and we executed 15 blue light runs into Manchester hospitals, delivering 350 red cell units. We started the restock process from Leeds, Sheffield and other centres to ensure Manchester had sufficient supplies if more incidents occurred. Some hospitals had over ordered blood as part of their emergency plans and around 50 units are being recirculated in the Manchester area.

Our main problem on the day after the attack was managing the desire of a number of people in the Manchester area to give blood. Ms Austin's team handled the incident well. Despite extensive communications and contact with the media and other local opinion formers we needed to turn away over one thousand people from outside donor centres. Mr Trenholm praised the exceptional effort put in by many colleagues, including ODT nurses who volunteered to support the Blood donation teams by talking to people queuing and explaining that we had enough stock. We also ran welfare checks early on in the process to support colleagues affected by the incident. At 11:00 we decided to turn off the external portal due to issues with Pulse caused by excessively high volumes of responses, reinforcing the need to upgrade Pulse. Mr Trenholm said he expected to receive a lessons learned report by the end of the day.

Mr Trenholm noted that the previous day the country had increased its state of readiness to Critical. We expect hospitals may start to order more blood and are talking with them to encourage sensible ordering practice. The Board joined Mr Trenholm thanking all teams for their efforts throughout the incident.

Ms Austin said that the communications team are taking actions to spread awareness about our blood requirements in a crisis, as well as aiming to use the increased coverage we received to support donor recruitment efforts.

Mr St John asked how we can be sure that hospitals returning blood stock kept the units according to our standards. Mr Bateman said that this is currently not normal practice and we will only consider return of blood component with the right controls in place. **IB**

Ms Phillips said following a conversation with Mr Trenholm she had liaised colleagues in Welsh Government who had confirmed measures were in place to ensure that blood demand could be met in Wales during the UEFA final in Cardiff.

Mr Pattullo said that dealing with accumulating crises is the most demanding and stressful set of circumstances an organisation can endure and thanked colleagues for their efforts. The Board offered to send a message of support to employees regarding the crisis.

8 (17/39) **BOARD PERFORMANCE REPORT**

Mr Bradburn presented the Board Performance Report.

DTS have made a good start to the year. An I&E surplus of £0.7 million was recorded for DTS in April but due to a number of accounting treatment errors the more accurate position is a £0.4 million favourable income variance. All business units apart from Tissues are ahead of plan from a sales and contribution perspective. Additional sales resource has been recruited to Tissues and this will depress contribution until new income is generated.

There were 113 deceased donors in April, lower than the monthly average achieved in 2016/2017 (118). Although a new record for deceased donor and transplants was achieved in 2016/7 we are behind the trajectory to deliver the ODT 2020 targets. We are continuing to hold the targets pending the results of the additional actions identified by the Oversight Group.

Red cell issues in April were 11.4% lower than last year. However, this was impacted by the transfer to the Welsh Blood service during 2016/2017 and the frequency of Bank Holidays such that the underlying like for like decline was more like 2%. This was, however, 4.1% lower than the plan and, with collection in Blood Donation 0.9% higher than planned, stocks rose to around 38,000 for much of the month. All blood groups remained over the 3 day alert stock level and OD Negative stocks were above 5 days. The trend in average weekday issues is suggesting that the underlying demand position may be starting to flatten.

From a supply chain perspective, OTIF performance of 97% is impressive. The biggest challenge continues to be meeting Ro demand, where OTIF is around 52%. Current demand is 47k units p.a (growing at 10%) and requires we need to dramatically increase the number of black blood donors. Recruitment of black donors was behind plan in April. New targets and plans are being developed to help us meet recruitment needs for additional black blood donors and we have set aside £1 million in transformation funds to pay for this new activity.

Mr Bradburn then delivered an update regarding the Triennial Review. A number of actions have been closed and we are now only dealing with 8 open actions from the initial 18 identified in the report. Where we directly control the actions they have nearly all been dealt with.

The Board agreed that recommendation 13, regarding the strategy for Regenerative Medicine, is difficult to define as “closed”. We will aim to deliver specific offerings in the next 6 months or so.

Recommendation 14, regarding our experience and capabilities in Lean, was left open on the basis of DH action around a thematic review of shared services.

Mr Pattullo said that recommendations requiring liaison with other organisations are generally progressing less rapidly than those directly within NHSBT’s control. He said that if this continues to be a pattern it may be appropriate to highlight organisations prohibiting progress.

9 (17/40) **CLINICAL GOVERNANCE REPORT**

Dr Miflin presented the report.

INC2293 concerned an incident where information communicated to Transplant Centres resulted in halting liver transplant surgery. The investigation into this incident is ongoing. Another incident involves the removal of two kidney grafts following histology results in the donor indicating a lymphoma. A root cause analysis has taken place for both incidents. In another incident, an error occurred around the interface between organ donation and tissue services which led to heart valves being retrieved after consent for donation had been withdrawn. A root cause analysis determined that there are not robust processes in place for when consent is withdrawn, and a number of immediate actions are being put in place. **GM**

Finally, we are reporting incident 2408 as an SI on reputational grounds. Initial testing had requested a repeat sample at 28 weeks. The baby died before NHSBT received the repeat sample. There were no errors by NHSBT. The incident has however been reported as an SI because NHSBT can see that the system is not optimised and have the opportunity to lead some change in the system overall.

Mr Monroe asked whether the current policy relating to reversed kidney transplants allows for appropriate remedial action for affected individuals. Ms Johnson agreed to review whether it would be appropriate to hold the individual at the top of the waiting list **SJ**

Mr Pattullo said that the action we are taking to understand the flow of information through ODT processes, which will be brought as a paper to the July Board, should provide further information about **SJ** possible actions NHSBT can take to prevent these incidents re-occurring.

10 **Clinical Functional Review**

Dr Miflin presented the Clinical Functional Review, which included an overview of the Clinical structure and budgets. The Clinical team help operational teams achieve their goals, providing support in clinical advice and leadership, policy making, knowledge generation and governance. The team manage SIs and have a lot of input into clinical risks arising from major incidents. Clinical are also heavily involved in policy committees, shaping policy in some cases at an international level, writing guidelines and sharing clinical practice. Another key area for the team is research, developing new components and producing reports to make clinical practice better.

Recruitment has always been small-scale, with generally only a few applicants for each post. The overall doctor numbers have reduced broadly in line with demand.

Over the next two years the directorate aims to adopt a more business-like approach to training, particularly training colleagues in the wider NHS and working with colleagues in Organisational Workforce Development. Dr Miflin also said that the team aim to get more involved with supporting Continuous Improvement efforts throughout the business.

11 **BLOOD STRATEGIC PERFORMANCE REVIEW - COLLECTION**

Mr Stredder and Ms Austin presented the performance review, beginning with an overview of some key figures:

- Performance last year was generally very good, with all KPIs in the green.
- Mr Stredder said that the overall satisfaction score for donors was 76%, beating the 72% target.
- Since 2009/10 WTE numbers have been reduced by a third.
- For the last three years, there have been no days where we have gone below the 3 days stock level target.

There have been some lessons learned from the restructure, particularly around how we can join up organ and blood donation marketing. Colleague engagement has improved, currently 76% response rates, up from 27%.

With regard to our key challenges, we are still reducing platelet production by apheresis, the Board noting that each 1% reduction in production by apheresis saves us £100,000. The actual cost of venues has been increasing overall, however, though currently over 5% of our venues are free. We hope to increase this to 10% by the end of the year.

Alongside the need to secure more black donors, another key challenge is the issue of deferrals. 10% of donors are deferred and often for reasons which we should be able to highlight prior to them coming to an appointment. We are designing a new electronic donor health check form.

We are also redesigning the way sessions are run, and are considering a continuous care model rather than have donors interact with many different people throughout the stages of the session. We are trialling new donor centre layouts, creating more inviting environments.

To meet the demand for different blood groups we are developing a more segmented and targeted approach to donor recruitment, updating our campaign proposition in line with market research. We will be using this material in the upcoming blood week marketing push. To recruit more black blood donors we are spreading awareness about how we use blood transfusions to treat sickle cell patients and have events planned to reach potential black donors.

Lord Oates asked what processes are in place to measure what is driving people to donate and how effective the marketing is. He asked whether we had considered more personal messaging. Ms Austin said that the new material, including the “I’m there” hashtag, has a personal focus and has been tested with focus groups, receiving a positive response. To evaluate programmes we are running specific initiatives each month and will be able to see if particular activity delivers results. We are also tracking website visits and tracking visitors through to the portal and sign up pages.

Mr Pattullo asked Dr Miflin, Mr Stredder and Ms Austin to share the review presentations with their teams within the organisation.

12 (17/41) **OUTCOME OF THE PONTIFICAL ACADEMY SUMMIT ON ORGAN TRAFFICKING AND TRANSPLANT TOURISM**

Ms Johnson signed this statement on behalf of the UK and asked for Board endorsement.

We currently lack information about what has happened to people transplanting abroad who did not return to the UK, but we do have information about where people tend to obtain their transplants when they go abroad. Ms Johnson met with the anti-slavery commission and said that anybody in this country engaging in arranging illegal transplants is liable for prosecution. The key message we want to communicate is the personal risks and impact to donors. We will continue to engage with those people least likely to get a transplant to ensure they can get a donor in this country.

Mr Rigg asked if initiatives such as this make any difference. Ms Johnson said that other countries seem genuinely committed to the initiative, with Israel imprisoning people involved in illegal transplants and a general decline in people going to China for illegal transplants.

Mr Monroe asked how we can be sure that living related donations are legitimate. Ms Johnson said that this is not always easy to identify.

The Board asked whether the DH or NHSBT would be leading the approach. Mr Mean clarified that Ms Johnson signed the paper in part because of constraints during the pre-election period, but also as part of a broader aim to give ALBs more room to take action.

13 (17/42) **BOARD STAKEHOLDER ENGAGEMENT – NHSBT ENGAGEMENT PROGRAMME ANNUAL UPDATE**

Ms Austin delivered the annual update. We are engaging with a lot of stakeholders, particularly focusing on our BAME recruitment needs and setting up strategic partnerships to support our efforts in these areas. We are aiming to raise NHS awareness of our work and have secured speaking slots at three major NHS conferences. We will also be making efforts to engage with the new cohort of MPs following the election. The Board considered whether they were making enough of NED connections and opportunities to speak with key influencers. Lord Oates agreed to meet with Ms Austin to discuss his portfolio in more detail. **LA**

Mr Griffins said that we need to make efforts to communicate with committee chairs, both health and scientific, in the new parliament. Lord Oates also highlighted local government figures, particularly mayors, as key people to liaise with.

14 (17/43) **ANNUAL QUALITY ASSURANCE REVIEW**

Mr Bateman delivered the review. We are still pressing to complete over-dues and are offering additional QA resources to directorates where required. We are operating in an environment of significant continuing regulatory change and will bring a fuller report on this to the GAC on 23 June. There is no apparent activity relating to regulatory consolidation. Mr Griffins asked that the paper be circulated as soon as it was available rather waiting to be issued with the meeting pack.

15 (17/44) **MINUTES OF THE 41ST (VIRTUAL) MEETING OF THE TRUST FUND COMMITTEE HELD APRIL 2017**

The minutes were approved.

16 (17/45) **REPORTS FROM UK HEALTH DEPARTMENTS**

The reports were noted.

18 **DATE OF NEXT MEETING**

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

19 (17/46) **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution, 17/46, was agreed.

20 (17/47) **FORWARD AGENDA PLAN**

Paper 17/47 was noted