

**Minutes of the Eighty First Meeting of NHS Blood and Transplant  
held at 09.00am on Thursday 28<sup>th</sup> September 2017 in the Richard De Clare Suite, Cardiff  
Marriott Hotel, Mill Lane, Cardiff CF10 1EZ**

Present:            Ms M Banerjee        Mr K Rigg  
                         Mr R Bradburn        Mr I Trenholm  
                         Mr R Griffins         Mr J Monroe  
                         Ms S Johnson         Mr C St John  
                         Dr G Miflin            Dr H Williams  
                         Lord J Oates          Ms L Fullwood

In attendance:        Ms L Austin            Mr J Mean  
                         Mr I Bateman         Prof C Jones  
                         Ms K Robinson       Mr G Methven  
                         Mr A Snape            Mr Phil Walton  
                         Mr M Stredder        Mr A Khan

- 1            **APOLOGIES AND ANNOUNCEMENTS**  
Professor Paresch Vyas and Aaron Powell had sent their apologies for the meeting. Anthony Snape was deputising for Aaron Powell.
- The Board welcomed Professor Chris Jones from the Welsh Department and Jeremy Mean from The Department of Health.
- The Board welcomed Phil Walton, who was attending to present the Patient Story. The Board welcomed Abdul Khan who would be taking over as Executive Assistant to the Chief Executive and Board Secretary
- 2            **DECLARATION OF CONFLICT OF INTEREST**  
There were no conflicts of interest.
- 3 (17/70)    **BOARD 'WAYS OF WORKING'**  
The 'Ways of Working' were noted.
- 4 (17/71)    **MINUTES OF THE LAST MEETING**  
The minutes of the last meeting were approved.
- 5 (17/72)    **MATTERS ARISING**  
The Board noted that all Matters Arising has been addressed.
- 6 (17/73)    **PATIENT STORIES**  
Mr Walton presented a patient story to the Board that highlighted the change in legislation for organ donation in Wales with a particular emphasis on the impact of deemed consent.

The Board said that this story demonstrates the obvious challenges faced both by our Specialist Nurses as well the families of the deceased.

Mr Griffins asked whether NHSBT offered communications skills training to our Specialist Nurses. Ms Johnson affirmed that we provide all our Specialist Nurses with both basic and advanced training, with a focus on honing their communication skills so that they can effectively and appropriately use persuasive language in emotional situations. The advanced training sessions focus on the use of effective communication in such situations.

7 (17/74)

## **CHIEF EXECUTIVE'S BOARD REPORT**

Mr Trenholm presented the Chief Executive's Report and drew attention to five key areas:

- A)** Mr Trenholm gave a verbal update on the closure of the Newcastle and Sheffield sites. He said that despite this being an unsettling period for affected colleagues, they have maintained high standards of work. A considerable number of colleagues have been redeployed.
  
- B)** As part of our focus to increase the number of blood donors from black communities we are continuing to collaborate with the MOBOs this year. Professor Jones reinforced the importance of "co-production" and the need to explore methods of crowd-sourcing information - with the intention of gaining "intelligence" from the general public on workable solutions on this multifaceted, complex issue. Mr Stredder reassured the board that a lot of positive work is happening in this area but despite our efforts in recruiting people from the black community we are subject to natural barriers, as such not all black donors that register with us are Ro donors because: **LA**
  - i) Approximately 40% of Black donors have the blood group, Ro
  - ii) Genetically the Haemoglobin levels of people from such groups is lower than the required average concentration thus resulting in a much higher level of people failing the iron levels test
  - iii) 1/8 people have the sickle cell trait and thus a high proportion of those who carry the gene will not be able to donate.
  
- C)** Organ Donation – We have relaunched our teaching resources portal online that is actively used by Teachers, Hospital Trusts and Members of Parliament. Mr Trenholm said that political and media interest in "opt-out" in relation to organ donation is expected to intensify and we expect to see momentum in this area.

- D) Our Blood Stock Position is lower than it has been in previous months and at a more appropriate level overall. However stock mix continues to remain a focus – particularly O negative and Ro units. A continued upward demand for Ro is placing pressure on O neg supplies.
- E) Mr Trenholm said that the recent announcement on the potential lift on the public sector pay cap may present a financial challenge in the medium to long term

8 (17/75)

### **BOARD PERFORMANCE REPORT**

Mr Bradburn provided an overview of the position as detailed in paper 17/75. The paper focused on the following key points:

- A) DTS Performance has been very good overall. Financially we are reporting a strong income particularly in TAS, RCI and Stem Cell Donation. NHS England are commissioning TAS to provide a paediatric service across London for the treatment of Graft versus Host Disease.
- B) Deceased organ donation is up by 9% and deceased transplantation is up by 8%. Although we are not on a trajectory that will deliver for the 2020 targets we are on course for another record year for deceased donation and transplant in the UK in 2017/18.
- C) As reported previously we continue to see supply chain challenges in Blood with donor levels at component/group level not being sufficiently aligned with hospital demand.
- D) The key emerging issue beyond this, however, is the plan and the potential for a cash shortfall in 2019/20. This is being driven by further reduction in red cell demand, potentially delayed timing and increased costs for CSM and removal of the 1% pay inflation cap in 2018/19. This is further exacerbated by the impact and resource demands of CSM such that previously assumed cost efficiencies are moving backwards to the post CSM period. In order to manage the emerging gap the risk is increasing for a material price rise in 2019/20 and we would also need to reduce/stop discretionary spending for a period (e.g. estates investment). Mr Bradburn said that the inputs to the plan are both material and volatile and that there is downside risk due to further demand reduction, CSM costs and donor marketing (for both Ro recruitment and also any impact from donor health studies). He also noted that pricing would be further discussed in the NCG paper later in the agenda and would continue to update the Board on the progress of the plan.

9 (17/76) **CLINICAL GOVERNANCE REPORT**

Dr Miflin presented the Clinical Governance report. The paper focused on three principal areas:

- A)** We have one new serious incident (SI) since the last report. The SI occurred in Diagnostic and Therapeutic services (DTS) and concerned the removal of ocular tissue from the wrong deceased person. The families of both people were informed of the error and received and accepted our apology. As a result of this incident NHSBT has, with immediate effect, stopped using ophthalmologists not trained by NHSBT for the retrieval of ocular tissue. The Human Tissue Authority (HTA) are informed of this serious incident.
- B)** Reports of clotted red cells packs were received from Mid-July and appeared to be related to a particular batch of red cell packs manufactured in Colindale. An extensive investigation, including discussion with the manufacturers and a third party forensic laboratory was carried out. However, the cause has not been identified. As a result of this report we have had extensive discussions with the Department of Health. Following the investigation we will be reminding all trusts in England of the need to use the pre-transfusion bedside checklist. Professor Jones questioned how this messaging will be received in the devolved Countries. Dr Miflin said that we will inform the devolved Governments of the message issued to Trusts. Mr Mean reassured Professor Jones that the Chief Medical Officers of the devolved Governments have regular meetings and exchange communication of this type at those meetings. He will ensure that this communication is added to the agenda at the next meeting.
- C)** Dr Miflin told the Board that an issue has been identified regarding Non-Clinical Issue and compliance with the HTA Codes of Practice. It has been identified that some material procured and issued via NHSBT's Non-Clinical issue system may not comply fully with the HTA consent requirements. We have established several actions which will get us back to the point of compliance and we are working to implement these as soon as possible.

JM

10 (17/77) **COMMUNICATION COMPLEXITIES DURING ORGAN DONATION PATHWAY**

Ms Johnson presented an overview of the organ donation and retrieval pathway.

The board felt that the presentation illustrated the pathway well and reflected the communication complexities during organ donation, organ allocation and organ retrieval.

11(17/78)

**ODT STRATEGIC PERFORMANCE REVIEW**

Ms Johnson presented the ODT Strategic Performance Review informing the board that we are on track for another record year. The board discussed the review and focused on two key areas:

- A)** The Board was informed that we have changed the metric by which we measure organ utilisation and we are currently working on what the new 2020 target will be. Although we are on track for another record year (with the exception of living donation which we are no longer directly responsible for) we are unlikely to hit our 2020 target for donors and transplants.
- B)** Our consent/authorisation rate has increased to 64% which is a 2% point increase over last year. We have seen equally impressive figures for consent rates in Wales, Northern Ireland and Scotland. Ms Johnson said we have also seen an increase in the number of donors after brain death.

12 (17/79)

**IMPACT OF THE HUMAN TRANSPLANTATION ACT (WALES)**

Ms Johnson provided an overview of the position as detailed in paper 17/79. Professor Jones said that this study, which aimed to assess the impact of the Human Transplantation Act in Wales was comprehensive, involving everyone in the care pathway thus making the findings relevant, realistic and very likely to influence policy.

16 (17/80)

**PRICING PROPOSALS FOR 2018/2019**

Dr Williams provided a summary of the pricing proposals for NHSBT's blood components and specialist services for 2018-2019. Dr Williams informed the board that the latest demand forecast for red cells implies that the ongoing decline will continue in 2019/20, and beyond. The board discussed the paper and focused on the following two issues:

- A)** Managing the reduced demand of red cells is creating supply challenges due to the unequal decline in individual blood groups. Despite the demand declining, Dr Williams reinforced the fact that there is still a need to increase Ro donor numbers to support increasing demand from patients with sickle cell disease.
  
- B)** Dr Williams said that although prices could be kept flat in 2018/19, removing cost and capacity to keep pace with reducing demand is becoming significantly more challenging. Building on the Board performance report earlier in the agenda Mr. Bradburn repeated that there is a strong probability that prices would need to increase in 2019/20, particularly if demand declines further, and additional cost pressures occur from factors such as a potential 2-3% public sector pay rise and the uncertainty around CSM costs. The Board felt that a price rise was inevitable in the next few years following a period of low prices resulting from efficiency activity. The Board asked Dr Williams to go to the NCG with a proposal to increase unit prices for the coming year to deliver a flat cost in use of blood to the NHS overall. Mr. Bradburn reminded the Board that NHSBT can demonstrate some of the lowest blood prices in developed economies across the world. Even in Germany lower red cell prices are currently offset by high usage so at "cost in use" level the gap could be closed post CSM.

## 19 (17/81) **ANNUAL REVIEW OF RISK**

Mr Bradburn provided an overview of our current risk environment and said that the Board should review risks to the delivery of NHSBT's statutory and strategic objectives on an annual basis. Mr Bradburn highlighted that the last formal collective consideration of risk by the Board was in May 2015.

Mr. St John noted that, although "target risk" is included within the new Covalent system it is not being actively driven as a concept, with supporting risk reduction plans, within NHSBT. Ms Banerjee said that NHSBT should adopt a target risk concept and identify the plans within the Risk Register to reduce risks to target levels

- 20 (17/82) **MINUTES OF THE MEETING OF THE TRANSPLANT POLICY REVIEW COMMITTEE HELD TUESDAY 11<sup>TH</sup> APRIL 2017**  
The minutes were noted
- Mr Monroe said that the subcommittee is recruiting another Non-Executive Director. Ms Banerjee expressed her interest for this position and was happy to volunteer as a NED for this committee.
- 21 (17/83) **MINUTES OF THE MEETING OF THE GOVERNANCE AND ADULT COMMITTEE HELD FRIDAY 23<sup>RD</sup> JUNE 2017**  
The minutes were noted
- 22 (17/84) **MINUTES OF THE MEETING OF RESEARCH AND DEVELOPMENT COMMITTEE HELD 13<sup>TH</sup> JUNE 2017**  
The minutes were noted
- 23 (17/85) **MINUTES OF THE MEETING OF 42<sup>ND</sup> TRUST FUND COMMITTEE HELD JULY 2017**  
The minutes were noted
- 24 (17/86) **MINUTES OF THE NATIONAL ADMINISTRATIONS COMMITTEE HELD WEDNESDAY 29<sup>TH</sup> MARCH 2017**  
The minutes were noted
- 25 (17/87) **REPORTS FROM THE UK HEALTH DEPARTMENTS**  
Prof Jones said that Newport City has officially been announced as the host city for the Westfield Health British Transplant Games 2019. Newport Council, Newport Live, Welsh Government and the Games organisers will be working in partnership.
- Mr Mean said that Labour MP Geoffrey Robinson will present a Private Members Bill to bring in an opt-out scheme.
- 26 (17/88) **ANY OTHER BUSINESS**  
Mr Trenholm presented a summary on the progress made so far, as detailed in paper 17/90, in delivery of the Core Systems Modernisation Programme and outlined the steps being taken to update the business case in time for the November Board meeting.
- 27 **DATE OF NEXT MEETING**  
Thursday 30<sup>th</sup> November Mary Ward House London, WC1H 9SN
- 28 (17/88) **RESOLUTION ON CONFIDENTIAL BUSIENSS**  
The resolution, 17/88, was agreed.
- 29 (17/89) **FORWARD AGENDA PLAN**  
Paper 17/89 was noted