NHS
Blood and Transplant

Minutes of the Eighty Second Meeting of NHS Blood and Transplant held at 09.30am on Thursday 30th November 2017 in the Arnold Room, Mary Ward House, Tavistock Place, London WC1H 9SN

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
	Mr G Methven	Prof P Vyas
In attendance:	Ms L Austin	Mr J Mean
	Mr I Bateman	Mrs C Lewis
	Ms K Robinson	Mr A Khan
	Mrs S Baker	Mr A Powell
	Mr M Stredder	Mr B Hume

1	**APOLOGIES AND ANNOUNCEMENTS**	
	The Board welcomed Caroline Lewis and Samantha Baker, representing the Welsh and Scottish Health Departments, respectively. The Board welcomed Jeremy Mean from the Department of Health Joe Magee sent his apologies for the meeting.	
2	**DECLARATION OF CONFLICT OF INTEREST**	
	There were no conflicts of interest.	
3 (17/91)	**BOARD 'WAYS OF WORKING'**	
	The 'Ways of Working' were noted.	
4 (17/92)	**MINUTES OF THE LAST MEETING**	
	The minutes of the last meeting were approved.	
5 (17/93)	**MATTERS ARISING**	
	The matters arising were noted as complete	
6 (17/94)	**PATIENT STORIES**	
	Dr Miflin presented a patient story to the Board that highlighted the importance of blood products during treatment. The story was a guest patient story from our charity partner Bloodwise, a blood cancer research charity, concerning a patient who was diagnosed with Acute Myeloid Leukaemia and required 43 units of blood products during treatment.	

	The Board felt that this particular case illustrated the unique and important role we play in saving and improving lives. In this case, the transfusion of blood components saved the patient's life and also allowed her to get married. Mr Griffins commended our work with the charity partner Bloodwise in raising over £27,000 through several different initiatives. He suggested that the Board might want to reconsider NHSBT's policy on attracting financial donations in pursuit of our own objectives. Mr Trenholm advised the Board that this was being explored as an idea, and that it had also been discussed at the Executive Team Away Day. A paper on this will be brought to the ET in due course.	
7 (17/95)	**CHIEF EXECUTIVE'S BOARD REPORT**	
	Mr Trenholm presented the Chief Executive's Report. This report focused on our key communications activity and highlighted other issues of performance and risk. The report focused on the following key points **A)** As part of our focus to increase the number of blood donors from black communities we have collaborated again with the MOBOs which has attracted significant media attention **B)** Since the last Board meeting in September blood stock levels have remained at good operational levels with delivery to business plan being achieved more consistently. However, stock mix continues to remain a focus – particularly O D negative and Ro units. Mr Trenholm said that a continued upward demand for Ro is also placing pressure on O D negative supplies. **C)** Mr Trenholm said that the results of the INTERVAL and COMPARE study do present a potential challenge to NHSBT and will lead us to need a "more donors, less often" approach, Mr St John asked the Board when the implications of the INTERVAL study might be fully understood, and what/if any risks had been identified to the donors. The Board was told that although risks were not yet fully worked through at present, a risk based decision making process would be followed, and this would assess the degree of risk to blood donations. Any implications would be reflected in the 2018 Budget. Dr Miflin agreed to update the Board on our decision making at the next Board meeting. **D)** DTS performance year to date continues to track well, with TAS in particular showing strong growth. Mr Trenholm said that in the last few months we have had a number of regulatory and accreditation inspections. The board were informed that the Executive Team have agreed to provide renewed focus on this area with monthly reporting by Directorate management teams, in an attempt to address this issue. Mr Rigg highlighted the number of overdue items within	**GM** **IB/RB**

	the Quality Management Systems and asked that this be included in the Board Performance report going forward.	
8 (17/96)	**BOARD PERFORMANCE REPORT**	
	Mr Bradburn provided an overview of the position as detailed in paper 17/96. The paper focused on the following key points: **A)** DTS performance has been very good overall, with a positive income trend in TAS, RCI, SCDT and a 9% year on year increase in total income growth across DTS. **B)** Deceased organ donors are 9.3% higher than last year and deceased transplantation is up 8.9% over the last year figure. Although we are not on a trajectory that will deliver for the 2020 targets we remain 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 for total and O negative whole blood, and A negative platelets continuing to run behind plan. **D)** The Board were informed that the National Commissioning Group agreed the proposed red cell price increase of 3.6%. Mr Bradburn said that the five-year financial projection, taking account of significantly lower demand, potential removal of the 1% pay inflation cap in 2018/19 and an assumed CSM cost of £45m will result in a significant cash shortfall in 2019/20. Based on the CSM cost assumption the 5 year plan resulted in a small cash deficit in 2018/19 although the working capital contingency would cover this next year. **E)** Mr Bradburn said that although the 2018/19 price rise has reduced the impact on the 2019/20 position further price increases and/or cost reductions of around £25m will be immediately required to establish a robust financial position in 2019/20. Although this is driven in the short term by the need to fund CSM, this level of cost reduction would be required in the longer term to match the impact of significant red cell decline and a need to right size the cost base. Mr St John said that, given the changed financial outlook, a 5-year perspective was both useful and informative. He asked that we now add cash flow and working capital metrics to the Board Performance Report. Mr Bradburn agreed to identify additional performance metrics and to remove any which are less useful. Mr Bradburn agreed to identify additional performance metrics with the aim of keeping the report at an appropriate size, Board members were asked to let Mr Bradburn know which graphs they find most useful. **F)** Lord Oates added that the Board Performance Report should include staff turnover rates. Mr Bradburn highlighted that the	**RB** **RB**

	staff turnover in ODT is already reported to reflect concerns in that area in the past and we would report any exceptional issues if these were arising elsewhere. He also noted that the Board had previously commented on the number of metrics in the Board Performance Report and that care should be taken with adding yet more. He suggested that a report on staff turnover be prepared by Workforce with reporting then included in the Board Performance Report to capture any concerns at a total or detailed level. **G)** Mr Rigg asked when the Board will see the outcomes and progress of the ideas registered and exchanged at the blood donor Rapid Improvement Event. Ms Austin responded that the plan is to explore the ideas from the event and to bring a detailed report to the Board in January.	**KR** **LA**
9 (17/97)	**CLINICAL GOVERNANCE REPORT**	
	Dr Miflin presented the Clinical Governance Report as detailed in paper 17/97. Since the previous report there has been one new serious incident (SI) in Organ Donation and Transplantation	
10 (17/98)	**DIVERSITY AND INCLUSION ANNUAL UPDATE**	
	Ms Robinson presented the annual report on progress with diversity and inclusion as detailed in paper 17/98. Ms Robinson informed the Board on the progress NHSBT has made on the Single Equality Scheme which included actions in relation to service delivery in respect of protected characteristics under legislation, most notably race and individual directorate actions being supported for the workforce in that directorate. Ms Robinsons report focused on the following two areas: **A)** Progress has been made with starting to address support for LGBT colleagues with the newly established LGBT+ Network. The Network Chair has been appointed and has met with the Chief Executive and the Director of Workforce. **B)** Plans are in place to trial a session of mental health first aid training in Sheffield to test if having 'Mental Health Champions' will help employees and raise awareness of mental health issues. If successful we will look to roll out nationally. Ms Robinson said that the likelihood of Black, Asian and Ethnic Minority employees entering the formal disciplinary process was greater compared with white colleagues according to the latest Workforce Race Equality Standards (WRES) and the team were analysing this data to understand the detail behind this. Ms Banerjee made a boarder comment on the number of BAME colleagues working in NHSBT and how this compares to NHS BAME employees, as referenced in the report which is probably a skewed	

	picture. Ms Banerjee reinforced the importance of openness and transparency in the reporting of this area and drew the Boards attention to the Mixed-Race Disparity Audit commissioned by the Cabinet Office – and how comprehensive the report was whilst using simple metrics to reiterate BAME representation in the Civil Service. Ms Banerjee said that the reference to "BAME" isn't always helpful, and doesn't reflect the diversity of Black, Asian and Ethnic Minority groups. The Board felt that the report was useful and would like sight of where NHSBT is with action to address equalities issues more than once a year in future.	**KR**
11 (17/99)	**GDPR**	
	Mr Powell presented the GDPR gap analysis update as detailed in paper 17/99. The paper focused on the following key points: **A)** Mr Powell informed the Board on the headline gaps identified as part of the gap analysis. He assured the Board that we are working to raise awareness of the new GDPR regulations and that this would be managed as a project, with Executive Team oversight. **B)** The changes identified as part of the work to ensure compliance with consent has the potential to have an operational impact on services. It was confirmed that work would be undertaken on communications to cover those areas that we will not be planning to be fully compliant with at the outset	
12 (17/100)	**ODT HUB AND LIVER ALLOCATION UPDATE**	
	Mr Hume presented an update on the 2017/18 ODT Hub project, beginning with a reminder of the vision for a central co-ordination point for all UK organ donation and transplantation. The objectives for 2017/18 have been achieved so far – including the launch of the Lung allocation scheme in May, the launch of the Super Urgent Liver list in August and the opening of the ODT Hub in September. Following learning after the launch of the Lung scheme, the Liver scheme will be launched in March 2018 to allow for additional operational testing. The development of a new transplant list continues and software to control organ offering is being reviewed. The programme expects to use its full £3.2m budget, including much of the contingency for the year.	

	Mr Hume was congratulated on the achievements so far. Prof Vyas asked how 'transplant benefit scoring' was governed and Dr Miflin confirmed that this was through the Transplant Policy Review Committee. Ms Johnson noted an early but encouraging increase of 30% in the rate of Lung transplantation since changes earlier in the year and the benefits being observed by specialist nurses. Mr Griffins reflected on the approach to transformation, which in this case is through managers having dual roles as lead for transformation and operations. Mr Rigg asked whether ICT vacancies were driving the use of contingency funds; it was confirmed that critical roles are now being filled and that cost pressures have been reduced.	
13(17101)	**STRATEGIC METRIC TARGET SETTING**	
	Mr Bradburn provided an overview of the position as detailed in paper 17/101. The Board noted the updated strategic targets. The report drew attention to three key areas: **A)** Mr Bradburn informed the Board that the current external conditions are very different from those anticipated by the Blood 2020 strategy (eg overall lower demand, increased Ro demand, CSM costs etc). As a result some of the strategic targets are no longer those established in Blood 2020 but are revised values consistent with latest demand and performance projections. **B)** The Board were informed that a new and more coherent set of targets would be established by the new blood strategy that is planned for March 2018. **C)** For ODT although we are below the trajectory needed to deliver the strategic targets. All four HDs are aware of this but have agreed to retain the 2020 targets. The Board discussed the merits of having targets that are realistically achievable, and roll on from the latest position, but also the benefit of stretch targets providing an incentive.	**RB**
14	**BLOOD DONATION STRATEGIC PEFORMANCE REVIEW**	
	Mr Stredder and Ms Austin presented an overview of NHSBT's blood donation performance review. Mr Stredder said that the challenge of increasing demand for blood to treat patients with Sickle Cell Disease remains. Ms Austin said that despite our efforts in recruiting people from the black community	

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	we are subject to natural barriers, as such not all black blood donors that register with us are Ro donors because: **1)** Only about 60% of black African donors have the blood group, Ro **2)** Haemoglobin levels of people from such groups are slightly lower in black people compared with white populations, thus resulting in more people failing the haemoglobin screening test **3)** With this cohort, 1/8 people have the sickle cell trait some of whom may not be able to donate but whose blood is not suitable to give to recipients with sickle cell disease The Board felt that the presentation was comprehensive and illustrated the strategic initiatives well and gave the Board visibility on the key issues NHSBT faces in the future.	
15 (17/102)	**MINUTES OF THE GOVERNANCE AND AUDIT COMMITTEE HELD FRIDAY 15TH SEPTEMBER**	
	The minutes were noted	
16 (17/103)	**MINUTES OF THE NATIONAL ADMINISTRATIONS COMMITTEE HELD FRIDAY 6TH OTCTOBER**	
	The minutes were noted	
17 (17/104)	**REPORT FROM THE UK HEALTH DEPARTMENTS**	
	The reports were noted	
18	**ANY OTHER BUSINESS**	
	Ms Banerjee informed the Board that the March Board meeting is a day before Good Friday and invariably travelling to Glasgow might be challenging. Mr Khan was asked to look for a venue in London for the March Board meeting.	**AK**
19	**DATE OF NEXT MEETING**	
	25th January 2018 at 21 Portland Place, Association of Anaesthetists W1B 1PY	
20 (17/105)	**RESOLUTION ON CONFIDENTIAL BUSINESS**	
	The resolution, 17/105, was agreed	
21 (17/106)	**FORWARD AGENDA PLAN**	
	Paper 17/106 was noted	
22	**BOARD COMMITTEE ANNUAL REPORTS**	
	The Committee Annual reports were noted	