

**Minutes of the Eighty Third Meeting of NHS Blood and Transplant
held at 09.30am on Thursday 25th January at The Association of Anaesthetists, 21
Portland Place, London, W1B 1PY**

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	
	Mr G Methven	

In attendance:	Ms L Austin	Mr J Mean
	Mr I Bateman	Mr A Powell
	Ms K Robinson	Ms J Butterworth
	Ms J Green	

1	APOLOGIES AND ANNOUNCEMENTS	
	The Board welcomed Jane Green who attended on behalf of Mike Stredder and also Jess Butterworth who attended on behalf of Abdul Khan. Mike Stredder, Louise Fulwood and Paresh Vyas sent their apologies for the meeting.	
2	DECLARATION OF CONFLICT OF INTEREST	
	There were no conflicts of interest.	
3 (17/112)	BOARD 'WAYS OF WORKING'	
	The 'Ways of Working' were noted.	
4 (17/113)	MINUTES OF THE LAST MEETING	
	The minutes of the last meeting were approved.	
5 (17/114)	MATTERS ARISING	
	The Matters Arising were noted as complete	
6 (17/115)	PATIENT STORIES	
	Dr Miflin presented a patient story to the Board that highlighted the amazing work of one of our donors and his family. The story was from one of our platelet donors at the Plymouth Grove Donor Centre who had used his network of family and friends to help recruit over 150 new blood donors after several of his family were treated for cancer. The Board commended the work of the donor and his family and how actions like his and those of all our donors help to save and improve lives every day.	

7 (17/116)	CHIEF EXECUTIVE'S BOARD REPORT	
	<p>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</p> <ul style="list-style-type: none"> A) The focus over the Christmas period was around securing O- and B- blood donations to keep stocks up and to get more donors in. It was noted that it was quite a difficult Christmas and stock levels did suffer due to the adverse weather and the flu outbreak. B) It was noted that the new blood donor selection guidelines started in November with very little public comment and that NHSBT worked with its colleagues in Wales and Scotland to do this. C) CSM is now live with two services, one is email for donors wishing them Happy Birthday and the other is a venue management system. The programme is still on track to deliver an updated business case in March and it was noted that at the last GAC Meeting the members suggested there was now a more positive direction of travel. D) Going forward, Workforce is going to be renamed 'People Directorate' as part of promoting better employee engagement. The change is looking to help remove some of the unhelpful terminology and remind people that NHSBT is a great place to work. 	
8 (17/117)	BOARD PERFORMANCE REPORT	
	<p>Mr Bradburn provided an overview of the position as detailed in paper 17/117. The paper focused on the following key points:</p> <ul style="list-style-type: none"> A) ODT performance has been very good overall, there has been an increase of 7.5% YTD and ODT are on track for another record year. B) Blood stocks fell during December and are still lower than we would like but the projections are that stocks will start to rise again as we move into February. Lord Oates asked if there was a trigger point when blood stocks dropped that emergency plans were put into place. Mr Trenholm said that there is a notional trigger point that if stocks of O- fall below three days we should advise the Department of Health but there is no single stock level which says we execute a plan, the decision is made based on looking at work in progress and other factors such as the weather and what stock is in hospitals. Mr Bateman noted that there are business continuity processes in place and that these are being reviewed. C) Mr Bradburn noted that there was a positive income trend for DTS with overall year to date income growth of 10%. D) Ms Banerjee asked whether our blood donor satisfaction scores should be higher than 75%. Ms Green said that we didn't set a higher target due to the amount of change for donors such as closing and moving sessions. Ms Green also noted that she expects these scores to be renegotiated to be made more aspirational. Mr Bradburn commented 	

	<p>that this meant that 75% of donors were scoring their experience as 9 or 10 out of 10. Ms Green agreed to take this back to Mr Stredder and discuss.</p>	JG
9 (17/118)	CLINICAL GOVERNANCE REPORT	
	<p>Dr Mifflin presented the Clinical Governance Report as detailed in paper 17/118. In the reporting period there were two Serious Incidents, one in Organ Donation and one in Blood Donation.</p>	
10 (17/119)	DATA CENTRE HOSTING CONTRACT	
	<p>Mr Powell presented a paper to the Board surrounding the extension of the Data Centre hosting contract. Mr Powell asked the Board to approve the decision to take the two one year extensions offered in the original contract.</p> <p>Outcome: The Board approved this extension.</p>	
11 (17/120)	PULSE EXTENSION	
	<p>Mr Powell presented a paper to the Board around the support contract for Pulse. The Board approved the extension of the contract, subject to Mr Powell checking ongoing key staff availability at Savant which will be done during finalisation of the contract.</p> <p>Outcome: The Board approved this extension.</p>	AP
12 (17/121)	DTS PERFORMANCE REVIEW	
	<p>Dr Williams presented the DTS Performance Review to the board as detailed in paper 17/121. Dr Williams informed the board about the success of DTS in the past year and the concerns around the five majors which arose at the recent MHRA inspection in Birmingham. It was noted that following the inspection Mr Williams and Mr Bateman are having weekly meetings with the team and will respond to the MHRA shortly.</p> <p>Lord Oates noted that at the last GAC meeting there was a discussion around employee absences and asked if these issues were being resolved. Mr Bateman informed the board that it has taken an extra cycle of recruitment to fill posts, but progress is being made.</p> <p>Ms Banerjee raised the question of whether internal audits of other sites are being planned to ensure they are in line with policy. Mr Bateman said that audits were planned but it would take time to do all the units.</p>	
13(17/122)	CLINICAL BIOTECHNOLOGY CENTRE BUSINESS CASE	
	<p>Dr Williams and Ms Ash presented a business case to the Board requesting approval for investment to construct a dedicated facility for the Clinical Biotechnology Centre (CBC) at Filton.</p> <p>Mr St John commented that this was an area of the business that all stakeholders want us to further develop and that the financial case is driven by the fact that if we don't construct a new facility we would lose business while we refurbish the current facility which in any event is working at capacity.</p>	

	Outcome: The Board approved the CBC business case.	
14 (17/123)	INTERVAL AND COMPARE IMPLICATIONS	
	<p>Dr Mifflin presented a paper on the INTERVAL and COMPARE study results to bring the Board up to date.</p> <p>Following the INTERVAL study the COMPARE study was set up to determine the optimal method of determining haemoglobin levels in all donors.</p> <p>The Board noted the actions as detailed in paper 17/123.</p>	
15 (17/124)	NHSBT CORPORATE POSITION ON KEY ISSUES	
	<p>Ms Austin brought paper 17/124 to the Board surrounding our corporate position on key issues to give the Board the opportunity to feedback.</p> <p>It was agreed that the paper would be brought to the Board twice a year but could be brought earlier if an issue arose.</p> <p>Ms Banerjee commented that this was a helpful tool and thanked Ms Austin and her team for their work in putting it together.</p>	
16 (17/125)	DONOR BASE HEALTH INITIATIVE	
	<p>Ms Rose joined the Board meeting and presented paper 17/125 with Ms Austin and Ms Green. This paper covered the efforts to improve the health of our donor base to maintain blood stocks.</p> <p>Lord Oates commented that another key area for success could be encouraging those who can't donate to get involved in other ways such as promoting donation and asked whether we could think about creating an award for donor promotion. Ms Green commented that there were plans in place around this and Ms Rose said that in the future we would like to make a profile of people who support our work.</p> <p>Mr Munroe asked if there would be cost implications to this increase in donor recruitment. Ms Austin said that there was a placeholder in the budget for an additional £2million for recruitment and that detailed marketing plans are currently being brought together.</p>	
17 (17/126)	MINUTES OF THE TRANSPLANT REVIEW COMMITTEE	
	<p>The minutes were noted.</p> <p>Ms Banerjee informed the Board that she now sits on the Transplant Review Committee.</p>	
18 (17/127)	MINUTES OF THE TRUST FUND COMMITTEE	
	The minutes were noted.	
19 (17/128)	REPORT FROM THE UK HEALTH DEPARTMENTS	
	Mr Mean informed the Board of changes in the ministerial line up in the department of health, Jackie Doyle-Price, MP is now responsible for NHSBT and Organ donation.	

	<p>The Board were told that the Department of Health has now changed its name to The Department for Health and Social Care.</p> <p>Mr Mean thanked NHSBT for their support in the consultation on organ donation opt-out. The government is expected to respond to the consultation before the summer recess.</p>	
20	ANY OTHER BUSINESS	
	There was no other business.	
21	DATE OF NEXT MEETING	
	The next meeting of the board will be on the 29 th March 2018 at: The Association of Anaesthetists, 21 Portland Place, London, W1B 1PY	
22 (17/129)	RESOLUTION ON CONFIDENTIAL BUSINESS	
	Paper 17/129 was agreed.	
23 (17/132)	FORWARD AGENDA PLAN	
	Paper 17/132 was noted.	