

**MINUTES OF THE CLINICAL DIRECTORATE SENIOR MANAGEMENT TEAM
MEETING HELD AT NHSBT, MEETING ROOM 1, FILTON
THURSDAY, 2 APRIL 2015**

Present: Nicky Anderson (NA), Dave Collett (DC), Khaled El-Ghariani (KEG), Catherine Howell (CH), Edwin Massey (EM), Kate Pendry (KP), Fiona Regan (FR), Nick Watkins (NW), Lorna Williamson (LW) Chair, Nay Win (NWi), Gill Cook (minutes)

In attendance: Daryl Hall (DH)
Heidi Doughty (HD) and John Lawson for item 4.3
Alison Meardon (AM) – in attendance and Shubha Allard (SA) – by phone for item 7
Andrew Weal (AW) and Hannah Wardle (HW) for item 8

1. WELCOME, INTRODUCTIONS AND APOLOGIES ACTION

Apologies received from: Paul Iliffe (PI), Gail Mifflin (GM), James Neuberger (JN), Jan Wright (JW).

LW reported that GRO-C would be absent from work for a while longer and FR, NA and EM had agreed to cover. CD SMT wished GRO-C a speedy recovery.

LW welcomed DH to the meeting and introductions were made round the table.

2. URGENT ITEMS

Ebola Update

Noted

- LW reported that one more case had been treated with a new experimental drug and had recovered well
- The Scottish nurse was willing to give plasma
- LW would be making a presentation at EBA meeting next week
- There had been a request from New Zealand but the case had not been positive
- HD reported that there is a consortium (Liverpool, Belgium and Sierra Leone) looking at convalescent plasma.

Addenbrooke's Update

KP reported on the latest situation at Addenbrooke's Hospital. The following noted:

- There had been a visit from two retired transfusion laboratory managers who advised that more testing should be sent to Colindale.
- A new Pathology Lab Manager has been appointed
- Trevor Baglin has reported to the MHRA and Dora Foukaneli is in discussion with the Medical Director about the compliance report
- Electronic systems are now stabilising
- There had been a suggestion by Megan Rowley for all parties involved to meet to go through the operating procedure
- LW had spoken to Trevor Baglin who reported that he is in discussion with the Pathology Partnership about respective roles and responsibilities.

Penrose Enquiry

LW reported on the Enquiry and this was discussed.

Noted:

- After 8 years the report had been launched on Wednesday
- LW recommended that everyone read the 50 page summary
- One specific recommendation was that people transfused before 1991 be offered Hep C testing.
- HD will forward media coverage she has seen on Hep C to Gary Hughes
- Agreed that Hep E testing would be a longer item in June

ALL

**HD
GC to note**

TREATT trial contract between NHSBT and Monash University, Melbourne, Australia
Agreed to discuss offline.

NW

3. MINUTES OF PREVIOUS MEETING

Minutes approved with the following alteration on page 1, under item 2:

- “AML – Stem Cell study” to be changed to “AML – CD47 study”

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4. FINANCE AND BUSINESS PLANNING

4.1 Budget Build

The report for the period ending February 2015 had been circulated and taken as read.

LW reported that the year had ended with an underspend as predicted and the budget for 2015-16 had been approved as presented to the Finance Director. There had been a suggestion from the Board to reduce the blood price further but this would not be announced until after the election.

4.2 Workforce Project Plan

In GM's absence the workforce project plan, review of PA support and on call would be discussed offline by LW, EM, FR, NA..

**LW/EM/
FR/NA**

4.3 Military Operations Feedback/Business Continuity

John Lawson (JL) and Heidi Doughty (HD) reported on this item. The paper was taken as read.

The current constraints and proposed options for the training and delivery of business continuity and response to Critical Incidents were discussed.

LET representation and training

It was agreed that as far as possible those people involved in the LET should have some training. The first option would be to offer centre-based training (held quarterly) and after 6 months offer training by telecon. In the event of an incident the plan is that the 3 people on the DAT will escalate the incident to the National Medical Officer in order to coordinate those clinicians who would be most suitable. Training records would be produced for audit compliance.

The recommendations were approved.

National Pager

The on call pager is provided by Vodafone and is alphanumeric.

Military Operations

HD is keen to progress the contract. The procedure has been negotiated and an OJEU is required. A notice has to be issued that a contract has been signed.

The contract will be used as a template as 2 other contracts are being negotiated at the moment for Wales and the Republic of Ireland who are not providing Octaplas.

4.4 Patient Blood Management Strategic Plan

Papers as read. KP presented the slides (enclosed with the minutes) and wished to thank Louise Sherliker and Rebecca Gerrard for their input.

GC

Discussion ensued and it was noted:

- CH suggested that it may be worth saying that NHSBT is looking into the feasibility of taking a more active role in the provision of cell salvage.
- A financial table with costings will need to be added before it goes to the Board
- Reference needs to be made to the R&D Strategy
- Most strategy plans need business cases thereafter
- It fits well with the ITS and Blood 2020 strategies which need to be referenced
- Specific examples are needed to provide assurance as to how goals can be achieved

5. WORKFORCE

Items from this point forward taken out of order of the agenda

5.4 Applications for development funding for review

Five applications had been received for consideration and were presented and discussed.

The following was agreed:

- Elinor Curnow (presented by Dave Collett) – PhD to work with Oxford and BBMR HSCT data. Agreed 100% funding.
- Sara Trompeter (joined by telecon) - Completion of MSc in evidence-based medicine. Agreed that NW speak to STTr to discuss what the original £11,700 was thought to cover. If £11,700 was not the total cost then CD SMT would agree to 75% funding of £3500 and STTr could fund the rest from her study leave allowance.
- Terri Stutt – MSc Transfusion and Transplantation Sciences. Agreed 100% funding.
- Lucy Kershaw – MSc Transfusion and Transplantation Science. Agreed 100% funding but it needs to be made clear that it is conditional on having a job within NHSBT.
- Lewis Matthews – Professional Doctorate in Health. Agreed that NA, NW and DC would look at this offline to discuss Lewis' current job (currently fixed term to October 2015) and whether this is the right course.

NW

NA/NW/
DC

CD SMT agreed that both Terri Stutt and Lucy Kershaw made impressive presentations.

Post meeting note: update on the funding applications, the outcomes of these are known and can be noted as:

Stutt – funding at 90% approved by the workforce steering group (Increased level of funding as employed at Band 3)

Kershaw – funding at 75% approved by the workforce steering group

Curnow – funding at 100 % approved by the workforce steering group

Matthews – funding at 75% approved by the workforce steering group on a rolling basis

Trompeter – application withdrawn due to conditions of earlier offer

7. CLINICAL TUTOR – UPDATE

7.1 & Transfusion SpR attachments – feedback from review

7.2 Brief update on the review of NHSBT SpR attachments

The paper was presented by SA who joined by telecon for item 7. Alison Meardon also joined in person for this item.

Discussion took place and noted:

- Recommendations need approval by CD SMT
- Agreed to keep the attachments already running and will keep in budget for 50% as long as possible. However, it will be a cost pressure next year – total is £300K therefore NHSBT will need to pay £150K for 2016/17 onwards.
- Gill Travis has submitted a bid to HEE for 6 posts across 5 centres.
- It was suggested that Trusts be informed across the regions about the withdrawal of money and asked whether they would be willing to split costs 50/50.
- The NCG (Commissioning Group for blood) may need to be approached as it could be a cost pressure on blood price
- SA is arranging a telecon with the 5 training Consultants as to what will be required.

7.3 HSST Training and Medical Support

Support has been received from the RCPATH. A time plan is now required as the curriculum should be approved by early 2016. There are already 2 candidates (NHSBT) on the current Haematology curriculum and their time is being well used until they join the new curriculum. LW agreed that Marion Scott would be able to give an update at the June meeting.

LW

7.5 SHINE for Medics – how to improve access

OWD had been re-structured w.e.f. 1 April 2015 and headed up by Aongus McGrane.

Noted:

- Warren Scott or AM could be contacted to discuss any queries or what is being offered.
- SA/AM had discussed putting together a SHINE glossary and AM would carry this out **AM**
- There is a 70/20/10 model which recommends:
 - 70% of learning should take place on the job
 - 20% learning from others
 - 10% from formal learning activities
- Succession planning has gone through the talent-share process in order to identify potential successors
- Mentoring and coaching would be discussed at a future CD SMT meeting

GC to note

7.4 NHSBT Journal Subscription Review 2015

The final review was taken as read.

Noted:

- The review had been prompted by David Evans and had been a very useful project
- The recommendations listed on page 7 of the review were agreed
- More work was needed in terms of communication
- We would not be prioritising articles without reviewing whether we really need it

5. WORKFORCE

5.1 Role of Service Improvement

DH made a presentation and plans to circulate an overview of changes that the CD SMT should be aware of. Any questions can be directed to DH offline.

DH

5.2 Your Voice

The Action Plan had been circulated although it was noted that this did not include R&D. The CD SMT were asked to take the actions away to their teams and it was noted that although these are clinical there will be a lot of corporate activity especially around bullying and harassment. It was suggested that corporate documents like the Board Report and Chief Executive report should be included in discussions at team meetings to increase awareness.

ALL

GC to add Your Voice to forward look as a standing item.

GC

5.3 Donor Consultants/PBM Consultant Role

Not discussed.

5.5 Report on Overtime February

LW agreed to feed back to Linda Haigh to send names only to each directorate in future.

LW

5.6 Revalidation

RO Event

Peer review of appraisals would be discussed at next ARIG meeting. LW reported that she had spoken to the PHE RO regarding audit requirements and although LW has not got a date yet to meet Imogen Stephens she is very interested that NHSBT and PHE are working together. It was also noted that PHE are a pilot site for the revalidation of nurses.

Any further comments should be given to LW, EM and NA.

ALL

Appraiser Update Day

It was agreed that a communication would be sent after the next ARIG meeting following the Appraiser Update day.

LW

5.7 Clinical Expertise

Paper 5.7 had originally been put together for Comms but it was felt useful for the CD SMT to

ensure that all areas were covered.

Noted:

- JN to update the document for ODT
- TTP to be included as a specific item
- Cedric Ghevaert and Amit Nathwani to be included in Stem Cells
- Immunotherapies to be allocated to Fred Chen

JN

CD SMT were asked to review the document with their teams to ensure all gaps were filled.

ALL

GC to add to forward look for June meeting.

GC

LW announced that Louise Cheung would be commencing employment with NHSBT on Tuesday, 7 April 2015 and would be present at the next meeting.

8. CLINICAL GOVERNANCE

Andrew Weal and Hannah Wardle joined for item 8

INC58781 – Bristol Eye Bank

EM gave the background to the incident and updated the meeting regarding 2 transplanted and 1 non transplanted corneas which had received positive microbiology results with the same fungal infection.

Noted:

- All processing and issuing of corneas had been diverted to Manchester Eye Bank and orders due to be issued from Bristol Eye Bank between 21 and 27 March had been cancelled.
- Remedial work is now being carried out with filters replaced, deep cleaning and would probably not be open until approximately the end of April.
- A bespoke letter is being written to the donor families to explain the reason the corneas could not be used
- Root cause analysis is not yet completed
- A report had gone to the Board and this will be followed up
- EM has a further call planned for Tuesday, 7 April

8.1 Risk Register Update

No change in current position.

Noted:

- JN had reported by Email that Anthony Clarkson and Olive McGowan were revising the risks in ODT paper
- There are 2 Consultant and 1 Associate Specialist vacancies on the donor side and two microbiology posts will be vacant within 6 and 12 months. NA and FR to word a risk and forward to AW
- There was a shortage of FRCPATH examiners at present. AW and NA to meet and feed back to FR

NA/FR

AW/NA

8.2 Clinical Governance Report

Report enclosed for information.

AW reported that he had received confirmation from CQC that fulfilling Duty of Candour requirements via clinical teams is very sensible.

8.3 Duty of Candour Audit

The Board had requested the audit regarding compliance with Duty of Candour which had been carried out.

Noted:

- CQC have now produced some guidance
- The Exec and GAC would like to do more work on human factors and LW will be

LW

- discussing with David Evans and Ian Bateman next week.
- The paper had been withdrawn from the Board papers by LW as there were red and amber boxes which required explanation. LW had asked EM and AW to conduct an offline reconciliation.
- LW asked for the updated document to come back to the CARE and DTS SMT meetings before being presented to the Board meeting in May with an action plan, recommendations and more narrative.
- AW to make the presentation at CARE on Duty of Candour

EM/AW

AW

8.4 New SIRI Handling Process

AW made a presentation on the new process. The new MPD will be live as of 1 May 2015.

8.5 PRF for Governance Information System Project

The project was to define requirements for and identify a solution for managing quality assurance and clinical governance information. The paper had been to the Comms SMT and would also be discussed at the TPB in April. AW agreed to circulate an updated version with the provisos discussed which the CD SMT would then be happy to approve.

AW

Additional item – Provision of Maternity Cover for Clinical Claims Manager 2015/16

HW presented a paper regarding cover for the period of maternity leave to be taken by the Clinical Claims Manager for approximately 12 months and the options were discussed. It was agreed that the offer of a full time secondee from Weightmans LLP to ensure NHSBT has appropriate legal experience was preferable and LW agreed to discuss with Rob Bradburn.

LW

6. RESEARCH AND DEVELOPMENT

6.1 First-in-man Study of Manufactured Red Cells Update

A report had been to the Board and approved. NW will make a presentation at the next CD SMT meeting in June.

NW
GC to note

6.2 Transfusion Medicine Update

The paper from DC had been circulated and was discussed.

Noted:

122 – Transfusion and acute coagulopathy in children. This has been on hold for 3 years. FR to contact Sarah Morley to see if this is still ongoing

FR

551 – Audit of adverse outcomes associated with neonatal transfusion. This has been on hold for 2 years. FR to contact Helen New to see if this is still ongoing.

FR

898 – Use of blood after cardiac surgery. This was a fairly new request and additional data was being awaited. KP agreed to discuss with Mike Murphy and present at next team meeting.

KP

10. NURSING LEADERSHIP TEAM

10.1 Nurse Tutor/Development Post

CH presented a paper for a new corporate post to work cross-directorate at around Band 8a and this was discussed.

Noted:

- A bid had been submitted to HEE but funding would not be forthcoming for 2015/16
- Revalidation for nurses is being piloted and comes into place in December 2015 (760 nurses)
- LW advised CH to seek opinions from Clive Ronaldson and Sally Johnson
- It was agreed that a business case should be put together with justifications and costs for around 3 days per week. CH will discuss a visit to NLT with Ian Trenholm. The business case would come to a future CD SMT meeting – this would hopefully be June but Anthony Clarkson would need to decide on the timeframe

CH

CH
GC to note

11. FOR INFORMATION

Reports at items 11.1 to 11.4 inclusive enclosed for information only

9. CORPORATE ISSUES

Items in this section were not discussed due to time limitations and would be brought forward to the next CD SMT meeting in June if required.

LW
GC to note

12. DATES OF 2015 MEETINGS

CD SMT – 2015

Date	Venue	ALL MEETINGS WILL BE HELD 10AM-4PM UNLESS OTHERWISE STATED
Thursday, 5 February 2015	London – Room 3a WEDC Clinical Science – Marion Scott	
Thursday, 2 April 2015	Filton – Meeting Room 1 NLT	
Thursday, 4 June 2015	London, Room 3a, WEDC Clinical Science – Marion Scott	
Thursday, 6 August 2015	Birmingham New Street – Meeting Room 2 NLT	
Thursday, 1 October 2015	Filton – Room 034 or Room 020 (to be confirmed) Clinical Science – Marion Scott	
Thursday, 3 December 2015	London – Room 3b/c WEDC NLT	