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**Minutes of the Sixty-sixth Meeting of NHS Blood and Transplant
held on Thursday 26 March 2015 at the Radisson Blue Hotel
80 High Street, The Royal Mile, Edinburgh EH1 1TH**

Present: Mr J Pattullo Mr J Monroe
 Mr A Blakeman Mr K Rigg
 Mr R Bradburn Dr C Ronaldson
 Dr C Costello Mr I Trenholm
 Ms L Fullwood Dr H Williams
 Mr R Griffins Mr S Williams
 Ms S Johnson Dr L Williamson

In attendance: Ms L Austin Ms C Lewis
 Mr D Evans Ms P Niven
 Mr A Powell Ms J Minifie
 Dr D Kennedy

15/25 APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Mr Brown and Dr Jones. They were represented by Pam Niven and Caroline Lewis respectively. Mr Pattullo welcomed them to the meeting together with Mick Burton – Divisional Finance Director Blood and Specialist Services; Sue Hopgood – Associate Director of HR Organisation and Workforce Development; and Karen Quinn – Assistant Director UK Commissioning who were attending as observers and presenting individual items.

15/26 DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interest.

**15/27 AGREED WAYS OF OPERATING FOLLOWING THE BOARD
DEVELOPMENT DAY**

Mr Pattullo said the Ways of Operating would be refreshed at the Board Development Day on 27 May.

15/28 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed.

15/29 MATTERS ARISING

Paper 15/18 was noted.

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15/30 **FIRST-IN-MAN EVALUATION OF MANUFACTURED RED CELLS**

Dr Williamson presented paper 15/19. The proposal received the wholehearted support of the Board who approved funding of £1.77m over five years plus £100,000 capital to complement NIHR funding of £3m over five years for the first-in-man study of red cells manufactured from adult and cord stem cells. Dr Williamson agreed to keep the Board updated on progress.

15/31 **CLINICAL GOVERNANCE REPORT**

Dr Williamson presented paper 15/20. She drew attention to the development of a plan relating to the contribution of human factors in errors. Post meeting note: Following a scoping meeting, it has been agreed that a workshop with external experts will be held on 8 June, the objective being to begin to equip key operational staff with Human Factors tools to use when designing operational processes. The overlaps with LEAN and operational improvement will be made clear. Dr Williamson also drew the Board's attention to a working group on Hepatitis E which will present its conclusions to SaBTO in April 2015. Dr Costello said she thought it would be important for NHSBT to react quickly to any action which might be recommended by SaBTO.

Dr Williamson also commented on three further items not covered in the report.

(i) The report of the Penrose Inquiry and its recommendation. Dr Williamson recommended that Board members read the Executive Summary. It was agreed that Ms Austin and Dr Williamson would liaise to provide a one page information brief for the Collection Teams and the Call Centre.

LAL/LW

(ii) Two major IT outages had recently affected NHSBT systems including access to Pulse and Hematos. Further incidents of this type had the potential to result in clinical harm. Mr Powell said a root cause analysis had commenced but it appeared that the problem was with the physical link between the data centres at Colindale and Elstree and a number of actions were already in train to address this.

Mr Powell agreed to provide the Board with an initial report on actions taken in four weeks time. This would also include a headline plan of further actions with a proposed timetable and confirm when a final report on completion of all actions would be available.

AP

(iii) Dr Williamson reported that two patients had been affected by contaminated corneas supplied by the Bristol Eye Bank with a third cornea identified as contaminated before issue. Acceptance and

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issue of corneas has been suspended with donations being diverted to Manchester. Work had been undertaken to identify the source of the problem and improvement action taken.

Responsibility for the Eye Bank transfers to NHSBT on 1 April 2015 but Mr Trenholm pointed out that NHSBT already has some responsibility for this service as its commissioner. He said some improvement work had already been done to prepare for the transfer and NHSBT had taken reassurance from the fact that the unit was licensed by the HTA. These events had raised questions about the robustness of the HTA inspection process and the HTA have been notified of the incident. The Board supported the need to communicate these failings to help avoid a repetition. The Board will receive a further report at its next meeting and Dr Williams will also provide updates in the interim as the incident is being treated as an SUI.

Mr Pattullo welcomed Ms Maureen Watt MSP, Minister for Public Health, who joined the meeting at this point.

15/32 **ODT PERFORMANCE MANAGEMENT REVIEW**

Ms Johnson gave a presentation to update the Board on Strategic Performance in ODT. This covered performance against ODT strategic targets; an overview of planned initiatives and timescale; updates on actions and progress against each outcome; tactical actions and future challenges.

It was agreed that Ms Johnson would seek a view from the 2020 Strategy Oversight Group at its next meeting as to whether the content of the Strategy is adequate to deliver the targets. She will report back to the Board at its May meeting.

SJ

Before leaving the meeting at this point, the Minister said she had found the presentation interesting and informative and emphasised the Scottish government's willingness to work with the rest of the UK to improve organ donation and transplantation performance.

15/33 **NORS REVIEW REPORT – FINAL DRAFT**

Mr Pattullo welcomed Kathleen Preston, Independent Chair of the NORS Review, who introduced the final draft Report. The Board received paper 15/21 and Karen Quinn presented the recommendations.

The Board approved the recommendations and were assured that in trying to address the issues highlighted the Review has achieved its objectives and that the recommendations are fair, reasonable and can be implemented in a timely fashion. They noted that implementation of the recommendations would be managed

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through the ODT Change Programme Board which would report to the Board via the monthly Performance Report.

Ms Johnson thanked Ms Preston for her extensive and valuable input to the process and the Board congratulated the team on an exemplary paper.

Asked what had been the key insight from the process, Ms Preston said “communication” – most of the opportunities she had encountered were in some way caused by communication issues.

15/34 **ANNUAL REVIEW OF NHSBT STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION**

Mr Bradburn presented paper 15/22 and the revised Standing Orders were approved by the Board.

The Board also agreed to delegate responsibility for the annual review of the Standing Orders to the GAC in future. A one page report to confirm the review had taken place and highlight any changes agreed by the GAC is all that is required by the Board in future with any additional information only by exception.

15/35 **NHSBT BUDGET 2015/16**

Mick Burton presented paper 15/23 and this was well received. Mr Bradburn highlighted the fact that the additional £4.2m of funding provided by DH England for ODT was, technically, non-recurring in nature. The Board noted the caveats described in the paper and approved the budget for 2015/16. Mr Pattullo commended the Executive Team for the quality of the work done to achieve this outcome.

15/36 **YOUR VOICE EMPLOYEE SURVEY OUTCOME AND ACTIONS**

The Board received paper 15/24. Mr Evans summarised the survey results and Ms Hopgood presented the action plan. The Board supported the actions proposed to increase employee engagement and address issues identified in the survey. They welcomed Mr Trenholm's assurance that the Executive Team were concerned by some of the results and commended the straightforward approach and clear action plan.

It was agreed that the report from the next survey at the end of 2015 would include in tabular format additional benchmarking trends over three, four and five years across NHSBT, the wider NHS and the wider public sector.

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It was agreed to defer the decision to move to biennial surveys until March 2016.

Mr Evans agreed to provide Dr Costello with a copy of the survey.

DE

15/37 **CHIEF EXECUTIVE'S REPORT**

Paper 15/25 was received and Mr Trenholm drew attention to the Highlights section.

The Board expressed their sympathy for the people who had been affected by the issues covered by the Penrose report. The Board recognised that some of the issues were unavoidable, that transfusion practice had clearly moved on and that we must acknowledge the long lasting and present day impact of what happened some years ago. The Board welcomed the actions promised by the UK Governments to support those affected.

15/38 **BOARD PERFORMANCE REPORT**

Mr Bradburn presented the report 15/26. Much of the headlines had been covered by Mr Trenholm's report and the ODT Performance Management item. The report was therefore taken as read and there were no further questions. A proposal from Mr Griffins that any item shown as red in the report would be subject to comments from the relevant Director at the Board meeting was agreed. Mr Blakeman confirmed that the GAC had begun to increase its scrutiny of particular projects which over time would provide the Board with greater assurance.

15/39 **MINUTES OF THE ECC MEETING 7.11.14**

The minutes were noted.

15/40 **MINUTES OF THE NAC MEETING 12.01.15**

The minutes were noted.

15/41 **MINUTES OF THE GAC MEETING 28.11.14**

The minutes were noted.

15/42 **MINUTES OF THE TRUST FUND MEETING 27.02.15**

The minutes were noted.

15/43 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

Paper 15/31, from Wales, was received and Ms Niven and Mr Campbell updated the Board on points from Scotland and Northern Ireland.

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15/54 **ANY OTHER BUSINESS**

Dr Costello said a number of NEDs were querying the necessity for such a high volume of papers as the amount of information provided had the potential to dilute their focus on key issues. Mr Pattullo supported a proposal to reduce the amount of documentation in the Board pack. It was agreed to trial a process where most of the supporting reports would be omitted. The cover sheet will be amended to include a new section which will indicate the availability of fuller reports.

15/55 **DATE OF NEXT MEETING**

There will be a Board Development Day on Wednesday 27 May and a formal Board meeting on Thursday 28 May. Both will be held at the Royal College of Obstetricians & Gynaecologists in London.

Mr Pattullo said the Development Day agenda would comprise two approximately three hour sessions; one a review of risk, the other on the topic of Board Effectiveness.

15/56 **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution, 15/32 was agreed.

15/57 **NHSBT MAJOR CONTRACTS PIPELINE REPORT**

Paper 15/33 was noted.

15/58 **FORWARD AGENDA PLAN**

Paper 15/34 was noted.