

**Minutes of the Twenty-fourth Meeting of NHS Blood and Transplant  
held at 2.30pm on Thursday 6<sup>th</sup> March 2008  
at the Royal College of Obstetricians and Gynaecologists  
27 Sussex Place, Regent's Park, London NW1 4RG**

Present:	Mr E Fullagar	Mr G Jenkins
	Mr J Forsythe	Dr C Ronaldson
	Mr P Garwood	Mr C Rudge
	Mr D Greggains	Mr B Savery
	Mrs J Gubbins	Dr D Walford
	Ms L Hamlyn	Dr L Williamson
In attendance:	Mr D Dryburgh	Mrs J Martin
	Mr D Evans	Mr A McDermott
	Ms H Joy	Ms J Minifie
	Mr T Male	

**08/32 APOLOGIES AND ANNOUNCEMENTS**

Apologies had been received from Mrs Buggins and Mr Connon.

Mr Fullagar formally thanked Mrs Gubbins and Mr Savery, who were retiring from the Board on 31 March, for their considerable contributions to NHSBT, and previously the NBA, and his comments were echoed warmly by the Board as a whole. Mrs Gubbins offered to support the Board on any relevant issues until a successor was appointed, and to help with the successor's induction. The offer was gratefully accepted.

**08/33 MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

**08/34 MATTERS ARISING**

Members welcomed the introduction of a paper to report matters arising. These were noted and there were no additional comments.

**08/35 PROPOSAL RELATING TO THE USE OF EMBRYONIC AND FETAL TISSUE FOR RESEARCH AT CAMBRIDGE**

Dr Williamson presented a further paper on this matter. She drew attention to the fact that NHSBT's Senior Departmental Sponsor had confirmed that she was happy for NHSBT to engage in stem cell research; and that the Statutory Instruments and Secretary of State's Instructions covered research into blood, stem cells and tissue. Dr Williamson said that no reference to any incidence of threats to property or staff involved in this type of research had been found in APBI (Association of the British Pharmaceutical Industry) minutes or media records, and two recent media surveys showed that around 70% to 85% of members of the public were in favour of embryonic stem cell research. Mr Jenkins confirmed that the GAC were content with the terms of the lease. In the light of the foregoing the Board approved the signing of the lease of part of

the Cambridge Centre with the current clause prohibiting work on embryonic and fetal tissues removed.

Mrs Gubbins suggested that it would be useful to check through all the Secretary of State's Directions to ensure that NHSBT is fulfilling all its responsibilities.

**LH**

**08/36 WELSH LANGUAGE SCHEME**

Miss Joy thanked Mrs Gubbins for her help in preparing a scheme that would achieve NHSBT's obligations to provide some information in Welsh in a pragmatic way. The Board approved the NHSBT Welsh Language Scheme.

**08/37 PATIENT GROUP DIRECTION ON SALINE**

There was a discussion about the appropriateness of the Board being asked to approve the detail of Patient Group Directions. It was agreed that in future the Board would wish to fulfil this obligation by means of an overall policy and Dr Williamson was asked to present a policy for agreement at a future meeting.

**LW**

In the meantime the Board asked Mr Forsythe and Mr Rudge to approve the detail of the Direction on Saline on their behalf outside the meeting. Subject to this approach the Patient Group Direction for Saline was approved.

**LW  
JF  
CJR**

**08/38 MEDICAL DIRECTOR'S REPORT**

Dr Williamson presented her report. She said the GAC had accepted the proposals for clinical governance in principle but asked for the timescale to be accelerated and that would be done where possible. Infection control would be included, and monitored via clinical audit.

The UK Forum had asked Dr Williamson to write to SaBTO to establish ownership of the policy on men who have had sex with men (MSM) and Mr Forsythe agreed that this would be useful. A statement about this policy was being prepared for the NHSBT website. In answer to a question from Mrs Gubbins Miss Joy confirmed that the unauthorised use of NHSBT's logo by a group campaigning for a change in this policy was being addressed.

**HJ**

The Board noted the information about the status of the work towards introducing prion filtration in Ireland. Dr Williamson said that results from the studies on efficacy and safety in the UK were expected at the end of 2008/beginning of 2009 and the end of 2009 respectively. Dr Williamson was preparing a paper for consideration by SaBTO which included the risks, consequences, options, costs and effect on supply. It had been suggested that these issues should also be considered by the NHSBT Board in an early seminar, and Mr Fullagar emphasised the need for the report to include an assessment of the operational and economic consequences of the introduction of filtration.

**LW**

Finally, since writing her report Dr Williamson was in a position to inform the Board that the work done by the NBS on testing samples from military and civilian personnel in Iraq and Afghanistan had not produced any positive results for infection.

08/39 **CHIEF EXECUTIVE'S REPORT**

Ms Hamlyn presented her report. She said that on attending the UK Forum meeting she had been pleased to see the way in which the four countries were working together on issues such as prion filtration and MSM. In particular she had been pleased to see the results of joint work to review and test donor deferral criteria which would mean that stable tablet-controlled Type 2 diabetics, and some hypertensive patients, would in future be able to donate blood. Subject to some final details this change was almost ready to be implemented and it would be essential for communication, and in particular staff training, to have been carefully completed before the launch. Work on other criteria, in particular the upper age limit for blood donors, was also very encouraging.

The Board noted the progress on Standards for Better Health. The final declaration would be presented for Members' approval at the April meeting.

**TM**

With regard to staff/stakeholder response to the NBS Review, and subject to meetings yet to take place, communication was being kept at a local level. Since writing her report Ms Hamlyn had received feedback from the National Laboratory Managers group who had been pleased to see evidence that their views had been taken into account.

Progress on the implementation of the recommendations from the Organ Donor Task Force was noted. Ms Hamlyn said that there would be a full report on the Organ Donor Organisation at the next meeting, and after that further reporting would be incorporated into NHSBT's overall performance mechanisms.

**TM**

08/40 **FINANCE REPORT**

Mr Savery presented his report and said the Authority remained in a strong financial position at the end of January. He had confirmed to the DH that BPL would refund £3,000,000 Grant in Aid (GIA) and this position would be confirmed in cash limit letters. He drew attention to the year end cash position, saying he intended to continue to plan for a surplus and to offset that as far as possible by payment of appropriate invoices. If necessary he would write to the DH justifying any excess balance resulting from unprocessed credit notes etc. The Board agreed with this approach and asked Mr Savery to handle this as required.

**BJS**

On Losses and Special Payments, in particular the urgent issue of small payments to blood donors, Mr Savery said he had received a reply to his letter to Anne-Marie Millar at the DH in which she said she would meet with the NAO and the Treasury to resolve this. Mr Savery would follow this up with her before he retired on 31 March and also provide Ms Hamlyn with a paper on the subject for the Accountability Review on 1 April.

**BJS**

The Board approved the proposed process for approval of the 2007/08 Statutory Annual Report and Accounts which would be formally adopted at the Board meeting on 3 July.

Confirmation of 2008/09 cash limits was still awaited and Mr Savery would be raising this at a meeting with Anne-Marie Millar on 14 March. Miss Joy was following up the additional £4,500,000 requested for marketing and publicity relating to the ODTF recommendations.

The position on the Electronic Staff Record Scheme was noted.

## 08/41 **PERFORMANCE REPORTS FROM THE OPERATING DIVISIONS**

### 41.1 **BPL**

Mrs Martin presented the report for BPL. Good progress was being made on quality compliance and accreditation issues, and critical staff vacancies in the Quality Assurance area had been, or were about to be, filled. Mock MHRA inspections were being conducted and the observations arising were being included to be addressed with official non-compliances. Positive responses were being received from the MHRA on improvements made to date. Mrs Martin stressed the importance of continued improved productivity and throughput, and of securing plasma supplies over the longer term and said discussions were taking place with DCI and the New York Blood Centre on plasma. There was no change to the position on the Kazakhstan project with winter weather and international problems with credit facilities delaying progress. She reiterated that no work would be done by BPL until payment was received.

### 41.2 **NBS**

Dr Ronaldson presented the report for the NBS. The supply and demand indicators for both platelets and red cells were green for the first time in three months. Comparison with figures from previous years in respect of the first two months of the calendar year suggested that the short term initiatives introduced so far were having the desired effect. The current level of 45,000 units of red cells provided a significantly improved position ahead of the Easter period when stock levels were expected to drop. Work to transform collection sessions at four pilot sites was going to plan and being documented, and change agents were being trained to help roll out the changes across the rest of the country thereafter. Absence levels and turnover amongst donor services staff remained a concern but it was hoped that the transformational changes would help to secure improvements in this area also. The Donor Services team was working closely with the Communications team to provide feedback to staff about progress to further strengthen management credibility following the Review.

Mr Fullagar thanked all involved for the progress made to date. While there remained considerable work to do this could now go forward on the basis of an improved stock level.

Finally Dr Ronaldson said the MHRA inspection currently in progress at Newcastle had not generated any adverse feedback so far and he would report the result at the next meeting.

### 41.3 UKT

The report was noted. Mr Rudge said that although for the second year running more transplants had been performed than ever before, the numbers of patients on the waiting lists were also higher than ever and the number of people dying while on the list was not falling. It would be important to communicate these facts in publicity around the ODTF work.

Mr Jenkins raised the question of staff turnover and he and Mr Rudge agreed to consider outside the meeting how to try to prevent turnover amongst essential staff at UKT.

CJR  
GJ

## 08/42 REPORTS FROM THE MAIN COMMITTEES

### 42.1 Governance and Audit Committee

Mr Jenkins summarised the issues which had been considered by the Committee at its meeting on 26 February. These included Losses and Special payments, mobile phone economies (work which would be extended to cover other devices such as Blackberries and laptops), and the Hematos project. Hematos appeared now to be moving on a better trajectory towards completion. There was concern at the Committee however that such a critical project was being delivered by a single handed contractor. There were also concerns relating to the appointment of the contractor in this particular case and the Committee had asked the internal auditors to review this. Mr Jenkins had spoken to Ms Hamlyn and Dr Ronaldson in general terms about such arrangements in the future. The Committee had also considered an update report on the NHSLA Risk Management Standards and the process for assessment. With the exception of one or two specific areas, these were seen as fairly robust and expected to pass NHSLA level one. Headline information on agency and temporary staff had also been considered, following which Mr Evans would be providing the Committee with further analysis and information about controls for the future.

### 42.2 National Research Review Committee

Dr Walford said that the minutes of the meeting held on 18/19 February were now available and would be formally presented at the next Board meeting. In the meantime she summarised the matters which had been covered as follows:

The Committee had received more high quality project applications than ever before but currently had less funds to award than previously. This was due mainly to delays in funding/responses to bids for funds on the part of the DH. The funds that were available had been provided to support research into blood safety and the Committee had agreed to grant funding to all blood safety related applications of sufficient high quality and to rate other high quality projects as qualifying for grants as soon as further funding became available. It had been agreed that this would be effected by means of Chairman's actions between meetings to avoid delay.

The issue of research governance under Standards for Better Health had been a matter of concern for the Committee in that while it could score well

under the tick box form required it was conscious that its governance arrangements needed to be improved.

The Committee had also discussed its future role and had produced a first draft of revised terms of reference which included transplantation. These would be considered as part of a Board seminar on research later in the year. A paper on the development of Principal Investigators and supporting business case would also be presented to the Board.

**LW**

Dr Williamson said that the Committee considered it should in future review development as well as research and this would be covered by the Board seminar. She said that two out of three transplant related projects had received funding; one being about the circumstances in which individuals make gifts and donations, with particular reference to organ donation among black and minority populations. One blood safety project was related to tissue typing and was consequently relevant to transplants and it was hoped that this would be funded by the NHSBT Trust Fund.

### **42.3 Remuneration Committee**

The summary of the meeting held on 7 February was noted. Ms Hamlyn said she might be in a position to ask the Committee to meet next in April rather than May.

**LH**

## **08/43 ANY OTHER BUSINESS**

### **43.1 Future Meeting Dates**

Ms Hamlyn asked Members to continue to hold all existing Board meeting dates in their diaries until revised dates had been finalised. She would write to them with proposed revised dates the following day.

**LH  
ALL**

### **43.2 Finance Report**

Mr Savery said he would prepare the next Finance Report to the Board and Mrs Newington would be attending the Board meeting which fell within the short interim period before Rob Bradburn took up post as Finance Director.

## **08/44 DATE OF NEXT MEETING**

The next meeting would be held at the Royal College of Obstetricians and Gynaecologists on Thursday 3 April.

## **08/45 RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution was passed.