

**Minutes of the Twentieth Meeting of NHS Blood and Transplant  
held at 9.00am on Friday 2<sup>nd</sup> November 2007  
at the Royal College of Obstetricians and Gynaecologists  
27 Sussex Place, Regent's Park, London NW1 4RG**

Present:	Mr E Fullagar	Dr C Ronaldson
	Mrs E Buggins	Mr C Rudge
	Mr J Forsythe	Mr B Savery
	Mr P Garwood	Dr D Walford
	Mr D Greggains	Dr L Williamson
	Mrs B Newington	

In attendance:	Mr D Dryburgh	Mrs J Martin
	Mr D Evans	Mr A McDermott
	Ms H Joy	Ms J Minifie
	Mr T Male	

**07/77 APOLOGIES AND ANNOUNCEMENTS**

Mr Fullagar welcomed Dr Williamson to her first Board meeting as Medical Director.

Mr Fullagar thanked Directors for their contributions to the Planning meeting held the previous day.

Directors had been pleased to learn that Ms Lynda Hamlyn had been appointed as Chief Executive of NHSBT. The date when she would take up post would be confirmed in the near future.

Apologies for absence had been received from Mr Jenkins and Mrs Gubbins. The Board noted and congratulated Mr Jenkins on his appointment as Acting Chairman of Maidstone and Tunbridge Wells NHS Trust until 31<sup>st</sup> March 2008.

**07/78 MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed subject to the following changes:

The second sentence of 07/68 59, Performance Reports, should read "He added that information was being collated on a centre by centre basis. "

The final paragraph of 07/71, Finance Report, should refer to the NBS, not BPL.

**07/79 MATTERS ARISING**

**79.1 Performance Reports**

Mr Evans said that more information was available on staff turnover which he would provide to anyone who wished to see it.

**79.2 Performance Review**

Mr Male said a simple system was now in place to enable the traffic light system to be read in black and white as well as colour.

Dr Ronaldson confirmed that he and Mr Garwood were considering whether current target levels for red cells continued to be relevant against the background of falling demand.

Mr Evans said he and David Shute had done some work on the turnover issue at UK Transplant.

Dr Ronaldson said he had sent Mr Jenkins broad information on the implementation plan for the move into Filton and would offer to go through it with him. The information would become more precise going forward.

### **79.3 House of Lords sub-committee looking at transplantation quality issues across the EU**

Board members had received copies of the submissions provided to the Committee by Mr Forsythe and by NHSBT.

### **79.4 Future Meetings**

It was confirmed that the Board would need to meet on 6<sup>th</sup> December, 10<sup>th</sup> January and 7<sup>th</sup> February. For 2008 the Board would schedule monthly meetings, with the option of cancellation when workloads made this appropriate.

## **07/80 MID-YEAR PERFORMANCE REVIEW**

Mr Male had provided the broad contextual background to the mid-year review at the planning meeting the previous day. The headlines were noted, i.e. operational performance was on track in terms of supply, quality and cost; and some implications of pressures on the strategy were beginning to emerge. In future, as a consequence of the strategic reviews, timetabling or priorities might change which would result in things being shown as behind track against the existing plan.

There was a discussion about the significant fall in customer satisfaction in spite of the fact that the NBS continued to meet all delivery requirements. This was believed to be the result of hospital dissatisfaction with the strategy, particularly a lack of engagement with them by NHSBT; and that this view was possibly being reinforced by comments made by NBS delivery staff. Dr Ronaldson agreed to provide a presentation and a report on the actions being taken to address these issues at the next meeting.

**CRo**

Mrs Buggins asked about the position on the land at Colindale and Mr Fullagar assured her that the Executive continued to pursue this. Mr Savery had written to Fairview Homes confirming NHSBT's continuing interest in acquiring the land, Mr Cannon was in touch with the Trust which had sold the land to Fairview, and members of NBS staff sat on the local Colindale Area Action Plan Committee.

### **80.1 BPL Performance Report**

On supply and demand, Mrs Martin said that the problem with the assay which had delayed the release of batches of Vigam had been solved in the short term and there were no further back orders. The assay was however notoriously problematic across the industry and BPL was working with other fractionators to try to address this. Any changes to the assay will require agreement from the regulators. IPFA (the International Plasma Fractionators' Association) would help to secure this.

Additionally, BPL had suspended the production of Replene VF, Factor IX. This was a precautionary measure, taken because of the unusual appearance of the product at the intermediate stage. The reasons for this were being investigated.

Budgeted income was now back on line and BPL continued to predict a year-end surplus.

### 80.2 NBS Performance Report

Dr Ronaldson said that short term actions were being taken to increase red cell stocks to around 40,000 by the end of January. These actions were additional collection days on days provisionally allocated to training sessions; increased focus on team targets; extra publicity during the recent postal strikes, emphasising the need for O neg and B neg; and maximising the collection of double red cell donations. He said he was optimistic about achieving this if the supply and demand trend followed that of last year.

Dr Ronaldson informed the Board of two significant matters not covered in the report. Firstly, on five consecutive days stock had been transported between Manchester and Liverpool without refrigeration. The stock had remained within Red Book requirements and had therefore not been lost, but the matter had been reported to the MHRA. All storage and cold transport across the Service was now being investigated.

The other quality problem related to platelets at Tooting where product had been discarded having fallen outside specification because of a problem with temperature control. This was also being followed up nationally.

Corrective actions were being identified and, while it was likely that both matters were the result of failures in the training process, disciplinary action would be taken if investigation indicated that was appropriate. Dr Ronaldson agreed to report further at the next meeting.

**CRo**

Dr Ronaldson said that the NBS expected to meet its year end financial targets. There were some pockets of high staff turnover but these were not affecting the NBS's capability to deliver product. In answer to a question about absence rates Dr Ronaldson said he had some concerns in the donor collection area and he would be working to improve attendance. Mr Evans said that a new absence policy was in development and the management of sickness absence was one of the primary objectives of his deputy, who would take up post on 5th November.

### 80.3 UK Transplant Performance Report

Mr Rudge said there were no particular items to highlight; organ donation rates would not rise until the changes currently anticipated were implemented. While sickness absence rates were low, turnover was high. In answer to a question, Mr Evans said that given the types of roles and the younger overall age of staff at UKT he did not consider the turnover rate to be out of the ordinary. It would however be kept under review to ensure it did not cause operational problems.

Mr Forsythe pointed out that the report's narrative about the number of transplants did not accurately reflect the figures. Mr Rudge agreed to provide a break down of the numbers of patients dying while on, or being removed from, the waiting list by geographical area as well as organ type.

**CRu**

Mrs Buggins said that the Minister had indicated that she wished the recommendations from the Organ Donor Task Force to proceed and there had been some discussion at the Board planning meeting as to whether NHSBT could proceed before receiving written instruction from the Minister. Mr Savery said that Triona Norman had advised him to expect a letter from the Minister, instructing NHSBT to take on the work, within the next two weeks. To avoid any unnecessary delay the

**EJF EB**

Board agreed that Mrs Buggins and Mr Fullagar would draft a letter to the Minister informing her that NHSBT intended to start certain things immediately. Mrs Buggins suggested that it would be appropriate for NHSBT to communicate with all donor co-ordinators. There was some discussion about whether it was appropriate for NHSBT to do this at this time and it was agreed that Mrs Buggins, Mr Savery and Ms Joy would discuss the possible options and seek advice from the DH.

07/81 **FINANCE REPORT**

Mrs Newington presented the report. All operating divisions and group services were making a positive contribution and a year end break even position was forecast subject to bridging finance and a refund to hospitals. Mr Savery said that he would take the bridging finance issue to a higher level at the DH if the initial response was not favourable.

The UCLH debt had accumulated once again and had being followed up with a payment made at the beginning of October. Discussions were taking place with Ashford and St Peter's to agree a payment plan.

The reported write off of stocks resulted from changes to contracts; the overall Losses and Special Payments schedule would be reviewed in detail by the GAC at its forthcoming meeting.

Phase 1 of The ESR project was now closing following successful implementation and phase 2 would now commence with the development of a benefits realisation plan.

07/82 **MANAGEMENT LETTER**

Mr Savery said that an unqualified audit certificate had been received. The Management Letter contained two significant findings. The first related to Service Level Agreements and Dr Ronaldon was able to confirm that all SLAs had been signed by the end of September. The second item, special payments, required resolution between the DH and the Treasury, and the Board had been informed of the detail on previous occasions. Mr Greggains endorsed Mr Savery's view that the list of minor points was probably going into far too much detail in a management letter to the Board. The letter had been considered and noted by the GAC and the Board also noted the actions taken in response to the points made.

07/83 **REPORTS FROM THE MAIN COMMITTEES**

83.1 **NRRC**

Dr Walford reported a good meeting, held on 17<sup>th</sup> September, which had been attended by Dr Williamson. She said that following Dr Williamson's appointment as Medical Director she would be meeting with her on 5<sup>th</sup> November to consider strategic R & D issues for NHSBT. She drew attention to a number of points as follows.

Acceptance of project grant proposals by the DH was still awaited and was being chased by Marion Scott.

Some PI salaries had been declared to the DH for control by the National Institute for Health Research, the intention being to protect them for R & D purposes. While these amounts were guaranteed for return to NHSBT in 2008/09, and partially in 2009/10, thereafter they would be subject to competitive bidding.

The Board noted the proposals regarding Principal Investigator status. The reference to the NHSBT Chairman in this item was erroneous and would be corrected.

Dr Walford had agreed to bring to the Board's attention concerns that, as staff in R & D were the last to be assimilated into AfC, R & D funds might be used to meet AfC requirements if the funds which had been specifically set aside for AfC purposes had been exhausted. A number of Directors commented and Dr Walford was satisfied that the issue had not been overlooked and was being addressed appropriately.

Finally the meeting had made suggestions as to issues for consideration in order to assist the incoming Medical Director to review R & D in NHSBT.

Dr Williamson drew attention to two additional points. Firstly, the Trust Fund had agreed to consider proposals designed to encourage young scientists and medics to join NHSBT and these were being developed. Secondly, the issue of funding for initiatives in the transplant area such as donor family behaviour, and the storage of organs. The Board agreed that funding for transplant related R & D should come from the same stream as the funding for the anticipated Organ Donation Organisation and the Board asked Mrs Newington to arrange for this to be considered in the context of the figures the ODTF had supplied to the DH.

**BN**

Mr Forsythe said he endorsed all the foregoing. He reminded the Board that they had recognised that the membership of the Committee was not ideal in governance terms and Dr Williamson confirmed that she and Dr Walford would be discussing this issue at their coming meeting.

Mr Male highlighted the importance of proper linkage between the R & D strategy and NHSBT's overall strategy. Dr Williamson responded that to date the NRRC had concentrated on Research while it was important now to pay attention to Development and its funding.

### **83.2 Governance and Audit Committee**

Mr Greggains reported in Mr Jenkins' absence. He drew attention to the comments about UCLH's undertaking to keep their account up to date and the fact that this undertaking had since been broken. He said the Director of the NAO had accepted that 100% of SLAs relating to tissues were in place and that he had said that he was required to raise any matters involving amounts greater than £1,000 and had no latitude over that. Mr Greggains said that the Committee was still investigating the issue of employment status of contractors; and that it welcomed the work being done to control mobile phones. The Hematos issue remained a priority for the Committee and it had been agreed that BPAC should also receive a report on this as a matter of urgency. The matter of the letter from Prof Contreras was now closed as all the points raised were being covered directly or indirectly by other work. Finally Mr Greggains referred to the review of risk management systems. In view of current workloads it had been agreed that the tendering process for the review would continue but the review itself would not commence until January.

### **83.3 Trust Fund Committee**

Mrs Newington reported in Mrs Gubbins' absence. She said that the Committee had been concerned that insufficient funds were being spent and welcomed the prospect of proposals coming forward. The Committee had also been concerned at the proportion of its expenditure going to long service awards for staff and had sought legal advice. This had confirmed that this expenditure was quite proper. The Committee had supported another application from the BBMDA for funds of £80,000 in 2008/09. Finally the Committee had considered the Annual Report and Accounts and made some suggestions which had been incorporated in the final version.

07/84 **NHSBT Trust Fund Annual Report and Accounts to 31.3.07**

Mrs Newington said the Report and Accounts had been reviewed by the Trust Fund Committee and audited by the NAO . They had been signed by the NHSBT Chairman and were awaiting signature by the Comptroller and Auditor General following which they needed to be submitted to the Charity Commission by 31<sup>st</sup> January 2008. The Board noted the Report and Accounts.

07/85 **REGISTER OF SEALINGS**

The Board noted the register of sealings, also noting that it related to the period to 31<sup>st</sup> October, not 30<sup>th</sup> November.

07/86 **ANY OTHER BUSINESS**

**Conflict of Interests**

The letter about Conflicts of Interests from the Permanent Secretary which had been received and circulated to members on 26<sup>th</sup> October was noted.

07/87 **DATE OF NEXT MEETING**

The next meeting would be held at the RCOG on Thursday 6<sup>th</sup> December.

07/88 **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution was passed.