

**Minutes of the Twenty-first Meeting of NHS Blood and Transplant  
held at 10.00am on Thursday 6<sup>th</sup> December 2007  
at the Royal College of Obstetricians and Gynaecologists  
27 Sussex Place, Regent's Park, London NW1 4RG**

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

**07/89 APOLOGIES AND ANNOUNCEMENTS**

Apologies had been received from Dr Walford.

Mr Fullagar said that Lynda Hamlyn would take up the post of Chief Executive of NHSBT on 14<sup>th</sup> January. He also said that he expected to appoint the new Finance Director following interviews on 13<sup>th</sup> December.

Mr Fullagar also said he was in the process of recruiting two new Non-Executive Directors to replace Mrs Gubbins and Mrs Buggins, and was also intending to recruit an additional Non-Executive Director to the Board at the same time.

The Board congratulated Mr Forsythe on his appointment as Chair of the UK Advisory Committee for the Safety of Blood Tissues and Organs.

**07/90 MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

**07/91 MATTERS ARISING**

**91.1 UK Transplant**

Mrs Buggins said that following discussions with Mr Fullagar she had written to Triona Norman and Gareth Jones at the DH seeking guidance on NHSBT's current remit with regard to the recommendations from the ODTF (Organ Donor Task Force). She had chased for a response but did not know whether the matter had yet been referred to David Nicholson.

**91.2 Blood Stocks**

Mr Jenkins asked about the red cell stock position over the Christmas/New Year period. Dr Ronaldson said that he was reasonably confident that the target of 40,000 units would be reached by the end of December with total red cell stocks including work in progress currently being 43,000.

Mrs Buggins said she was concerned about the effect of under-staffing on blood collections. Her own regular experience and that of others was of several empty beds and only one or two staff. Dr Ronaldson said that he was aware of this and intended to act quickly to address the problem once the review had been completed. He added

that in doing so he intended to ensure that the focus was on a small number of key priorities rather than a high number of random initiatives and the Board welcomed this approach.

Mr Jenkins said that donor satisfaction was an area of particular interest to the GAC and work was being done to provide meaningful data. He also referred to the high rate of absence for collection staff and Dr Ronaldson confirmed that this was around 7%. Mr Evans said that a new absence policy was in preparation. Mr Greggains suggested that a small internal team might be established to look into the issues.

### 91.3 UCLH

Mr Jenkins said that it had been confirmed at the GAC that the issue of the UCLH debt was well under control.

### 91.4 NRRC

Mrs Newington said that following extensive discussion about possible funding routes for transplant related research consensus had been reached on a way forward.

### 91.5 Customer Satisfaction in the NBS

Dr Ronaldson said that there was to be no presentation on this topic because of the amount of other business on the agenda, and presented the report which the Board found useful. They noted that customer satisfaction was significantly higher when contractors were not used for deliveries; that the survey responders were predominately but not exclusively blood bank managers; and that the NBS scored poorly on partnership in the benchmark data. The actions being taken to address the problems were also noted. Mrs Gubbins suggested that it would be helpful for the Board to receive customer satisfaction data quarterly in future.

## 07/92 PERFORMANCE REPORT – BPL

The Board noted the report. Mrs Martin drew attention to the Vigam issue which had now been largely resolved with a good flow of stock and no back orders, and to the issue with Replene which had also been resolved. She added that the small deficit in October was the result of a slight delay on an extended Letter of Credit.

## 07/93 PERFORMANCE REPORT – NBS

The Board noted the report. Dr Ronaldson said that in terms of supply and products the service to customers was on track although the internal target for red cell stock levels was proving difficult to achieve.

Dr Ronaldson said that the most important area of activity related to MHRA inspection which was not covered in the report. There was considerable work to be done on procedures and staff awareness before he could be confident of satisfactory inspection results. He was taking steps to strengthen Quality Assurance, including recruitment at two Centres, and he would ensure that production at Filton would start with robust Quality Assurance arrangements in place.

Mr Jenkins commented that in the past the Board had received information to the effect that the NBS estate was the main problem in MHRA terms. Dr Ronaldson said that the data for MHRA inspections over previous years did not indicate a particular problem with the estate, but rather with management. However he made clear that the Bristol and Birmingham centres were in poor condition and that some capital investment was also required at the remainder of the centres.

Dr Ronaldson said there were no major health & safety problems, finance overall was expected to be on target at the year end, staff turnover was high and, as mentioned earlier, staff absence in the blood collection area in particular was causing problems.

07/94 **PERFORMANCE REPORT – UKT**

The Board noted the report. Mr Rudge said that monthly patterns for transplants continued to be constant. He said that the report now contained additional information whereby the numbers of deaths on/removals from the waiting list were broken down by organ type, gender and age. Mr Forsythe drew attention to the 200 patients under 50 years of age who had died over the last six months on the waiting list who would have had a good chance of survival had an organ been available for them. Mrs Buggins suggested that, although much of the supply of organs was outside NHSBT's control, it would be useful to include in the report a rolling average line to enable the Board to track progress made in future as a result of the ODTF recommendations.

**CRu**

07/95 **FINANCE REPORT**

Mrs Newington presented the report and the Board noted the healthy financial position and strong balance sheet. Capital expenditure at Filton was on time and within budget; and an underspend of £6m on capital overall was forecast at the year end. DH guidance on special payments remained outstanding. NHSBT had applied to the DH to carry forward £23m at the year end. If this was not agreed, funding would be returned to hospitals. Mrs Newington had not yet been informed of the cash limits for 2008/09 although there had been an indication that these would be received towards the end of January. Mr Savery requested that this be followed up with the DH.

**BN**

07/96 **REPORT FROM THE MAIN COMMITTEES**

**Governance and Assurance Committee**

Mr Jenkins said that while in general auditors' comments on the management of NHSBT were good, there were two points to bring to the Board's attention where this was not the case. The first was the write off of £100,000 for apheresis harnesses because the old stock had not been run down prior to starting to use the new model and in his view that transition could have been better managed. The second point related to mandatory training on which NHSBT lacked comprehensive records for staff. Mr Evans said work was in hand to correct the failings on the training records.

07/97 **FLU PANDEMIC PLANNING**

Dr Ronaldson presented the report on Emergency Planning. This was not being supported by a presentation because of the amount of other business on the agenda. He drew attention to the update on plans to deal with a flu pandemic and to the high level financial information. There was no specific agreement with the DH about how a deficit resulting from a flu epidemic would be handled and Mrs Newington was asked to raise this question with the DH.

**BN**

Mrs Gubbins asked how easy it might be for terrorists to find out which NHSBT sites hold antidote supplies given that there was some information in the public domain. Mr Garwood commented that this had been recognised as an issue when the organisation had originally agreed to hold the supplies. Mr Connon agreed to follow this up to establish whether the information was sufficiently controlled or whether arrangements needed to be strengthened.

**WC**

There was also a discussion about protection of data and Mr McDermott said NHSBT had an encryption policy and this had been promulgated across the organisation. He said that the Executive would be considering whether further work was required at their meeting on 12th December. Dr Williamson commented that it was important that the use of encryption did not cause delay when using email for the purpose of discussing treatment for individual patients. Mr Greggains suggested that the internal auditors be asked to check whether the policy is being complied with.

**GJ**

**07/98 ANY OTHER BUSINESS**

There was no other business.

**07/99 DATE OF NEXT MEETING**

The next meeting would be held on Thursday 10 January at the Royal College of Obstetricians and Gynaecologists.

**07/100 RESOLUTION ON CONFIDENTIAL BUSINESS**

The report on Cold Chain Issues had been included in the agenda for the public part of the meeting in error. The Board therefore agreed to amend the resolution to include reference to certain operational matters, these matters being issues concerning individual members of staff.

The amended resolution was passed.