

**Minutes of the Nineteenth Meeting of NHS Blood and Transplant
held at 12.45p.m. on Thursday 6th September 2007
at the Royal College of Obstetricians and Gynaecologists
27 Sussex Place, Regents Park, London NW1 4RG**

Present:

Mr E Fullagar	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 D Walford
Mr G Jenkins	Dr T Wallington

In Attendance:

Mr D Dryburgh	Mr A McDermott
Mr D Evans	Mr W Connon (part)
Ms H Joy	Mrs L Abel
Mrs J Martin	

07/66 **APOLOGIES AND ANNOUNCEMENTS**

Apologies had been received from Mrs Buggins, Mr Male and Mrs Reynolds. Mr Fullagar welcomed Mr Savery, Mrs Newington and Mrs Martin who were attending for the first time in their new roles, and Ms Joy, Interim Group Director of Communications & Public Affairs.

07/67 **MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

07/68 **MATTERS ARISING**

58.2 **Letter from NBS Staffside**

Mr Evans explained that Staffside were being regularly updated via meetings and teleconferences.

59 **Performance Reports**

Mr Evans confirmed that he had spoken to Mrs Gubbins with regard to the "yellow" status against staff turnover. He added that information was being collated on a centre by centre basis.

Mr Rudge explained that the sudden upturn in 2003 of patients on the kidney waiting list was due to a marked rise in the 60+ year age group (more older patients on the waiting list) and an increase of 200 to 400 Asian patients on the list. He continued that there is a greater incidence of renal failure in the Asian population combined with fewer Asian donors. Mr Forsythe confirmed that this trend was to be expected with more people having dialysis since age guidelines were changed, together with a change in the demography of the UK. Mr Jenkins pointed out that the imbalance between donors and people on the waiting list was increasing faster and asked what was being done to improve the situation. Mr Rudge explained that UK Transplant has worked closely with religious leaders of Buddhism, Christianity, Hinduism, Islam, Judaism and Sikhism to research and produce a series of leaflets explaining organ donation and religious viewpoints and principles. In addition there

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have been targeted campaigns involving the black and minority ethnic communities. Unfortunately these have not been successful and there needs to be research into what encourages these groups to donate, rather than why they do not.

07/69 **NHSBT PERFORMANCE REVIEW**

In Mr Male's absence, Mr Savery presented the 1st Quarter report. He asked Members if this was the right level of detail. Mr Fullagar agreed to discuss this with Mr Savery and Mr Male. Mr Greggains also noted that the traffic light system was not clear in black and white and asked for this to be amended.

**EJF/
BJS/TM
TM**

07/70 **PERFORMANCE REPORTS**

Mrs Martin presented the BPL report highlighting two red and one amber indicator. She explained that the 'Vigam' problem was a short term issue due to high demand and a shortfall in production in July. She explained that BPL has over 56% of the market share and that they were gearing up to supply more to maximise the use of plasma and the use of the plant. However, this was a complex process and supply would always be capped by the supply of plasma. She added that BPL is in regular contact with PASA, keeping them up to date on the IVIG stock situation.

The below budget sales were due to two Brazilian orders which had been held back; Letters of Credit had now been received and the orders would be shipped in September.

Mrs Martin continued that the MHRA were currently inspecting BPL. The Laboratories had already had a good report with no 'majors' or 'criticals'. GMP and Clinical inspections are due in September and October.

Dr Ronaldson presented the NBS report. He noted that supply had not been a problem despite the summer flooding and Bank Holidays. He continued that the inventory was constant due to increased sessions and targeted advertising. Mr Jenkins asked if existing target levels continued to be relevant with falling demand. Mr Ronaldson agreed to look at this with Mr Garwood.

CRo/PG

Dr Ronaldson explained that following the unsatisfactory MHRA inspection at Tooting, which had resulted in six 'majors' and many 'others, there had been a lot of preparation for the Bristol (Southmead) inspection. This had paid off and there had only been two 'majors'. However, the current Quality Assurance structure/reporting would be changed and all staff need to understand the importance of compliance.

Dr Ronaldson continued that Donor Services were still struggling to recruit and that this was being addressed.

Mr Greggains asked what was being done to replenish the skin held in stock and if it was known why it had fallen so much in June and July. Mr Garwood responded that demand had settled and that there were no concerns.

Presenting the UKT report, Mr Rudge highlighted that corneal transplants were lower than the same period last year. This was because many were not suitable for transplant having come from older, less suitable donors. He confirmed that there were eight schemes underway to encourage younger donors.

Mr Rudge continued, explaining the difference between the "active transplant list" (patients ready and waiting for a transplant) and the 'total' list which includes donors suspended due to ill health etc.

Mr Rudge highlighted that turnover of staff had peaked in March. The numbers

leaving are small, but this is exaggerated in percentage terms because of the size of UKT. The most common reasons for leaving are:

- career progression – UKT is seen as too small an organisation for good career opportunities;
- dissatisfaction with the merger;
- dissatisfaction with Agenda for Change outcomes.

Mr Jenkins pointed out that the merger should give greater opportunities for progression and asked Mr Rudge to look at how consolidation at Filton could be promoted within UKT. It was noted that there may be more opportunities within UKT if NHSBT is given the commission from the ODTF.

CRu

Mr Forsythe asked the Board to note that when the ODTF reports, about 2,000 patients will have died/been removed from the Register since the creation of NHSBT.

07/71 **FINANCE REPORT**

Mrs Newington explained that since the Finance Report had been prepared, two hospitals on the overdue list had made payments (Maidstone and Tunbridge Wells NHS Trust and Ashford and St Peter's Hospitals NHS Trust).

She highlighted that the Electronic Staff Record Project had been successfully implemented in August which was an enormous achievement, and that BPL were expected to go live as planned in October (not November as stated).

Mr Jenkins asked if there was an implementation plan for 'moving in' to Filton. Mrs Newington and Mr Ronaldson agreed to provide a headline plan.

**BN/
CRo**

Mr Savery explained that there would be a second meeting of the National Commissioning Group on 9 October to finalise the prices for products and services for the NBS and agreed in principle at the first meeting. Mr Fullagar was anxious to comply with the commitment to stabilise the unit price. Mr Savery agreed to report back to the November Board meeting.

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07/72 **REPORTS FROM THE MAIN COMMITTEES**

Governance and Audit Committee

Mr Jenkins noted that there was nothing to add to the GAC minutes, however he pointed out that the dates for next year were currently being set and that the Secretariat were trying to fit the meetings around the Board meetings.

07/73 **REGISTER OF SEALINGS**

In response to a question from Mr Jenkins, Mr Dryburgh explained that lease renewals were looked at on a case by case basis in terms of operational need against cost benefits, but that the overall NHSBT strategy was kept in mind when agreeing break clauses etc. Mr Dryburgh continued that once the South West strategy was implemented it would be easier to look at the requirements for the North and the South East. Mr Fullagar stressed that there needed to be a co-ordinated approach.

Mr Greggains queried the location of the property with regard to Seal Number 33. This is in Bath.

07/74 **ANY OTHER BUSINESS**

Mr Fullagar noted that he wished to circulate Mr Forsythe's report on 'Transplant Challenges' to the Board. Mr Forsythe explained that he had responded as a private individual to a House of Lords sub-committee looking at transplantation quality issues across the European Union. Mr Rudge explained that NHSBT had also been asked to provide evidence to the Committee and that he would seek comments for others (e.g. the Advisory Chair) and would draft a response with Ms Joy in line with Mr Forsythe's report. Mr Fullagar thanked Mr Rudge for this and agreed to circulate Mr Forsythe's report.

CRu/HJ

EJF

07/75 **DATE OF NEXT MEETING**

Mr Fullagar reminded the Board that meetings would not be held for the sake of meetings. Therefore he and Mr Savery would discuss if it was necessary to hold a meeting in October. In the meantime, he asked Members to hold Thursday 4 October. If the meeting was held it would be at the Royal College of Obstetricians and Gynaecologists.

EJF BJS

The subsequent meeting would be the Board Planning meeting on Thursday 1 November, followed by dinner and the formal Board meeting on Friday 2 November. These would be held at the Royal College of Obstetricians and Gynaecologists.

07/76 **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution was passed.