

**Minutes of the Fifty-sixth Meeting of NHS Blood and Transplant  
held at 10.15am on Thursday 23 May 2013  
at the Royal College of Obstetricians and Gynaecologists  
27 Sussex Place, Regent's Park, London NW1 4RG**

Present:	Mr E Fullagar	Ms S Johnson
	Mr R Bradburn	Mr J Monroe
	Dr C Costello	Dr C Ronaldson
	Prof J Forsythe	Dr H Williams
	Mr R Griffins	Mr S Williams
	Ms L Hamlyn	Dr L Williamson
	Mr G Jenkins	
	In attendance:	Ms L Austin
Mr M Cox		Dr G Duncan
Mr D Evans		Ms J Minifie
Mr M Potter		

**13/51 APOLOGIES AND ANNOUNCEMENTS**

Apologies had been received from Mr Blakeman and from Dr Donnelly.

Mr Fullagar welcomed Mr Dorian Kennedy from the Department of Health to the meeting.

**13/52 MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

**13/53 MATTERS ARISING**

Paper 13/42 was noted. The Board also recorded the items they had discussed in the confidential section of the meeting. These were certain personnel, commercial and policy issues. The personnel issues related to organisational design. The commercial issues related to the purchase of equipment and services. The policy issue related to organ transplantation.

**13/54 BLOOD SUPPLY – COLLECTIONS STRATEGIC PLAN**

Dr Ronaldson presented paper 13/43. This set out the reasons why significant changes to the way we collect blood are essential and the main strategic initiatives designed to address five key challenges. These challenges are ensuring the long term sufficiency of the blood supply; modernising our collection sessions and interaction with donors; improving the session experience for donors; creating an organisational structure to deliver these changes and, over time, achieving top quartile European collection productivity performance.

The Board noted and approved the proposed strategy for Blood Supply – Collections.

13/55 **NEW STRATEGY FOR ORGAN DONATION AND TRANSPLANTATION – TAKING ORGAN TRANSPLANTATION TO 2020**

Ms Johnson presented paper 13/44. She said she had hoped to have received final approval from all four Health Ministers before this meeting but this had been received from only two, although she understood approval from the others was imminent. She said that failure to launch the strategy as planned during Transplant Week would damage our credibility with our stakeholders. Mr Fullagar stressed the importance of the strategy and Mr Kennedy said he would follow up the matter with the English Minister.

Ms Austin confirmed that it was the intention for all four Ministers to announce the strategy for the UK as a whole on the same day, each focusing on arrangements in their own country, and said the headline plans for the announcement would be shared with the Board.

LA

Ms Johnson said she wished to take this opportunity to draw the Board's attention to the fact that the target for the number of transplants in 2013/14 had been raised to 1,272 from 1,252, the lower number having been set against the background of a low level of performance at the time the targets were originally set in August 2012.

On the basis that Ms Johnson would revert to them in the event of any problems, the Board approved the final drafts of the outline and detailed strategies and the accompanying supporting documents. They also agreed to publish these towards the end of National Transplant Week (commencing 8 July).

The Board also noted paper 13/45 which summarised the positive feedback received from the Welsh and Scottish Ministers regarding the work undertaken by NHSBT since 2008 to deliver the Taskforce's vision of a 50% increase in organ donation.

13/56 **TAKING ORGAN TRANSPLANTATION TO 2020: ESTABLISHMENT OF AN IMPLEMENTATION OVERSIGHT GROUP**

Ms Johnson presented paper 13/46.

Prof Forsythe suggested that it was likely to be appropriate for his successor as a member of the Board to be a member of the group;

suggested that it might be appropriate to consider including a representative of the HTA as a member of the group and recommended that careful consideration be given to the appropriate representation of commissioning interests.

Prof Forsythe also said that while he could see significant benefits in the Chief Executive of NHSBT being the Chair of the group, one of the reasons she had not been asked to chair the Taskforce Implementation Group was that so many of the initiatives were outside NHSBT's remit. Ms Hamlyn said that at the time the Organ Donation Taskforce was formed NHSBT had not yet established its credentials as the Organ Donation Organisation. She hoped that it had now done so and, although many stakeholders had been involved in the creation of the new strategy, NHSBT had played a major role. She said that while she would be honoured to chair the group, she would be very willing to consider a better suggestion in the interests of delivering the strategy.

The Board confirmed the establishment of the Implementation Oversight Group. Ms Hamlyn asked Ms Johnson to report back to the Board at the next meeting on Prof Forsythe's suggestions.

**SJ**

13/57

#### **DONOR LOYALTY PROGRAMME**

Jon Latham Assistant Director, Marketing and Donor Contact Services, attended for this item. Dr Ronaldson thanked Mr Monroe and Mr Williams for their input to the draft proposal and presented the paper, highlighting the key changes to the current arrangements which had been in place for 10 years. He said the new programme was designed to attract and retain donors on the basis of the principle that every donation matters and by giving recognition, rather than reward which was not desired by the majority of donors.

Mr Latham summarised the background and provided some detail about the proposal including the removal of the inconsistency of treatment between whole blood donors and platelet donors. He said that in addition to modernising the reward system the proposals provided financial savings, although these were not the driver for the change.

Prof Forsythe highlighted the fact that recognition systems continue to be separate for blood donors, deceased organ donation and living organ donors and suggested it might be appropriate to review that position. Mr Latham said that although bringing all three systems together would be a major task he believed that other programmes might be added once the system for blood donors was in place.

Ms Johnson said that since the Board pack had been issued an agreement had been reached with the Order of St John to provide

an award for all future deceased organ donation families across the UK. Ms Hamlyn commented that the matter of recognition for organ donation was the only recommendation from the Organ Donation Task Force which had until now remained outstanding. The leadership of this recommendation had been transferred to NHSBT from the DH.

Ms Hamlyn said she had taken a strong interest in recognition for blood donors for some time and she had asked Executive colleagues to attend local award ceremonies whenever possible. She said she intended to attend the annual event with the new Chair and said that other members of the Board would also be very welcome.

Mr Williams said he wholeheartedly supported the proposal and also endorsed Ms Hamlyn's encouragement of attendance at ceremonies. Mr Monroe said he highly commended the quality and nature of the research behind the proposal which had his complete support. The Board approved implementation of the outline proposal.

#### 13/58 **INTEGRATED SERVICE MANAGEMENT SYSTEM**

Mr Potter thanked Mr Monroe and Mr Blakeman for their input as reviewers of the paper and summarised the proposal.

Mr Evans said that notwithstanding the situation with regard to the shared service solution being proposed for HR services across the ALBs, he supported the proposal in paper 13/48. The issue of the shared service was unlikely to be resolved quickly and he saw no reason not to take action to improve the efficiency of NHSBT's own HR service and achieve more savings.

Mr Monroe said he believed the proposal represented the right course for NHSBT and pointed out that its benefits would be realised in the context of other initiatives. He added that the importance of this system would increase as NHSBT's technological requirements become increasingly complex.

The Board approved the £65,000 per annum increase to recurring revenue for licence subscriptions and £253,000 non-recurring revenue for implementation support training and short-term backfill of roles during implementation.

#### 13/59 **COMMERCIAL VEHICLE LEASING CONTRACT AWARD**

Mr Cox thanked Mr Jenkins and Mr Griffins for their valuable input as reviewers of the proposal and presented paper 13/49.

Mr Jenkins said he supported the proposal but he was concerned that the timing of the paper i.e. only six to eight weeks in advance of the end of the existing contract meant that the Board had no option other than to approve the proposal without the opportunity for appropriate challenges and assurances. Mr Griffins, who said he also supported the proposal, also had concerns over the timing of the paper.

Mr Bradburn suggested that the Board might wish to receive a paper 12 months in advance of a recommendation with details of the contract, its value and the process being implemented which would give the Board the opportunity to ask for any additional assurance it might require.

The Board agreed the recommendation in the paper. Mr Fullagar asked Mr Bradburn to prepare a proposal for reporting to the Board on forthcoming procurement items which could be agreed by the Board at its next meeting.

**RB**

13/60

## **ANNUAL MANAGEMENT QUALITY REVIEW**

Ian Bateman, Assistant Director of Quality, attended for this item. Dr Ronaldson introduced the report which Mr Bateman presented.

Key points included receipt of a full licence from the HTA following completion of the project to comply with the EU Organ Donation Directive in December 2012.

On the impact of the review of the Medical Device Directives by the EU Commission, Mr Bateman said that since the report had been issued he had been told informally that our challenge in respect of some of the proposed changes has been successful.

Mr Bateman said that the number of product reconciliation issues remained a concern and a report with clear recommendations will be submitted to the Blood Supply Senior Management Team in June.

Following excellent regulatory compliance during 2012/13 Mr Bateman said he regretted having to report that four “major” non-conformances had been received during two MHRA inspections carried out in April. One had occurred in Lancaster and had involved two issues of control, one relating to facilities and one relating to equipment. These were being addressed and steps being taken to ensure the issues are not repeated at this or other sites.

An MHRA inspection at the Clinical Biotechnology Centre (CBC) clean room facility near Bristol had given rise to three “major” non-conformances, although the MHRA were content for the facility to

continue to operate. Mr Bateman said that after their own consideration he, Dr Williams and Dr Williamson had concluded that the facility remained safe to operate and had given that assurance in response to questions raised at the GAC. A detailed plan of robust corrective action had been submitted to the MHRA and their response was awaited. In the meantime a thorough lessons learned exercise was taking place.

Responsibility for CBC, which had originally been created with a view to NHSBT becoming a key player in gene therapy, had been passed from R & D to DTS on 1 April 2013 in order to give it more visibility. Mr Bateman said a proposal as to whether the CBC should continue to operate, whether its functions should be brought in house elsewhere in the organisation or whether they should cease altogether will be considered by the Executive at its meeting in September with the potential of a proposal to the Board. To inform the decision advice is being sought from an ad hoc advisory group which will include representatives from the stem cell catapult and the government department for regenerative medicine. In addition external market research to help assess the level of future requirement for this type of work is also being carried out. No new work will be taken on at CBC in the meantime.

Mr Fullagar thanked Mr Bateman for the report and welcomed the fact that a strategic review was taking place in addition to action to address the specific issues.

13/61

## **IMPROVING ENGAGEMENT WITH OUR STAKEHOLDERS – FIRST ANNUAL UPDATE ON PROGRESS**

Ms Austin presented the paper. She summarised the key points which included significant improvement in feedback on organ donation and transplantation, which was consistent with other sources of feedback. She also highlighted the opinion from several respondents that NHSBT should take opportunities to be bolder and braver.

Mr Williams commended the clear signs of improvement in important areas particularly those relating to organ donation and transplantation stakeholders. He suggested that a different approach to the audit might be considered next time in an attempt to obtain feedback from parliamentarians and Ms Austin agreed.

The Board noted the first annual update on progress, including the results of the third corporate stakeholder perceptions audit, and endorsed the plans and priorities for 2013/14.

13/62 **UPDATE ON THE PROPOSED BRENTWOOD ESTATE PROJECT**

The Board noted the update on the Brentwood Estate Project and the intention to submit a full business case for consideration at the July meeting.

13/63 **CLINICAL GOVERNANCE REPORT**

Dr Williamson presented the report. She highlighted the following points:

- (i) the recommendations of the Deceased Donor Family Consent Working Group;
- (ii) the CARE Committee's approval of a proposal from Tissue Services to provide allogeneic serum eyedrops;
- (iii) the review of the recommendation to collect 80% of platelets by apheresis, the outcome of which will be presented to SaBTO at its meeting in September; and
- (iv) the expert opinion on virus infections in relation to Club 96.

Ms Hamlyn added that the Club 96 Committee had agreed to ask SaBTO whether, given the small numbers of donors involved, it could proceed with the policy simultaneously with the research being carried out or whether it was necessary to wait for the outcome.

Dr Williamson also drew attention to press reports, which had appeared since her paper had been written, about a new case of vCJD. She said that following checks with the CJD Surveillance Unit she could confirm that these reports were incorrect. No cases of vCJD have been reported in the UK since 2010 and no one is alive with that diagnosis in this country at present.

13/64 **SUI SUMMARY REPORT**

Dr Williamson presented the report. On the ABO blood grouping error she said that the delay in offering the lungs elsewhere may have contributed to the fact that they were not taken up for another patient.

On the platelet incident, Dr Williamson drew attention to the recent news that a recall of Terumo machines had been initiated by the FDA and an alert had been issued by the MHRA. She said software improvements are being implemented and all machines will have been upgraded by the end of July 2013. Prof Forsythe asked what precautions were being taken by NHSBT in the meantime and said he was reassured by Dr Williamson's response that details of this incident had been shared with all platelet centres immediately after

it had become known, as had been the case for the previous incident. Mr Evans said that the investigation into the incident was being delayed by the fact that the donor carer involved was currently away from work. It will be completed in due course however and the need for disciplinary action will be considered. Dr Williamson referred to a relationship between this potential donor safety issue and the requirement to collect 80% of platelets via the apheresis technique on the basis that it is safer for patients.

13/65 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

The reports were received. Dr Duncan offered to provide information in his next report on the forward elements of the process of the Human Transplantation (Wales) Bill and the Board confirmed that that would be helpful. It was noted that the process by which NHSBT would receive funds for the work on the Organ Donor Register was to be confirmed.

**GD**

13/66 **PERFORMANCE REPORT**

Mr Bradburn said there were two significant issues and the first, the four “major” regulatory non-conformances, had been covered under the Annual Management Quality Review item.

The second issue was the impact of the drop in demand for red cells that had occurred unexpectedly immediately following the NCG meeting in October when a demand forecast on which to base the price for 2013/14 had been established. This fall in demand appeared to have been caused by a number of factors including improved patient blood management, red cell salvage, better stock management, restructuring of services and financial pressures. A number of actions were being pursued to try to obtain better information on expected demand over coming months but in the meantime the level of funding available for transformational change was lower than expected as was the potential to hold or reduce prices in 2014/15 and beyond.

On organ donation, the year had started well with deceased organ donation one higher than plan at 105 and living donor numbers for 2012/13 also higher than plan.

The year end final audit process was almost complete and a clean report was expected.

13/67 **CHIEF EXECUTIVE'S REPORT**

Paper 13/57 was received. The 50% increase in organ donation had been achieved after the last Board meeting and Ms Hamlyn said that this had been the subject of the most important announcement

of her career and its proudest moment. The publicity was now behind us but it had been good to pause and thank Ms Johnson and her team and all those responsible for such a great achievement. Even more work now lay ahead to deliver the new strategy.

13/68 **MINUTES OF THE MEETINGS OF THE TRUST FUND COMMITTEE HELD ON 28 FEBRUARY AND 13 APRIL**

The minutes were noted.

13/69 **MINUTES OF THE GAC MEETING HELD ON 28 FEBRUARY**

The minutes were noted.

13/70 **MINUTES OF THE MEETING OF THE EXPENDITURE CONTROLS COMMITTEE HELD ON 2 MAY**

The minutes were noted.

13/71 **ANY OTHER BUSINESS**

**71.1 MEETING FOR NEDS 27 JUNE**

Mr Fullagar drew attention to the DH meeting for NEDs to be held in London from 8.30am to 1.00pm on 27 June to discuss the implications of the new health systems for ALBs. He had forwarded details to the NEDs and asked Jane Minifie to forward further details as they became available.

**JM**

**71.2 NEW CHAIR**

Mr Fullagar said he had been informed that a new Chair of NHSBT had been appointed and there would be an announcement made during w/c 27 May.

Mr Fullagar thanked the Board for all their help during his two terms as Chairman, a position which he had found a real privilege. He wished NHSBT well for the future and said he hoped to see it do even better than it has done so far.

13/72 **DATE OF NEXT MEETING**

The next meeting will be held at the Royal College of Obstetricians and Gynaecologists on Thursday 25 July 2013.

13/73 **LETTER FROM SALLY JOHNSON TO DR GRANT DUNCAN RE  
THE NATIONAL ASSEMBLY'S HEALTH AND SOCIAL CARE  
COMMITTEE STAGE 1 REPORT ON THE HUMAN  
TRANSPLANTATION (WALES) BILL**

Paper 13/62 was noted.

13/74 **SUMMARY OF NHSBT ACTION PLAN IN RESPONSE TO THE  
RECOMMENDATIONS OF THE COMMERCIAL REVIEW REPORT**

Paper 13/63 was noted.

13/75 **FORWARD AGENDA PLAN**

Paper 13/64 was noted.