Minutes of the Fifty-fifth Meeting of NHS Blood and Transplant held at 10.30am on Friday 22 March 2013 at The Radisson Blu Hotel, 80 High Street, Edinburgh EH1 1TH

Present:	Mr E Fullagar	Mr G Jenkins
	Mr A Blakeman	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
In attendance:	Ms L Austin	Mr G Brown
	Mr M Cox	Dr G Duncan
	Mr D Evans	Mr C Pavelin
	Mr M Potter	Ms J Minifie

13/24 **APOLOGIES AND ANNOUNCEMENTS**

Apologies had been received from Dr Donnelly.

Mr Fullagar welcomed Mr Jeremy Monroe, who had been appointed as a Non-Executive Director of NHSBT in February, and Mr Mark Cox, Interim Director of Logistics. He also welcomed Ian Beggs, Assistant Director External Affairs, who was attending the meeting as part of his induction.

13/25 **MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

13/26 **MATTERS ARISING**

Paper 13/19 was noted. The Board also recorded the items they had discussed in the confidential section of the meeting. These were certain strategic and commerical issues. The strategic issues related to the blood supply and to Histocompatibility & Immunogenetics services. The commercial issue related to the purchase of equipment.

13/27 **UPDATE ON THE DEVELOPMENT OF A NEW STRATEGY FOR ORGAN DONATION AND TRANSPLANTATION**

Prof James Neuberger, Associate Medical Director ODT, and Dr Paul Murphy, National Clinical Lead for Organ Donation, were present for this item. Ms Johnson presented paper 13/20 and commended the draft strategy to the Board. Ms Hamlyn said it was a great achievement to have secured support for the document from so many stakeholders, clinicians and all four governments.

The Board regarded this version of the strategy, which was clearly directed at society rather than the transplant community, as a pragmatic balance between ambition and what would be acceptable to the four Health Departments. They noted that it was the intention to use the communications strategy to express a greater level of passion about the aims of the strategy.

Ms Hamlyn said the communications strategy would focus on the need for a revolution in public attitudes to consent for organ donation. She drew attention to the ambitious nature of any move not to allow families to override the wishes of a loved one who had signed up to the Organ Donor Register and said the increased demand that would place on SNODs should not be under estimated.

Dr Murphy said that it was a fact that the target of a 50% increase in donation would have been achieved well in advance of the target date had 120 families who were approached not declined to give consent. He said, however, that if there is an intention in future to ignore the wishes of the families of individuals who have signed up to theODR there must be very strong professional and political support for clinicians. Without a clear, legally acceptable position there is the potential for adverse publicity to lead to very serious damage to the whole transplantation programme. In response to a question from Dr Costello, Dr Murphy said clinicians are within their rights to remove organs for donation against the will of the family but in practice that is extremely difficult without clear professional guidance on the matter. He said, however, that this is not the principal message in the strategy. He said he believed that a significant difference could be made without that by training SNODs to approach families from a very different perspective, particularly in the case of individuals who are on the donor register. He said he believed this would be entirely appropriate because in the stakeholder consultation the public had expressed outrage that families could override the express wishes of a dying relative. NHSBT and the intensive care community have done what they can to increase donation by asking in more cases but the consent rate has not increased and this will not increase until society changes its culture. Promoting the ODR will not achieve an improvement; what is needed is a change so that the vast majority of families are willing to agree to donation in cases where the wishes of their loved one is not known to them.

Ms Austin said we have been trying continually since the consultation to generate debate by placing stories with journalists and will continue to do so but to date they have not attracted the necessary interest. We will continue to look for opportunities on a daily basis.

Prof Neuberger said it was important to focus our efforts on the sections of society who were most inclined to be donors and that it was clear, as demonstrated by the success of ITV's *Have a Heart*, that the involvement of transplant patients and donor families is key in getting the message across.

Mr Pavelin said he supported the comments about the need for change in the culture amongst society and said he would be willing to make the case to the Cabinet Office for NHSBT to be allowed to spend its organ donation marketing budget.

Prof Neuberger said that he had been asked by clinical colleagues outside NHSBT to make the point that whilst ministers in Scotland, Wales and Northern Ireland are regularly seen to be promoting organ donation this is not the case for England. This had led to a perception amongst his clinical colleagues that there is little interest in its promotion here.

Mr Griffins said he was now content with the wording of the action in the strategy relating to ministerial duty which had been revised to accommodate the approach of all four countries.

The Board approved the revised draft strategy and commended it to the four UK Health Departments for their final clearance. The Board agreed to the publication of a short high level strategy for the general audience and a more detailed strategy document for the clinical audience. The Board asked for more work to be done on how to promote the debate needed to stimulate a change aimed to change the culture amongst society. **SJ**

It was agreed that the Board would be notified of any amendments requested by the four UK Health Departments at the May meeting with a final draft provided for clearance prior to publication in June.

Mr Fullagar thanked Ms Johnson, Prof Neuberger and Dr Murphy for the work they were doing with support from the rest of the team.

13/28 **NHSBT BUDGET 2013-14**

The Board approved the budget for 2013-14.

13/29 **REVIEW OF NHSBT STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION**

Mr Bradburn presented the changes to the documents as set out in paper 13/22. Mr Blakeman assured the Board that the GAC had reviewed the full documents with annotated changes and on behalf of the Committee recommended them to the Board. In doing so he highlighted to the members of the Committee that the material

change relating to capital and non-recurring revenue projects had been added since the Committee had reviewed the documents.

The Board approved the revised set of Standing Orders, Standing Financial Instructions and Scheme of Delegation (including the delegated financial limits).

13/30 **FUTURE OF THE ORGAN DONOR REGISTER**

Ms Johnson said significant progress had been made since the last Board meeting with agreement in principle between the four UK Health Departments being achieved recently. Funding was a matter between the four countries but she was in correspondence with Dr Duncan on NHSBT's behalf. She said the most significant issue was the timeframe and said there were also concerns relating to programme resource.

Mr Potter said it was essential that the work was kept as simple as possible and that there was an understanding that fundamental changes could not be made once work had started – although the base construction would be designed to allow enhancements to be added later. He stressed that there could be no delay because a contract for external support must be signed no later than November when the DH framework expires. Approval of the proposal had been received from Scotland, Wales and Northern Ireland and it was expected that approval from the English Minister would be forthcoming shortly.

Dr Duncan thanked NHSBT for taking the lead on the work on the Organ Donor Register (ODR) and said that if additional requirements were added at a later date the Welsh Government would be grateful for additional financial contributions from the other UK countries. Mr Blakeman thanked the Welsh Government for providing the funding in the first instance.

The Board noted the steps taken so far to secure agreement to the redevelopment of the ODR in the light of the Welsh legislation, noted the governance arrangements being put in place to ensure safe and efficient implementation of the Human Transplantation (Wales) Bill, should it be passed, and supported the current approach including the procurement of a requirements gathering exercise to inform the development of the new ODR, funded by the Welsh Government.

13/31 **UPDATE ON THE NHSBT STRATEGIC PLANNING TIMETABLE**

It was noted that Patient Blood Management formed part of the Customer Interface section of work for 2013/14 and that the R & D Strategy should be included in the timetable at June 2014. It was

agreed to include the Annual Accountability Review (June 2013) in the plan although Mr Pavelin commented that this timing was not well placed for either a forward look or a review of the previous year.

Mr Fullagar commented that the process of strategic planning had begun to produce worthwhile results and the Board noted the updated timetable, subject to the points made above.

13/32 **FRANCIS REPORT UPDATE**

Dr Williamson presented paper 13/25. She drew attention to some of the key factors identified by the first Francis report published in 2010, to the principles of the approach being taken in NHSBT, to the new actions recommended for NHSBT and to the five key themes where action could be taken immediately. She also referred to paper 13/36 in the information section of the agenda which set out the outcome of NHSBT's 2012/13 Staff Attitude Survey and the high level corporate actions planned to address the main issues within the survey.

Mr Blakeman said the GAC had been satisfied that the process proposed by Dr Williamson would provide the Board with the input it needed. The Committee had also looked at the processes which make up NHSBT's assurance framework with a view to checking whether this would ensure that important trends would not be missed and that appropriate questions would be highlighted. This had produced two conclusions. The first was that references to the patient and the donor in the description of our risks were insufficient and that should be addressed. The second concerned leadership and the view that the Board, Executive and management throughout the organisation should remind themselves where they should be focusing their attention.

Mr Blakeman asked the Board to discuss how it can be sure that it will not make the same mistakes as had been made by the Board of the Mid Staffordshire NHS Trust. Mr Jenkins emphasised the fundamental importance of the Board maintaining a connection with the day to day running of the organisation, setting the standards it requires and defining the information it needs to assure itself those standards are met. Prof Forsythe said he would feel assured if every point of contact this organisation has with patients, donors or donor families is examined to test whether it is being done well.

Ms Johnson said there had been an interesting discussion at her Senior Management Team meeting about whether a SNOD who observed poor practice in a hospital would feel in a position to challenge those involved.

The Board accepted the Francis Report, agreed that our action plans should also consider implications for the care of donors and donor families and agreed the principles, action areas and proposals outlined in the paper. Mr Fullagar thanked Dr Williamson and the team for the good work done so far but cautioned the Board against any complacency.

13/33 **CLINICAL GOVERNANCE REPORT**

Dr Williamson presented the report.

13/34 **SUI SUMMARY REPORT**

The report was received.

13/35 **FINAL REPORT SUI NUMBER 1326/0812**

The Board had asked to see the final report about this incident and Dr Williamson drew attention to the action plan. This had been probed in some depth by the GAC and accepted by them.

Ms Johnson said that the work of the SNODs was under review because the increase in donation numbers meant it was not sustainable in the long term for one person to cover all aspects of the process.

Dr Williamson said this incident had also highlighted issues around the process in place for approval of changes to operating procedures and this was the subject of additional work.

Dr Costello asked how the training in the plan differed from previous training. Ms Johnson said this was now in the form of education, delivered by a virologist, to provide SNODs with an understanding of the CMV issue rather than training to reproduce information seen in a report. She confirmed that arrangements were being put in place to ensure that new SNODs joining in future would receive the same edcation. Prof Forsythe said he had received positive feedback about this training and asked whether it had been completed by 22 March as planned. Dr Williamson said she would check and respond outside the meeting. **LW**

Mr Blakeman said the Board should come to a decision about what was acceptable on a risk, cost, benefit basis. It was agreed that this should be discussed at the GAC when the outcome of the work being done in relation to the transformation of donor registration was available. **LW**

13/36 **FINAL REPORT INCIDENT NUMBER INC-ODT-14**

The Board had also asked to see the final report on this incident. Dr Williamson presented paper 13/29 and Ms Johnson reported on additional actions being taken which included increased supervision in the duty office, the transfer of some labour intensive activities to tissue services and, in the longer term, the creation of a more robust national referral centre with clinical staff presence.

Under this heading Dr Williamson commented on the incident in Oxford reported to the Board on 17 March. Dr Williamson said the issue was of a different nature to the incident which had occurred in July 2012. She said the donor carer involved had been removed from venepuncture duties for both platelets and whole blood. Dr Williamson said she had visited the apheresis clinic at Edgware on 20 March to observe the process following which she would be exploring the fact that the machines emit the same noise for an alarm as for an alert. A suggestion about placement of the coagulant on the machine to make it obvious it had not been put in would also be followed up.

Dr Williamson also commented on the incident of incorrect ABO blood group which had been reported to the Board on 21 March. The patient involved had been waiting for lungs of a wrong group since July 2012. Investigation was taking place to see how much disadvantage she had suffered. Dr Williams described what had apparently happened saying that processes had changed since the incident although these would need investigation to establish whether they would have prevented the incident. The Board noted that the patient would have died had she received these lungs and furthermore, death caused by incorrect ABO blood group is defined by the DH as a “never event”. The loss of the opportunity for the lungs to have been transplanted into another patient was also noted.

13/37 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

The reports from the UK Health Departments were noted.

13/38 **PERFORMANCE REPORT**

From a general perspective, the Board emphasised the importance of ensuring that the information in this report continues to be driven from a strategic perspective against the standards the Board sets.

The key issue in this month's report was the fall in the demand for blood. A reduction in demand for tissues was also being seen. DTS team engagement with customers was being increased and the demand planning process was being reviewed.

13/39 **CHIEF EXECUTIVE'S REPORT**

Ms Hamlyn drew the Board's attention to two issues. Firstly, a strategic review by the Trust where our Stock Holding Unit is located in Lancaster had led them to ask us to relocate the unit following which discussions with our customers had identified significant concerns about our ability to supply products in the timescales necessary for good patient care. The latest information, however, was that we were not required to move from the site and Ms Hamlyn was writing to request confirmation of this following which we would be writing to inform clinicians at customer hospitals. It was anticipated therefore that there would be no change at present.

The second issue concerned the Brentwood site. Rationalisation of processing and testing activity had resulted in limited use of the site which, as one of the oldest, needed improvement. Relocation of the donor centre to the community hospital was a possibility but a suitable site for the Stock Holding Unit (SHU) with acceptable pay back on investment had not been found. Suggestions to supply hospitals from other SHUs had been resisted by the hospitals the furthest distances away, with some having written to their MPs about the matter. A number of other options were being considered, such as satellite units for the hospitals furthest away, although a conclusion had not yet been reached. A further update would be provided at the next Board meeting.

13/40 **MINUTES OF THE MEETING OF THE EXPENDITURE CONTROLS COMMITTEE HELD ON 21 JANUARY 2013**

The minutes were noted.

13/41 **SUMMARY OF THE MINUTES OF THE MEETING OF THE REMUNERATION COMMITTEE HELD ON 22 JANUARY 2013**

The minutes were noted. Mr Williams asked the Board to let him or Mr Evans know if they considered the Committee's terms of reference should be extended to cover any additional items.

13/42 **MINUTES OF THE MEETING OF THE NATIONAL ADMINISTRATIONS COMMITTEE HELD ON 30 JANUARY 2013**

The minutes were noted.

13/43 **ANY OTHER BUSINESS**

There was no other business.

13/44 **DATE OF NEXT MEETING**

The next meeting will be held on Thursday 23 May at the Royal College of Obstetricians and Gynaecologists, 27 Sussex Place, Regent's Park, London NW1 4RG.

13/45 **NHSBT STAFF ATTITUDE SURVEY 2012/2013**

Paper 13/36 was noted.

13/46 **ALL-WALES BLOOD SERVICE**

Paper 13/37 was recorded. The Board was concerned that it could not see resources being put in place in Wales that would enable substantial progress to be made by 2014.

13/47 **ACHIEVING THE 50% INCREASE IN ORGAN DONATION: A PROGRESS REPORT**

Paper 13/38 was recorded.

13/48 **REGISTER OF SEALINGS**

Paper 13/39 was noted.

13/49 **SUMMARY OF NHSBT ACTION PLAN IN RESPONSE TO THE RECOMMENDATIONS OF THE COMMERCIAL REVIEW REPORT**

Paper 13/40 was noted.

13/50 **FORWARD AGENDA PLAN**

Paper 13/41 was noted.