

**Minutes of the Fifty-third Meeting of NHS Blood and Transplant  
held at 11.30am on Thursday 29 November 2012 at the  
Royal College of Obstetricians and Gynaecologists  
27 Sussex Place, Regent's Park, London NW1 4RG**

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

**12/126 APOLOGIES AND ANNOUNCEMENTS**

Apologies had been received from Dr Donnelly.

Mr Fullagar welcomed Dr Gail Mifflin, Associate Medical Director – Blood Donation, who was attending the meeting as part of her development; Prof James Neuberger, Associate Medical Director Organ Donation and Transplantation, and Dr Paul Murphy, National Clinical Lead Organ Donation who were attending primarily for the discussion on the Transplantation Strategy; and Ian Reeves, National Testing Manager, who was attending for the Microbiology Testing Contract item.

Mr Fullagar also congratulated all the staff involved in the work to prepare for the Olympic Games, the work to maintain services to patients following the Filton flooding and to restore normal working there, achievement of the excellent results of the recent Care Quality Commission inspections and in winning various recent media and other awards.

**12/127 MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed subject to amendment of the fifth paragraph of item 12/104 "Update on the Development of a New Strategy for Organ Donation and Transplantation" where the second sentence should read "The strategy would require the support of all four health departments and the transitional steering group, chaired by Prof Chris Rudge, was the forum for keeping all four Health Departments abreast of the emerging strategy and seeking their endorsement."

12/128 **MATTERS ARISING**

Paper 12/101 was noted. The Board also recorded the items they had discussed in the confidential section of the meeting. These were certain commercial, strategic and policy issues. The commercial issues related to the purchase of equipment and services. The strategic issues related to organ donation and transplantation. The policy issues related to organ donation and transplantation, the provision of blood services in Wales and matters relating to the Department of Health.

12/129 **REVIEW OF NUCLEIC ACID TESTING FOR HEPATITIS B**

Dr Williamson presented paper 12/102 and, at her request, Prof Neuberger described the clinical impact of Hepatitis B.

The Board noted that the transmission of Hepatitis B through blood transfusion referred to in the paper was the first since 2005. The Board also noted that the donor's infection had been identified through a reference test after the patient developed infection and would not have been identified by routine donor screening even if individual testing was in place. Prof Forsythe commented that this unavoidable transmission of infection underlined the need for patient consent for blood transfusion.

In response to a question from Prof Forsythe, Dr Williamson confirmed that the donor, who had donated on many previous occasions, was not in any risk group for Hepatitis B and no risk factors were listed following the post test discussion with an NHSBT doctor. A possible transmission route had been identified, however, and Prof Forsythe suggested that in due course that might be shared with SaBTO members for information.

**LW**

The Board agreed to the proposal that nucleic acid testing for hepatitis B should continue to be performed in pools of 24. Prof Forsythe agreed that it would be appropriate for the Board's decision to be submitted to SaBTO for information.

**LW**

12/130 **UPDATE ON PLANNED INDUSTRIAL ACTION BY THE UNITE UNION FOLLOWING THE PROPOSED TRANSFER OF TESTING FROM COLINDALE**

Mr Evans presented paper 12/103. The Board noted the outcome of discussions held with the UNITE union and Mr Jenkins congratulated all those involved. The Board also noted the responsible way in which the union had progressed its actions.

The Board confirmed the decision they had made in July 2012 to transfer testing from Colindale. Before doing so they carefully

considered the statement from the UNITE Union which was attached to the paper at annex II.

On statement points 2 and 3 the Board noted that the actions taken in response to the Filton flooding were those set out in the contingency plans in place at the time. Dr Ronaldson said he was confident that the contingency plans which will be put in place when the number of testing centres is reduced to two will function equally well.

Dr Ronaldson said he believed that the union's comments about quality standards in their point 7 related to CMV testing and bacteriology standards. He said it had already been explained to staff that we reverted to a previous approved regimen for release of platelets which provided a shorter timescale for release of product. This had been adopted for sound operational reasons. A reduction in the number of CMV tested units was based on recommended guidelines from SaBTO. Neither of these changes represented any reduction in regulatory standards.

On the reference to arrangements in Canada, Ms Hamlyn said she had previously written to the trade union representative who had raised the issue pointing out that the flight time between the two Canadian blood testing centres was five hours and that the number of centres per head of population was not relevant.

The Board noted that a communication would be prepared to inform staff of the Board's decision.

**DE, CR**

12/131 **DONOR REGISTRATION EOS (ELECTRONIC OFFERING SYSTEM) IMPROVEMENT**

Ms Johnson presented paper 12/104. She said the possibility of purchasing the system in operation in America had been considered but had not been feasible. Mr Potter expanded on plans for implementation and said the work was ready to start the following week. He said that following support from Dr Jecock, agreement to our choice of partner had now been received from those responsible for IT procurement at the DH.

Mr Jenkins welcomed the progress being made but recommended a quicker response to advances in technology in future. Mr Blakeman suggested that we should begin to plan a pipeline of improvements to help our ambitions to be world-class but Ms Hamlyn cautioned that our resources did not match the full potential for enhancement. Ms Johnson said that priorities were being discussed with the Advisory Group Chairs and the National Committee with priority being given in the first instance to achieving green status for any systems currently indicated as red or amber.

Ms Johnson urged some caution over the anticipated level of reduction in donor registration time because of two other factors (i) input from insufficiently trained clinicians leading to incorrect donor family expectations and (ii) the length of time taken by transplant units to accept organs. She also pointed out that in brain stem death cases additional time might be needed in order to improve organ quality.

The Board agreed that these improvements to the donor registration process had additional value in that once our own systems were functioning adequately we would be in a position to press for similarly important improvements to the systems on the transplantation side of the process.

The Board welcomed the progress made in mobilising the project and confirmed that the work should progress to detailed business case stage. They were content with the risk mitigation and agreed that the paper could be shared with appropriate partners in the donation and transplant communities.

Ms Hamlyn confirmed that there would be difficult choices to be made in terms of prioritisation of projects and these would be brought back to the Board at a future meeting.

**MP, SJ**

**12/132 DEPARTMENT OF HEALTH PLANNING 2013/14 AND 2014/15**

The Board endorsed the strategic objectives, targets and broad action plans described in paper 12/105 for inclusion within the DH Summary Plan that will be prepared and sent to DH at the end of December. One addition was noted i.e. information about living donation. This had been covered in underpinning documents in previous years but it was agreed that, particularly as the impact of the strategy was expected to become visible next year, it should be included in this document.

**SJ, RB**

**12/133 CLINICAL GOVERNANCE REPORT**

Dr Williamson presented the report. She drew attention to the new incident reporting system for ODT which had gone live on 19 November; to the successful completion of a pilot of nurse sign-off of deceased tissue donor files which had commenced in 2010; to the matter of prion filters for red cell concentrates which would feature on the agenda of the next SaBTO meeting; and to the issues relating to vCJD blood tests.

Dr Costello drew attention to the issue of the EU In Vitro Diagnostic Directive. Mr Griffins said it was important that the DH were aware of the difficulty this issue could cause NHSBT and recommended

that a UK stance be taken. It was agreed that Dr Williamson would discuss the Directive with Dr Jecock (who had left the meeting earlier). Mr Griffins added that he had attended the CARE meeting where this was discussed and wished to record how useful he had found the meeting.

**LW**

## 12/134 **SUI REPORT**

134.1 Since paper 12/107 had been issued the Board had received a further update on the incident involving transmission of CMV via organ transplantation. This had included regrading of the incident as an SUI. The Board's discussion was based on the information in that report which included more detail about the test results; information about a Management Process Decision in the laboratory concerned; and details of remedial actions being taken.

Seeing the issue as having a much broader significance than for CMV test results alone, Dr Costello said she felt strongly that it was not appropriate for SNODs to be responsible for the interpretation of laboratory results. She considered that it was acceptable for laboratories to give whatever information they wished provided that it included a clear final statement as to positive or negative. Prof Forsythe said he agreed with Dr Costello to some extent and in his view if SNODs had any uncertainty about the content of a report they should call the laboratory and if necessary the on-call consultant for the laboratory. He suggested it be made clear to laboratories that if their report did not include a clear positive or negative result they could expect to receive calls for clarification at any time of day or night. Ms Johnson agreed to follow up the issue with microbiology colleagues. Prof Forsythe said he did not think it reasonable to rely on retrieval teams to check all documentation as he felt this represented too great a burden which would almost certainly lead to errors and he believed it was right that this responsibility should rest with the SNODs, supported by virology experts.

**SJ**

It was agreed that the detailed issues involved would be followed up by the GAC.

**LW**

134.2 The position on the potential SUI involving the air embolism incident was noted.

## 12/135 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

The reports from Scotland, Wales and Northern Ireland were noted.

12/136 **PERFORMANCE REPORT**

Mr Bradburn presented the report. He said that the impact of the flood at Filton and the recovery process had had an effect on processing productivity and this effect would continue to be seen for the rest of the year. He also drew attention to cord blood collection which was showing at red status, mainly due to under-staffing which will have been fully rectified in January 2013, and to the position on deceased organ donors. This was behind target but a recent two day period which had yielded 14 donors provided an example of the unpredictability of the position.

12/137 **CHIEF EXECUTIVE'S REPORT**

The Chief Executive's report was received. Ms Hamlyn drew attention to the piece about the double page feature in The Sun about our Tissues facility at Liverpool, and other related media interest, which she felt was a particularly excellent example of the way our work is publicised by the Communications Team.

Too late for inclusion in the written report, Sue Hopgood, Assistant Director for Workforce Development, had been one of two runners up for the Training Journal Trainer of the Year Award and NHSBT had won the HSJ Quality and Productivity award for its Operational Improvement Programme application of lean technology. Ms Hamlyn added that Stuart Penny, General Manager Operations South West, had been asked to visit the Australian Blood Service to assist them with the introduction of lean technology there.

Following the recent announcement of Mr Dryburgh's resignation as Director of Estates & Logistics Ms Hamlyn thanked him for his significant contribution to NHSBT over the last six years and wished him well in his new post as Chief Operating Officer at South Central Ambulance Service NHS Foundation Trust.

Mr Dryburgh provided the Board with a brief update on the status of the Filton site where further flooding had been averted in spite of more heavy rainfall.

12/138 **SUMMARY NOTES FROM THE REMUNERATION COMMITTEE MEETINGS HELD ON 12.6.12 AND 24.7.12**

The notes were received. Mr Williams said the decision not to pay the Chief Executive or Executive Directors bonuses in respect of 2011/12 was made not because their performance did not warrant bonuses but because of the requirement of the system to single out two individuals.

12/139 **MINUTES OF THE NATIONAL ADMINISTRATIONS COMMITTEE MEETING HELD ON 13.9.12**

The minutes were noted.

12/140 **MINUTES OF THE EXPENDITURE CONTROLS COMMITTEE MEETING HELD ON 12.11.12**

The minutes were noted.

12/141 **ALL-WALES BLOOD SERVICE**

Paper 12/115 was noted.

12/142 **FINAL REPORT ON THE IMPACT OF THE OLYMPIC GAMES ON NHSBT**

Paper 12/116 was noted.

12/143 **SUI/NEVER EVENT POLICY – SUMMARY OF SIGNIFICANT CHANGES**

Paper 12/117 was noted.

12/144 **UPDATE ON EU DIRECTIVE ON THE STANDARDS OF QUALITY AND SAFETY OF HUMAN ORGANS INTENDED FOR TRANSPLANTATION**

Paper 12/118 was noted.

12/145 **ACHIEVING A 50% INCREASE IN ORGAN DONATION: A PROGRESS REPORT**

Paper 12/119 was noted.

12/146 **COMMERCIAL REVIEW ACTIONS**

Paper 12/120 was noted.

12/147 **REGISTER OF SEALINGS**

The Register of Sealings was noted.

12/148 **CARE QUALITY COMMISSION REPORT – PHOTOPHERESIS UNIT MANCHESTER**

Paper 12/122 was noted.

12/149 **CARE QUALITY COMMISSION REPORT – MANCHESTER  
BLOOD CENTRE**

Paper 12/123 was noted.

12/150 **NATIONAL COMMISSIONING GROUP REVIEW OF  
COMMISSIONING PLAN FOR 2012/13 PLUS FINAL INTENTIONS  
FOR 2013/14**

Paper 12/124 was noted.

12/151 **PROFESSIONAL STANDARDS AUTHORITY STANDARDS FOR  
NHS BOARDS AND CLINICAL COMMISSIONING GROUP  
GOVERNING BODIES IN ENGLAND**

Paper 12/125 was noted.

12/152 **FORWARD AGENDA PLAN**

The forward agenda plan was noted.