Minutes of the Fifty-second Meeting of NHS Blood and Transplant held at 9.00am on Thursday 27 September 2012 at the Marriott Hotel, Mill Lane, Cardiff CF10 1EZ

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 R Jecock
	Mr D Dryburgh	Ms P Niven
	Mr D Evans	Mrs P Vernon
	Mr M Potter	Ms J Minifie
	Dr M Donnelly	

12/96 **APOLOGIES AND ANNOUNCEMENTS**

Mr Fullagar welcomed Dr Huw Williams to his first NHSBT Board meeting and welcomed colleagues from the UK administrations. He also welcomed Specialist Nurse – Organ Donation colleagues who had been invited to meet the Board.

12/97 **DECLARATION OF CONFLICT OF INTERESTS**

There were no conflicts of interest.

12/98 **MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

12/99 **MATTERS ARISING**

Paper 12/77 was noted. Mr Fullagar said Committee Chairs had confirmed they would highlight key issues discussed by their Committees at subsequent Board meetings when the Committee minutes are tabled; any revisions to Committee terms of reference would be considered at the November meeting; and it had been agreed not to form a Strategy Committee.

The Board also recorded the items they would be discussing in the confidential section of the meeting. These were certain strategic, operational and commercial issues. The strategic issues related to tissue services, to patient services and to the blood supply chain. The operational issues related to changes to legislation. The commercial issues related to the purchase of equipment and the provision of services.

12/100 APPROVAL OF THE TERMS OF REFERENCE FOR THE NATIONAL ADMINISTRATIONS COMMITTEE

Prof Forsythe thanked Mr Jenkins for meeting with Welsh Government colleagues in Cardiff in his NED oversight role; this meeting had been helpful to both parties. The first meeting of the National Administrations Committee had taken place on 13 September and Prof Forsythe presented revised terms of reference which had been supported at that meeting. The terms of reference were agreed by the Board.

12/101 MODIFICATION OF TERMS OF REFERENCE FOR THE TRANSPLANT POLICY REVIEW COMMITTEE

Mr Jenkins presented modified terms of reference for the Transplant Policy Review Committee and these were agreed by the Board.

12/102 LONG TERM CRYOSTORAGE AT NHSBT SOUTHAMPTON CENTRE

Dr Williams presented paper 12/80 and thanked Mr Jenkins and Mr Blakeman for reviewing the draft. Mr Jenkins and Mr Blakeman said they had had no comments on the original draft which had been of a very high standard.

In response to a question from Dr Costello, Dr Williams said he believed that the proposal provided sufficient extra capacity for expansion in the foreseeable future. The proposal was agreed.

Mr Bradburn said that current standing orders required Board approval for capital or revenue items costing over £500,000. He asked whether, in order to expedite capital spend in particular, the Board would be willing to amend the standing orders to allow capital and revenue items to the value of between £500,000 and £1,000,000 to be approved by the Chief Executive and two NEDs on behalf of the Board. This process already operated successfully in respect of contracts and the Board agreed to the proposal.

12/103 ON TIME IN FULL SUPPLY

Dr Ronaldson presented the paper. He emphasised that the changes did not reflect any reduction of service level targets. He also emphasised that it would not be possible to measure the time of delivery to hospitals until a transport management system was in place.

The Board noted the proposed targets for the remainder of 2012-13 and the reasons for the differences in the historical and new measures. They also noted that the new metrics would be used in the performance report to the Board in November, shown alongside existing metrics.

In response to a request from Mr Blakeman, it was agreed to provide the Board with a report on the OBOS project at a future meeting. The appropriate timing for this would be agreed between Dr Williams, Mr Bradburn and Ms Hamlyn. **HW**

12/104 **UPDATE ON THE DEVELOPMENT OF A NEW STRATEGY FOR ORGAN DONATION AND TRANSPLANTATION**

Ms Johnson presented paper 12/82. The consultation phase had now been completed and a great many suggestions had been received. These would be considered at a meeting of national and international experts for the purpose of assessing which of the ideas have the best potential for increasing transplant rates. In response to a question from Prof Forsythe, Ms Johnson confirmed that national, as well as international, experts had now confirmed their attendance at this meeting which would be held on 30 October. Ms Johnson asked Prof Neuberger to comment on progress so far.

Prof Neuberger said that Claire Williment, Project Lead ACCORD and 2013 Strategic Development, had been particularly effective in her meetings with clinicians involved in donation and transplantation. Although there was considerably more work to be done in this regard, clinicians were beginning to recognise that the solution to increasing the number of transplants would depend in part on their actions.

Prof Forsythe commended Ms Johnson, Ms Williment and the rest of the team for their work. He also commended to the Board Ms Johnson's plan for long-term improvement and drew attention to the practice followed in Spain where any slight downturn is urgently reviewed and local solutions to any problems implemented where necessary.

Prof Forsythe also drew attention to the potential for disengaging or disenfranchising stakeholders whose ideas are not adopted and the importance of minimising this. Mr Griffins supported this point. Ms Johnson acknowledged the importance of maintaining everybody's support while balancing that with an effective strategy and said she agreed with Prof Forsythe’s view that the list of ideas should be presented in its entirety at the meeting on 30 October. Ms Johnson commented that the recommendations of the Organ Donation Task Force had been seen as quite radical when first published but much had been achieved since then and it was clear that it was necessary to continue to push boundaries.

In response to a question from Mr Williams, Ms Johnson said that although NHSBT was writing the strategy it would not be delivering it alone but with its partners in the wider NHS. 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.” After publication

of the strategy, an implementation plan would be worked up for publication across the NHS and beyond. Ms Johnson said she anticipated that the key starting point for driving this forward would be the Organ Donation Conference in October 2013 when the range of attendees would be widened to include transplant colleagues. She emphasised that there was a great deal of work to be done to produce a business plan before then.

Mr Fullagar asked why the strategy did not focus on numbers of transplants as well as donations. Ms Johnson said that while she agreed that the focus should be on transplant rather than donor numbers, deceased donation was the measure used by the countries who lead in transplantation and we need to use the same measure for the purpose of comparison. Mr Jenkins suggested that it would be useful to have an additional measure for numbers of transplants by which transplant centres could be held to account by their Trusts and respective administrations. He highlighted the system in operation at Addenbrooke's where outcomes for organs they decline but which are accepted and transplanted by other units are tracked for learning purposes. Prof Forsythe suggested that it would be beneficial if this practice was adopted by all transplant units and that it should cover living as well as deceased donations. Prof Neuberger said he completely supported the view that the focus should be on outcomes rather than process. He said that it had been suggested to the Advisory Groups that they should take greater ownership of the data available to them but there had been some reluctance on the part of the British Transplant Society (BTS). Prof Forsythe said he believed that the BTS would accept greater ownership if we engage with them and present the case properly. **SJ**

The Board noted that they would receive a draft strategy for comment via email in early November in advance of it being issued to NHSBT partners and stakeholders for comment.

12/105 **INTERIM REPORT ON THE IMPACT OF THE OLYMPIC GAMES**

Dr Ronaldson gave a verbal update, anticipating the formal report on the impact of the Olympic Games which would be provided at the November Board meeting.

Dr Ronaldson said that, as the Board were aware, red cell and FFP stocks had been successfully increased to the required level for the start of the Games. The target level for cryoprecipitate had not quite been achieved and it was clear that a longer lead time would be required for that product in future emergency plans. Skin stocks had also been successfully increased with some being moved to Colindale. In the case of most hospitals, NHSBT had led on revised arrangements for transplants and for blood product deliveries and it was clear that hospitals would expect NHSBT to lead these processes in future. As expected, the number of red cell units, at 57,000, had led to an increase in time expiry of units but this had been slight at 1.10% compared to 1.09% in July 2011. Dr Ronaldson added that changes being made in the structure of the

blood supply chain would provide improved and simplified stock planning in future.

The Board recognised the vast amount of work which had been necessary to achieve these outcomes and expressed their wholehearted thanks and congratulations to all those involved.

12/106 **CLINICAL GOVERNANCE REPORT**

Dr Williamson presented the report. She drew attention to the following items:

Care Quality Commission: While the very positive report (see paper 12/93 at agenda item 20) from the Care Quality Commission (CQC) on the Leeds Specialist Therapeutic Services was factual in tone, the inspectors on the day had used adjectives such as ‘exemplary’ and ‘outstanding’. Three further centres had now been inspected by the CQC and these had also had very positive outcomes. Dr Williamson congratulated Catherine Howell, Chief Nurse Patient Services, and her team. The CQC had also inspected the Donor Centre at Manchester Plymouth Grove with another very positive outcome and the team there were also to be congratulated.

Revalidation of Doctors: In response to a change in legislation, a process for revalidation of all NHSBT doctors is in preparation. We are aiming to amend our appraisal process to add value for all our doctors rather than simply provide the GMC with the required recommendation of competence.

In Vitro Diagnostic Directive Update: It had emerged at the EBA meeting on 20/21 September that the large majority of its members were not interested in seeking exemptions to the EU In Vitro Diagnostic Directive (IVDD) in relation to CE marking of “in house” reagents. It was now hoped to achieve the necessary exemptions through our own regulator and we are in dialogue with the MHRA. The Board and GAC will be kept informed of progress.

SHOT: The annual Serious Hazards of Transfusion (SHOT) Report focused on errors in the basic transfusion process with the key message “back to basics”. Dr Williamson said that while the data related to front line staff in hospitals, the issues would continue to feature on the agenda of the CARE committee. She said the increase in the number of transfusion reactions was probably the result of increased reporting but we are working with SHOT and the membership committee for standards of haematology to ensure advice is given as needed.

Blood Donation Incidents: A potentially serious incident had occurred, which had not resulted in harm to the donor, where a regular platelet donor had felt air entering his arm after venepuncture. Jane Pearson, Assistant Director, Nursing & CD Services, and Gail Miflin, Associate Medical Director Blood

Donation, had led a detailed investigation of the incident and Dr Williamson and Dr Ronaldson were following it closely. The team had been able to create a situation where air could enter the vein by reproducing a series of five errors in sequence. An action plan to address the issue was being prepared and would be presented to the GAC on 18 October for detailed review. Dr Williamson and Dr Ronaldson were satisfied that all necessary immediate actions had been taken. These included alerting all collection teams and STS units of the potential danger and stressing the importance of following procedures correctly, in particular not over-riding alarms. The act of over-riding the alarm was being dealt with appropriately with the staff members involved. Responsibility for training in use of the equipment is being brought in house under the supervision of Jane Pearson and her team as it was considered that too much of this responsibility had previously rested with the manufacturer. It was agreed that the Board would receive a further report on this matter either at the next meeting or off-line. **LW**

Mr Blakeman said that the GAC would be discussing a proposal for reporting near miss incidents, which they believed to be as important as actual SUIs, at its next meeting following which it was hoped to bring a proposal to the next Board meeting. **LW**

Cryodoc syringes for preparation of stem cell transplants: This issue was drawing to a close and there had been no disruption to services. The HTA and the MHRA had concluded their investigations with the manufacturer.

Autologous Serum Eye Drops (ASE) In response to a question from Mr Jenkins, Dr Williams confirmed that considerable focus had been given to the processes for Autologous serum Eye Drops following the recent MHRA Specials inspection at Liverpool and NHSBT would be fully compliant by 30 September.

12/107 **SUI SUMMARY REPORT**

Dr Williamson presented the report on an incident involving records relating to the CMV status of an organ donor. Asked by Dr Costello about the precise nature of the error, Dr Williamson said it was difficult to pinpoint. Prof Forsythe said vigilance was required as the interpretation of information of this kind was not easy because a variety of different methods and styles of recording were used in different hospitals.

The report prompted Mr Jenkins to remind the Board of the importance of the current work to develop EOS. It was agreed that Mr Potter would provide a paper for the next meeting to update the Board on progress to enable the Board to reach a view on the resources needed. **MP**

12/108 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

The Board received paper 12/ 85 comprising reports from Scotland, Wales and Northern Ireland.

12/109 **PERFORMANCE REPORT**

Mr Bradburn highlighted the shortfall of 2% on the current target for deceased organ donation (16 donors) and said the ODT team had identified a number of short term actions designed to help meet the end of year target of a 50% increase.

Costs incurred following the flooding of the Filton site earlier in the week were being calculated with the effort expended in managing the situation being the more significant factor.

Mr Bradburn said that the National Commissioning Group for Blood (NCG) would be meeting before the next Board meeting. He set out a number of factors which were relevant to next year's blood price and proposed a further reduction in price to c.£122 per unit for blood in 2013/14. The Board agreed that this would be an appropriate price at this time. Mr Bradburn said he would circulate a short presentation, being prepared for the NCG and designed to demonstrate that we are providing value for money, for the Board's general information. (The presentation is confidential because it includes data from other countries). **RB**

Prices for specialist services continued to be level or reducing, with the exception of RCI where the price was increasing. This was mainly due to the new on call arrangements designed in response to on call referrals from hospitals. The financial position for ODT would be clarified as the strategy is developed. NHSBT's overall financial position was sound.

12/110 **CHIEF EXECUTIVE'S REPORT**

Ms Hamlyn said the Chairman would make time available for a detailed summary of the Filton flooding later in the meeting. In the meantime she said the situation had dominated the attention of the Executive Team over the last few days and although the situation was serious, it was under control. Additionally, this event had given further momentum amongst staff to the already very live issue of the Board's decision to move testing from Colindale to Filton. Both David Evans and the Chairman had received letters from the unions asking for deferral of the move and they had responded offering to meet them to hear their further concerns and to reassure them that our contingency planning arrangements are robust. She asked Mr Evans to update the Board on the issue of industrial action.

Mr Evans said that following the ballot, staff at Filton and Manchester had voted for action short of strike and staff at Colindale had voted for both action short of a strike and strike action and the unions believed they had a mandate for this. The required seven

days notice of any action had not been received so far and it was anticipated that by the time any action started, the position at Filton would be much improved. He understood that the action would be

confined to staff working in testing and planning for the impact of a strike and other industrial action had already commenced.

Mr Evans said the unions believed that the emergency incident at Filton had upset the plans for the transfer of testing from Colindale but the Executive Team did not share that view. He said he did not foresee room for negotiation but that further urgent discussions were being offered. Later in the day Mr Evans reported that notice of strike action and action short of a strike had been received.

Ms Hamlyn also drew the Board's attention to the Customer Services document which had been circulated. This summarised actions taken in response to feedback from hospitals and represented important progress towards our ambition of becoming their supplier of choice.

12/111 **ANY OTHER BUSINESS**

There was no other business.

12/112 **DATE OF NEXT MEETING**

The next meeting will take place at the Royal College of Obstetricians and Gynaecologists in London on 29 November 2012.

12/113 **DRAFT HUMAN TRANSPLANTATION (WALES) BILL**

Paper 12/88 was noted.

12/114 **ACHIEVING THE 50% INCREASE IN ORGAN DONATION: A PROGRESS REPORT**

Paper 12/89 was noted.

12/115 **IMPLEMENTATION OF NHSBT UK STRATEGY FOR LIVING KIDNEY TRANSPLANTATION 2010-2014**

Paper 12/90 was noted.

12/116 **EU DIRECTIVE ON THE STANDARDS OF QUALITY AND SAFETY OF HUMAN ORGANS INTENDED FOR TRANSPLANTATION**

Paper 12/91 was noted.

12/117 NHSBT’S RESPONSE TO CONSULTATION ON PROPOSALS TO TRANSFER FUNCTIONS FROM THE HUMAN FERTILITY AND EMBRYOLOGY AUTHORITY AND THE HUMAN TISSUE AUTHORITY

Paper 12/92 was noted.

12/118 CARE QUALITY COMMISSION REPORT LEEDS THERAPEUTIC APHERESIS UNIT

The report was noted.

12/119 REPORT ON NHSBT’S FIRST STAKEHOLDER EVENT – SAVING AND IMPROVING LIVES 2012

Paper 12/94 was noted.

12/120 SINGLE EQUALITY SCHEME UPDATE 2012

Paper 12/95 was noted.

12/121 COMMERCIAL REVIEW ACTIONS

Paper 12/96 was noted.

12/122 MINUTES OF THE GAC MEETING HELD ON 12.6.12

The minutes were noted.

12/123 MINUTES OF THE R & D COMMITTEE MEETING HELD ON 2.7.12

The minutes were noted.

12/124 MINUTES OF THE EXPENDITURE CONTROLS COMMITTEE MEETING HELD ON 23.7.12

The minutes were noted.

12/125 FORWARD AGENDA PLAN

The forward agenda plan was noted.