

**Minutes of the Fifty-first Meeting of NHS Blood and Transplant
held on Thursday 26 July 2012 at
The Manor Hotel, Datchet, nr Windsor, Berkshire SL3 9EA**

Present:	Mr E Fullagar	Mr G Jenkins
	Mr A Blakeman	Ms S Johnson
	Mr R Bradburn	Dr C Ronaldson
	Dr C Costello	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	Mr W Scott
	Mr M Potter	Ms J Minifie
	Dr M Donnelly	

12/69 APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Prof Forsythe and Ms Burnside.

Mr Fullagar paid tribute to Ms Burnside, who was stepping down from the Board because of other commitments, for her considerable contribution to NHSBT. He had written to thank her on behalf of the Board.

Mr Fullagar welcomed Mr Will Scott, Dr Grant Duncan and Dr Martin Donnelly. They, or departmental colleagues, would be attending NHSBT Board meetings as observers on a regular basis in future. Mr Scott would retire at the end of the month and the Board thanked him for his work with NHSBT and wished him well for the future.

The Board noted that Prof Chris Rudge, who had previously been a member of the NHSBT Board, had been awarded the CBE in the Queen's Birthday Honours List and wished to record their congratulations to him.

The Board also congratulated Mr Jenkins, on his appointment as Chairman of the Cystic Fibrosis Trust.

12/70 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed.

12/71 MATTERS ARISING

There were no matters arising which were not covered by the agenda. The Board recorded the items they had discussed in the preceding, confidential section of the meeting. These were certain operational and strategic issues. The operational issues related to matters affecting individual members of staff. The strategic issues

related to stem cells, IT infrastructure and activity to support NHSBT's strategy overall.

12/72 BIRMINGHAM VINCENT DRIVE REFURBISHMENT AND CONFIGURATION

Mr Dryburgh presented the paper and thanked Mr Blakeman and Mr Williams for reviewing the draft version. The Board approved the proposals for the first phase of the refurbishment and reconfiguration programme of the Birmingham Vincent Drive centre and for the required expenditure as detailed in the paper.

12/73 TOOTING REFURBISHMENT PROGRAMME – PHASE 1 WINDOW REPLACEMENT

Mr Dryburgh presented the paper, a draft of which had been reviewed by Ms Burnside who was content with the proposal. Mr Potter commended the proposal to the Board for the additional reason of the significant effect it would have on staff morale. The Board approved the Tooting Phase 1 enabling works project as set out in the paper.

12/74 ANNUAL REVIEW OF THE EFFECTIVENESS OF THE BOARD AND ITS COMMITTEES

Mr Bradburn presented the paper. He also referred to the outcome of the Board Effectiveness Workshop on 25 May which had indicated that, while there was opportunity for improvement, the Board demonstrated a good level of effectiveness.

Ms Hamlyn raised a suggestion which had been made at the Development Day, that it might be useful for Committee Chairs to speak to the minutes of their meetings from time to time rather than the Board receive them for information. Mr Fullagar said he would issue a note to Chairs asking for their feedback on this suggestion.

BF

Mr Fullagar suggested that it would be useful for some of the Committees to review their remit against the background of changes to the environment since their inception and said he would also write to Committee Chairs on this point.

BF

It was noted that in some packs a page had been omitted from the section of the paper relating to the Remuneration Committee and this would be circulated after the meeting.

JM

12/75 APPROVAL OF THE TERMS OF REFERENCE FOR THE NATIONAL ADMINISTRATIONS COMMITTEE

Two points were raised (i) a suggestion, previously made by Prof Forsythe and supported by Dr Williamson, that the Committee should include a medical representative and (ii) a need for the Committee's

remit to include blood as well as organs. The Board agreed to revisit the terms of reference at a future meeting when Prof Forsythe was present.

BF

12/76 **APPROVAL OF THE TERMS OF REFERENCE FOR THE STRATEGY COMMITTEE**

Mr Fullagar said he had proposed this Committee as a means of securing agreement to proposals between Board meetings as a temporary mechanism during the current major planning phase. He added that proposed changes so far discussed at two meetings of the group intended to form the Committee had since been brought to the full Board for decision.

Mr Blakeman said he had strong reservations about this proposal because he considered it had the potential to undermine existing governance arrangements. He asked whether other mechanisms to deal with the issue, such as guidelines for working with the Board as a whole or with the Chief Executive, might be considered. Dr Costello said she supported this view and Mr Williams also expressed some discomfort with the proposal.

Mr Jenkins said he agreed with Mr Fullagar that at a time of rapid change the organisation needed a formal facility, with appropriate non executive input, to enable it to act between Board meetings.

Dr Williamson pointed out that the NHS Medical Director had made it clear that clinicians must not be unsighted on decisions about changes to services. In light of this any Committee with the remit to make strategic decisions on behalf of the Board would need to include a medical representative.

Mr Fullagar agreed to write to Board members asking for their feedback following which a paper would be presented for decision in the confidential section at the September meeting.

BF

12/77 **BRIEFING ON THE PREPARATIONS FOR THE OLYMPIC GAMES**

Presenting paper 122/61, Dr Ronaldson summarised the position on stock provision and service. Total blood stocks currently stood at 54,000 and comprised the planned group mix, with the exception of a slight shortfall on O negative.

Richard Rackham, Assistant Director – Governance and Resilience, attending for this item, expanded on the information on some of the actions and progress to date, including the meetings with hospitals. He said the plans to avoid disruption to deliveries, which were mainly the result of work on the part of the logistics team, had been very well received by hospitals. These arrangements were already in place and working well. He also drew attention to the exceptional efforts the organ donation and transplantation team had made to

minimise any detrimental effect on the services they provided. In summary we had achieved all that we had set out to do, with the exception of some shortfall on stocks of cryoprecipitate as detailed in the paper.

Mr Rackham agreed to provide Dr Costello with the specification for the new liquid plasma product. It was noted that this product would not be provided on a long term basis but was a contingency intended for use in the event of an outbreak of eColi in order to protect our stocks of Fresh Frozen Plasma for routine use. The product had been approved through normal channels and had been used previously in other countries.

CR

The Olympic period was just beginning but the Board were unanimous in their appreciation of the vast amount of work done by colleagues throughout the organisation to prepare NHSBT to deal with the inevitable day to day issues caused by the Games and to make contingency plans to deal with any untoward incidents.

12/78 **AN ALL WALES BLOOD SERVICE**

The matter of An All Wales Blood Service had been discussed in the previous, confidential section of the meeting. Dr Duncan had confirmed that the move had not been brought about by any dissatisfaction with the service, costs or quality of the product provided by NHSBT and the Board had noted that in a recent customer satisfaction survey all three hospitals in Wales served by NHSBT had returned a score of 10 out of 10.

The issues raised in paper 12/62, presented by Ms Hamlyn, had been discussed, including the need to clarify the way forward on the transfer of responsibilities for blood collection in the Caernarfon area as a matter of urgency. The Board agreed that the UK Administrations Committee should oversee the move to an All Wales Blood Service on their behalf and ensure they are kept fully informed on the financial implications for all the UK countries and all other aspects of the changes as work progressed.

12/79 **CONSULTATION ON PROPOSALS TO TRANSFER FUNCTIONS FROM THE HUMAN TISSUE AUTHORITY AND EU DIRECTIVE ON THE STANDARDS OF QUALITY AND SAFETY OF HUMAN ORGANS INTENDED FOR TRANSPLANTATION**

Ms Johnson said that in addition to the regular update on implementation of the EU Organ Directive, which continued to progress well, the paper was intended to draw attention to the DH's consultation about the proposed transfer of functions from the Human Tissue Authority (HTA) and the Human Fertilisation and Embryology Authority (HFEA) and the options to be considered.

Ms Johnson drew the Board's attention to an increasing desire within some sections of the transplant community for NHSBT to take on some, if not all, of the functions of the HTA, although the benefits and disadvantages of such an arrangement had not been assessed. Ms Hamlyn said that she was concerned to avoid NHSBT being both regulator and operator and said she believed it was important for NHSBT's response to the consultation to be made at Board level.

In light of the fact that the deadline for responding to the consultation was the day after the next Board meeting, the Board agreed to the proposal that a draft response from NHSBT be developed for scrutiny by two Non-Executive Directors. Prof Forsythe and Mr Jenkins had volunteered to undertake this.

12/80 **CLINICAL GOVERNANCE REPORT**

Dr Williamson drew attention to a number of items in her report as follows.

NHSBT's first inspection by the Care Quality Commission (CQC) would take place on 8 August at our Specialist Therapeutic Services facility in Leeds and be closely followed by inspections of our other STS centres. Dr Williamson said she would keep the Board informed of the outcomes. The CQC had confirmed that all manufacturing of blood, blood products, tissues and tissue products is out of the scope of CQC regulation.

Since the report had been written, Dr Williamson had been informed that the results of the second appendix study by the Health Protection Agency (HPA) in relation to the prevalence of vCJD would not now be released on 27 July but at a later date.

Also since the report had been written information about the demand for CMV negative components had been received. Approximately 70% of Trusts would be reducing their demand within six months and eight Trusts had notified that there would be no change. Nineteen responses remained outstanding.

Finally, it was pleasing to note that after two months of testing relevant donors for West Nile Virus the number of tests carried out had been close to the number predicted. These had resulted in an additional 5,000 units being available in the blood supply in time for the Olympic period and provided confirmation that the decision to avoid deferral of donors this summer had been appropriate.

12/81 **SUI SUMMARY REPORT**

Dr Williamson presented the report. Dr Ronaldson said that most of the key actions relating to the anti-D error were in place and he would be meeting with the Assistant Director for Quality, Ian

Bateman, the following week to ensure all the actions were completed on time.

12/82 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

From Scotland, Mr Scott reported as follows: References to organ donation and transplantation and the organ donor Register in the Scottish Government's Charter of Patient Rights and Responsibilities provided an example of the Government's commitment to making the subject 'usual'. A consultation on amending the Adults with Incapacity legislation to allow for invasive procedures to be undertaken where these would help to ensure the adult's organ donation wishes could be realised was being planned. Preparations were in hand for a pilot to enable organ donation from the emergency department at the Royal Infirmary of Edinburgh although this would be launched only once there was confidence that it would not have an adverse effect on public attitudes towards organ donation and transplantation. Work was being undertaken on a new advertising and publicity campaign for the autumn and an academic article for a peer-reviewed journal on the cumulative impact of our campaigns was being arranged. In relation to the implications of a 'yes' vote on the Government's planned referendum, the Cabinet Secretary was clear that the present arrangements for organ donation and transplantation should be maintained for the benefit of all parts of the UK.

From Wales, Dr Duncan reported as follows: Dr Ruth Hussey had been appointed as the new CMO for Wales and would take up post in September. The Draft Human Transplantation (Wales) Bill had been published for consultation with the aim, if the final Bill is passed, of implementation by 2015 together with an Explanatory Memorandum. The Organ Donation communications plan is underway and a PR agency has been appointed. A new All Wales Human Transplantation Working Group has been established, chaired by George Findlay and Chris Jones, to build on the considerable improvement already delivered.

There were no items to report from Northern Ireland.

Dr Jecock confirmed that activities in England had been highlighted during the meeting.

12/83 **PERFORMANCE REPORT**

Mr Bradburn highlighted a good position on red cell stocks, a very good position on deceased organ donation numbers and a slight reduction in platelet demand following workshops run by Patient Services. He said the financial position was satisfactory although an error in the calculation of RCI costs had been identified. This had resulted in under-pricing but it had been decided not to attempt to recover the shortfall from hospitals.

Mr Bradburn drew attention to an error on page 2 of the report, the MHRA inspection referred to having taken place at Liverpool, not Manchester. He and Mr Fullagar had made a previously arranged visit to Liverpool on 23 July and had been reassured by the work being done in response to the 'major' non-compliance which had been identified there.

Responding to a question from Dr Costello on the project to review the clinical tracking of blood usage in hospitals, Dr Ronaldson confirmed that the pilots would run to completion and the outcomes would be assessed in the normal manner through the Transformation Project Board.

12/84 CHIEF EXECUTIVE'S REPORT

The Board received Ms Hamlyn's report. She drew attention to (i) the media coverage of National Transplant Week and National Blood Week which had been achieved during an extremely news rich period; and (ii) the Better Blood Management event which had demonstrated our commitment to our responsibility for reducing blood usage.

12/85 ANY OTHER BUSINESS

It was agreed that Mr Fullagar would write to Alan McDermott on behalf of the Board to thank him for his significant contribution to NHSBT over the past six years.

12/86 DATE OF NEXT MEETING

The next meeting would be held on Thursday 27 September at the Marriott Hotel, Mill Lane, Cardiff CF10 1EZ.

12/87 ACHIEVING THE 50% INCREASE IN ORGAN DONATION UPDATE

Paper 12/68 was noted.

12/88 ANNUAL HEALTH AND SAFETY REPORT 2011/12

Paper 12/69 was noted.

12/89 NHSBT INFORMATION GOVERNANCE AND SECURITY, 2011/12 REVIEW

Paper 12/70 was noted.

12/90 **UPDATE ON PROVISION OF ABDOMINAL ORGAN PERFUSION FLUID**

Paper 12/71 was noted.

12/91 **REGISTER OF SEALINGS**

Paper 12/72 was noted.

12/92 **COMMERCIAL REVIEW ACTIONS**

Paper 12/73 was noted.

12/93 **MINUTES OF THE GAC MEETING HELD ON 1.5.12**

The minutes of the GAC Meeting held on 1 May 2012 were noted.

12/94 **MINUTES OF THE EXPENDITURE CONTROLS COMMITTEE MEETING HELD ON 3.5.12**

The minutes of the Expenditure Controls Committee meeting held on 3 May 2012 were noted.

12/95 **MINUTES OF THE TRUST FUND COMMITTEE MEETING HELD ON 23.5.12**

The minutes of the meeting of the Trust Fund Committee held on 23 May 2012 were noted.