

**Minutes of the Fiftieth Meeting of NHS Blood and Transplant
held at 11.00am on Thursday 24 May 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	Mr A McDermott
	Dr C Costello	Dr C Ronaldson
	Mr R Griffins	Mr S Williams
	Ms L Hamlyn	Dr L Williamson

In attendance:	Ms L Austin	Mr G Floyd
	Mr D Dryburgh	Mr B Hume
	Mr D Evans	Mr A Price
	Mr M Potter	Ms J Minifie
	Mrs P Vernon	

12/48 APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Prof Forsythe, Ms Burnside, Dr Jecock and Mr Scott. Prof Forsythe had sent written comments on the papers to Mr Fullagar and he had circulated these to Board members.

12/49 MINUTES OF THE LAST MEETING

Subject to the inclusion of Mr Bradburn's initials in the action column against the second paragraph under 12/28, NHSBT Integrated Governance Framework, the minutes of the previous meeting were agreed.

12/50 MATTERS ARISING

Paper 12/39 was noted. The Board also recorded the items they had discussed in the preceding, confidential section of the meeting. These were certain strategic and legal matters. The strategic matters related to blood donation and the overall transformation programme. The legal matters related to the EU Directive on the Standards of Quality and Safety of Human Organs Intended for Transplantation.

12/51 FINAL CONFIRMATION OF THE ARRANGEMENTS REGARDING THE TRANSFER OF BPL TO BIO PRODUCTS LABORATORY LIMITED

Mr Bradburn presented paper 12/40. The Board confirmed it was content with the final arrangements regarding the transfer of BPL and that no further assurances were required.

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12/52 **ACHIEVING THE 50% INCREASE IN ORGAN DONATION: PROGRESS REPORT**

Ms Johnson presented paper 12/41. It was noted that the second paragraph of the Executive Summary should begin "The ODTF Programme Delivery Board's final report".

Picking up Prof Forsythe's comment that the paper did not refer to NHSBT's efforts to obtain government approval for further high profile media campaigns, Ms Austin summarised the action taken. A business case asking for exemption to the campaigning freeze for this financial year had been submitted to the DH but it had been refused in total on the basis that the Minister for the Cabinet Office had first wished to receive the results of work done on prompted choice via the DVLA. Ms Austin's team was working to obtain and analyse the necessary data from the DVLA to enable the Central Office Behavioural Insight Team to provide a report. It was hoped that once this was available, the Parliamentary Under Secretary of State for Health would write to the Cabinet Office Minister supporting our request for exemption from constraints on marketing expenditure. One specific exemption had been secured, for Transplant Week (9-15 July), and plans for that were well underway. Mr Fullagar said he would be drawing the position to the attention of the new Director General for Public Health when he and Ms Hamlyn met her on 29 May. Ms Hamlyn asked Ms Johnson to include reference to campaigning in future reports.

Dr Costello asked for a response to Prof Forsythe's comments about the Business Analyst and Project Manager roles. Ms Johnson said these appointments were being made on the basis of advice from the Business Transformation Team. She said she did not want to divert the attention of Regional Managers, Team Managers or SNODs onto the work which will be covered by these posts as she felt this would be a false economy. For the future, however, she said the Head of Service Development was building in training in analysis and project management for staff who provide front line services and Dr Costello said she thought Prof Forsythe would find this reassuring.

Responding to questions about the achievability of the 50% increase by the target date of April 2013, Ms Johnson said it could not be guaranteed. She said the publication of performance figures amongst the separate regions had provided additional stimulus but she also described issues faced by some regions and the challenge presented by some individual communities. She drew attention to the potential need for escalation if there is a shortfall in donors part way through the year. She said she had asked the Regional Collaboratives for their views on the point when any escalation should be implemented. Prof Forsythe's view was that September would be the appropriate time but he had also urged the need for great sensitivity. Ms Hamlyn said that while she understood the need for sensitive handling, she was inclined towards a slightly tougher

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stance for hospitals not implementing the NICE guidelines. The Board agreed that performance issues should be escalated where required. Ms Hamlyn noted Mr Griffins' suggestion that any letters to Trust Chief Executives might usefully be copied to Ambulance Services.

Mr Fullagar updated the Board on his meeting with the President of the British Transplantation Society (BTS) and the actions taken so far towards developing our relationship with the BTS and other partners. Ms Johnson said she would be keen to meet with the President of the BTS on a regular basis. The Board agreed that to improve our communications with the transplant community, and their perceptions, it was essential for us to place particular emphasis on asking for and listening to their views and that that needed to be led at Board level. This would be considered further when the overall stakeholder engagement strategy was discussed at the next meeting.

12/53 **CORONER/PROCURATOR FISCAL REFUSALS**

Ms Johnson presented paper 12/42, emphasising that in the majority of cases organ donation was permitted by coroners and procurators fiscal. The Board noted the potential for increased numbers of donors if a more consistent approach is applied nationally and requested an update on the situation in due course.

12/54 **MANAGEMENT QUALITY REVIEW ANNUAL REPORT 2011/12**

Dr Ronaldson summarised the highlights from the report and Ian Bateman, AD for Quality who was attending for this item, asked the Board to note the current levels of performance across the various elements of the Quality Management System and action being taken, where appropriate, to address weaknesses and issues which had been identified. In response to a question from Mr Fullagar about the difficulty in meeting the Red Book Guidance levels for FVIII in Fresh Frozen products manufactured via the overnight hold process at several Centres, he said the levels were calculated differently under Red Book Guidance and steps were being taken through clinical colleagues to align these with the BSQR levels. Mr Blakeman congratulated all those who had contributed to the excellent performance on regulatory compliance.

The Board agreed that reporting intervals should continue as now i.e. quarterly to the GAC and annually to the Board.

12/55 **CLINICAL GOVERNANCE REPORT**

Paper 12/44 was received. Dr Williamson drew attention to the improved consent procedures for families of deceased organ and tissue donors and said she would feedback Prof Forsythe's compliment to those involved. She also drew attention to the work

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carried out relating to Viaspan organ preservation fluid and to the case of virus transmission from blood components which was not the result of error but a recognised serious complication of blood transfusion. In response to a question from Dr Costello, Dr Williamson said the increase in hospital admissions more than 24 hours after donation resulted from changes to national guidance for people suffering collapse; it was not related to the increase in the upper age limit for blood donors.

12/56 SUI SUMMARY REPORT

Dr Williamson presented the report. Prof Forsythe had commented that he was content that appropriate action had been taken on item 1 which related to a superurgent liver transplant.

The Board had previously received a report on item 2 relating to an inadequate dose of anti-D due to an incorrect laboratory test. Dr Williamson expanded on the information in the report and Dr Ronaldson provided an update on the root cause analysis and the corrective action being taken.

12/57 REPORTS FROM THE UK HEALTH DEPARTMENTS

A report from Wales had been received and circulated.

12/58 PERFORMANCE REPORT

Mr Bradburn drew attention to good performance on organ donation with the numbers of deceased donors better than plan and the overall rate of increase in donor numbers on target. Blood stocks, currently slightly above 45,000 units, were expected to rise as a result of marketing campaigns after the Jubilee Weekend. Changes to delivery patterns planned for the Olympic period had been well received by hospitals. Dr Williamson gave a summary of outcomes from an emergency planning exercise which had been held earlier in the week. Mr Bradburn said that the percentage of platelets derived from component donation was high at 88% and it was intended to reduce this to 82-83% after the Olympics.

Mr Bradburn said that good quality data was now available from the on-line blood ordering system (OBOS) and it was intended to commence reporting to the Board against the 'on time in full' measure later in the year. The Board would receive a paper at the September meeting to set the data in context.

On finance, the final year end surplus had been £66m and it had been decided to rebate an additional £0.5m to hospitals over above what was due to them. There had also been a reasonably large cash surplus at the year end which might be used towards reconfiguration of the Brentwood estate. This would result in a technical income

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deficit in 2012/13 but would be within blood pricing and GIA constraints.

On the transformation programme, Mr Bradburn confirmed that payroll had been transferred to SBS at the end of March.

Mr Bradburn said the Executive Team were increasing the amount of time they spend on analysis and accurate definition of risks. Items included the need for blood price benchmarking to demonstrate value for money, replacement of our core data network and business continuity in general.

Ms Hamlyn said that as had previously been highlighted to the Board, work by the UK Stem Cell Strategy Oversight Group had resulted in a revised standard for cord blood units (a TNC level of at least 90×10^7) which meant that we were now behind the original target for the number of units collected. It was intended to propose to the DH that the target is amended to reflect this with the revised target included in the overall strategy for stem cells which would be presented for formal approval by the Board at the next meeting.

Mr Bradburn said he would be refreshing the format of the report for the next meeting and said he would welcome any requests for changes.

12/59 **CHIEF EXECUTIVE'S REPORT**

Ms Hamlyn's report was received.

12/60 **ANY OTHER BUSINESS**

Board Committee for UK Health Administrations

Ms Austin said that Prof Forsythe had been in touch with the four national administrations and planned to establish their requirements before considering terms of reference for the committee.

12/61 **IMPLICATIONS AND OPPORTUNITIES FROM NEW COMMISSIONING ARRANGEMENTS IN ENGLAND**

Paper 12/48 was noted.

12/62 **UPDATE ON THE DEVELOPMENT OF A NEW STRATEGY FOR ORGAN DONATION AND TRANSPLANTATION**

Paper 12/49 was noted.

12/63 **USE OF PLATELETS IN HOSPITALS: FACTORS THAT ARE DRIVING UP DEMAND**

Paper 12/50 was noted.

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12/64 **EU DIRECTIVE ON THE STANDARDS OF QUALITY AND SAFETY OF HUMAN ORGANS INTENDED FOR TRANSPLANTATION**

Paper 12/51 was noted.

12/65 **COMMERCIAL REVIEW ACTIONS**

Paper 12/52 was noted.

12/66 **MINUTES OF THE TRUST FUND COMMITTEE**

The minutes of the Trust Fund Committee meeting held on 13 February were noted.

12/67 **MINUTES OF THE GOVERNANCE AND AUDIT COMMITTEE**

The minutes of the GAC meeting held on 23 February were noted.

12/68 **FORWARD AGENDA PLAN**

The forward agenda plan was noted.