

**Minutes of the Forty-eighth Meeting of NHS Blood and Transplant
held at 11.30am on Thursday 26 January 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 R Bradburn	Ms S Johnson
	Ms D Burnside	Mr A McDermott
	Dr C Costello	Dr C Ronaldson
	Prof J Forsythe	Mr S Williams
	Mr R Griffins	Dr L Williamson
	Ms L Hamlyn	

In attendance:	Ms L Austin	Mr A Hadley
	Mr D Dryburgh	Dr R Jecock
	Mr D Evans	Ms J Minifie
	Mr M Potter	

12/01 APOLOGIES AND ANNOUNCEMENTS

Mr Fullagar welcomed Mr Roy Griffins to his first meeting of the Board following his appointment as a Non-Executive Director from 1 January.

Apologies had been received from Mr Blakeman.

12/02 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed subject to an amendment to the wording of the second paragraph of minute 11/103, After 2013: Developing a Strategy for Organ Donation and Transplantation. This to read as follows:

Prof Forsythe said he strongly supported the approach but felt that the paper did not express the intentions as well as Ms Johnson had done verbally. He felt that the key to a further policy was early engagement with all the relevant people involved in the organ donation process. This process had been very successful in the original Organ Donation Task Force (ODTF) and should be followed again. Time had moved on and perhaps the original members of the ODTF were not the only people to review progress made so far. Ms Hamlyn responded that it was her view that it would be wrong not to ask them to actively participate in helping to assess progress to date and potential next steps but she completely agreed that views from a wider community needed to be canvassed and key stakeholders, old and new, should be encouraged to actively engage.

12/03 MATTERS ARISING

Paper 12/01 was noted. The Board also recorded the items they had discussed in the preceding, confidential section of the meeting.

These were certain strategic, commercial and medical matters. The strategic matters related to the provision of adult stem cells and to other services to hospitals. The commercial matters related to contracts for equipment and consumables. The medical matter related to an individual patient.

12/04 **REVISED BOARD ARRANGEMENTS IN SUPPORT OF NHSBT'S ENGAGEMENT WITH THE UK HEALTH SERVICES**

Mr Fullagar thanked Mr Bradburn for preparing paper 12/02 which reflected the outcome of the Board's discussions at the previous meeting.

The Board endorsed the proposed changes to the Board structure and processes in order to further enhance working arrangements with the UK Health Services.

Following a point raised by Mr Griffins it was agreed to ask the Devolved Administrations what corresponding amendments they would need to make to their own governance processes to complete the arrangement.

SJ

12/05 **IMPROVING ENGAGEMENT WITH OUR AUDIENCES**

Ms Austin presented the proposals and thanked Mr Williams for his contribution to the work undertaken over recent months. Mr Williams and Ms Burnside said they fully supported the proposals. The Board agreed to endorse and actively promote NHSBT as the primary brand and identity in order to improve engagement with all our audiences.

12/06 **ORGAN DONOR REGISTER DEVELOPMENT**

Paper 12/04 provided additional information requested by the Board when they had discussed this issue in September 2011.

The Board asked that Ms Hamlyn write to the four UK Ministers saying the Board was minded to approve the proposals to develop the ODR on a tactical basis as recommended in the report from the KPMG LLP strategic review of the ODR and seeking Ministers' endorsement of the decision before writing to Sir Gordon Duff to explain our intentions.

LH

The Board also agreed to receive a further report outlining the costs and risks of developing and operating a separate register for Wales should the Welsh Government request this of NHSBT following consultation.

12/07 **ACHIEVING THE 50% INCREASE IN ORGAN DONATION**

Ms Johnson drew attention to a typing error in paper 12/05 i.e. the figure in the final sentence of the first paragraph on Donation after Circulatory Death (DCD) on page 3 should read 57% not 43%. Mr Anthony Clarkson, AD Organ Donation, in attendance for this item, presented the paper.

In response to a question, Ms Austin said that while blood donation marketing had received approval during the current period of government restriction, organ donation marketing (other than that specifically aimed at BME communities) had not because Ministers had wished to trial 'prompted choice'. Although the 'prompted choice' initiative would continue, it appeared that it had not achieved the hoped for increase in registrations. Organ Donation marketing had continued in Scotland and data was available showing Scotland had performed better than the UK as a whole. NHSBT would be submitting a revised application for approval of expenditure on organ donation in the next few weeks. Following a helpful meeting between Mr Fullagar, Ms Hamlyn and the Minister, where marketing had been one of a number of topics for discussion, it was hoped that this application would be successful.

Prof Forsythe commended the process being followed and welcomed the support being given by Ministers. He emphasised the importance of all the areas where there is continued potential for improvement, highlighting the fact that many were outside NHSBT's control.

Mr Jenkins suggested that the target increase of 2% (DBD) was too low. He asked what impact on the number of donations so far had resulted from the appointment of the Specialist Nurses – Organ Donation (SNODs). Ms Johnson said the 2% figure represented the overall target. There was a wide range of performance levels across the regions and each region had its own individual target. Mr Clarkson said that data was available which demonstrated that higher consent rates were being achieved where SNODs are involved in discussions with potential donor families. Activities are in place to increase the incidence of SNOD involvement in discussions with the families of potential organ donors.

The Board noted the significant progress made to date and the major challenges faced in meeting the 50% increase by 2013. They were of the view that NHSBT was taking all reasonable action to ensure success. They wished to receive progress reports on a regular basis, including detailed information on the range of targets being set.

12/08 **WALES ORGAN AND TISSUE DONATION WHITE PAPER:
NHSBT RESPONSE TO CONSULTATION**

Ms Johnson presented paper 12/06. Prof Forsythe said he considered the questions comprising the consultation and NHSBT's responses both excellent.

Ms Burnside said she considered it important that the mechanism for opting out was not restricted to electronic methods and people were able to do so by other means. Ms Johnson said she would check and ensure that point was included in our response.

SJ

Mr Griffins suggested that the response was sent under cover of a letter which summarised the key points because he felt some of their impact was lost within the format of the questionnaire.

Subject to Ms Burnside's point, the Board approved the proposed response and agreed it should be sent under cover of a letter. Prof Forsythe left the meeting.

SJ

12/09 **BRIEFING ON THE PREPARATIONS FOR THE OLYMPIC GAMES**

Dr Ronaldson thanked Ms Burnside and executive colleagues for their comments on the draft paper. Mr Richard Rackham, AD Strategic Planning and Governance, attending for this item, presented the paper and Mr McDermott and Ms Johnson commented on preparations within their own Directorates.

Noting proposals for the use of a bonded stock system, Dr Costello suggested that hospitals might be able to transfer this stock to other hospitals themselves without involvement from NHSBT. Mr Rackham said he would follow up this suggestion with the Assistant Director for Quality.

CR

There was a discussion about the red cell inventory and Dr Ronaldson agreed to clarify the number of units required.

CR

The Board was pleased to note that, since the paper had been issued, NHSBT's blood supply chain had achieved BS25999 certification, the British Standard for business continuity.

12/10 **CLINICAL GOVERNANCE REPORT**

The report was received.

12/11 **SUI SUMMARY REPORT**

The report was received.

12/13 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

Paper 12/10 was received.

12/14 **BOARD PERFORMANCE REPORT**

The report was received. It was agreed that the Board would receive a separate paper to update them on progress on the Blood Donation Strategy at the next meeting.

AM

12/15 **CHIEF EXECUTIVE'S REPORT**

The report was received.

12/16 **ANY OTHER BUSINESS**

There was no other business.

12/17 **DATE OF NEXT MEETING**

The next meeting will be held in Edinburgh on Thursday 29 March. The format for the event would be similar to that for the meeting held in January 2011 and details would follow.

12/18 **COMMERCIAL REVIEW ACTIONS**

Paper 12/13 was noted.

12/19 **MUTUAL RESILIENCE BETWEEN UK BLOOD SERVICES**

Paper 12/14 was noted.

12/20 **'NON-STANDARD' ORGAN TRANSPLANTS**

Paper 12/15 was noted.

12/21 **MINUTES OF THE R & D COMMITTEE 1.11.11**

The minutes were noted.

12/22 **MINUTES OF THE TRUST FUND COMMITTEE 28.11.11**

The minutes were noted.

12/23 **MINUTES OF THE GAC COMMITTEE 26.9.11**

The minutes were noted.

12/24 **FORWARD AGENDA PLAN**

The forward agenda plan was noted.

