

**Minutes of the Forty-seventh Meeting of NHS Blood and Transplant
held at 11.00am on Thursday 24 November 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
 Prof J Forsythe Mr S Williams
 Ms L Hamlyn Dr L Williamson

In attendance: Ms L Austin Mr M Potter
 Mr D Dryburgh Ms K Ellis
 Mr D Evans Ms J Minifie

11/96 **APOLOGIES AND ANNOUNCEMENTS**

Apologies had been received from Ms Burnside.

Mr Fullagar congratulated Mr Williams on his recent appointment as Director of Corporate Affairs at Leonard Cheshire Disability.

Mr Fullagar said he had received a letter from Mr Greggains after stepping down from the Board, expressing his hopes for the ongoing success of NHSBT.

11/97 **DECLARATION OF CONFLICT OF INTERESTS**

There were no conflicts of interests.

11/98 **MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

11/99 **MATTERS ARISING**

Paper 11/80 was noted. It was also noted, for clarification, that the action taken under point 9, should read that "It had been agreed by the Department of Health to appoint Mr Rudge".

The Board also recorded the items they had discussed in the preceding, confidential section of the meeting. These were certain policy, strategic and statutory matters. The policy matters related to blood donation testing. The strategic matters related to the provision of adult stem cells and to overall plans for 2012-14. The statutory matters related to provision of services to Scotland and Northern Ireland and representation from Scotland, Wales and Northern Ireland at the NHSBT Board.

11/100 **PROPOSED INDUSTRIAL ACTION**

Mr Evans, Mr McDermott, Dr Ronaldson, Mr Dryburgh and Ms Johnson provided the Board with a summary of the actions being taken to ensure that NHSBT would be able to deliver its essential services on 30 November. Decisions about which mobile blood collection sessions would not operate were being taken in advance so that donors could be informed. Most, if not all, platelet centres would be open and any whole blood donors attending those centres would not be turned away. Platelet production would be boosted by increasing the number of units produced via “top and bottom” techniques, agreed manning levels would enable product to be supplied to hospitals and there would be increased deliveries to hospitals on 29 November. Mid session collections from blood donor sessions would take place on 29 November to maximise the number of units available by 6.30pm for processing at Filton and Colindale. Transport staff had confirmed their willingness to make emergency deliveries where necessary. All 15 stock holding units would be operational. ODT were aiming to secure 50% of normal day time working and the normal on call level at night and to ensure all potential donors are identified. Overall, while the day would be difficult and disruptive, everything possible had been done, in partnership with the unions, to avoid serious problems in terms of emergency cover.

11/101 **COMMERCIAL REVIEW ACTIONS**

Ms Hamlyn presented paper 11/82 which included a summary of the ways in which the Executive intended to address each of the recommendations in the report of the outcomes of the Commercial Review. The paper was noted and it was agreed that the Board would be provided with an updated summary in the information section of future meetings.

11/102 **BUSINESS SUPPORT SERVICES TRANSFORMATION PROGRAMME UPDATE**

Mr Bradburn presented paper 11/83 and the Board noted the current status of the BSST programme and its various work streams.

Ms Austin appraised the Board of an issue which had come to the fore in recent weeks. She said that, as announced in June, the Central Office of Information (COI) was closing in March 2012 and preparation to establish how its work was to be managed in future was not yet complete. It had been decided that there would be hubs of specialist expertise and communications planning and that health would be a discrete (virtual) hub. Ms Austin said the major risk from

this for NHSBT related to agency support, much of which has been procured through the COI. She said it was hoped to migrate the existing contracts to NHSBT although other arrangements might be required for some of them. She said she was working with the Blood Donation and Finance teams to ensure robust arrangements were in place beyond March.

11/103 **AFTER 2013: DEVELOPING A STRATEGY FOR ORGAN DONATION AND TRANSPLANTATION**

Ms Johnson presented paper 11/84, highlighting the change of emphasis towards securing transplants for as many patients as possible rather than increasing the number of organs donated and emphasising that this could not be achieved by NHSBT alone. This would require broad stakeholder engagement not only from the front line but also from professional bodies. She said the DH had expressed explicit support for this approach.

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.

Prof Forsythe said he was content to accept the contents of the paper provided they were expressed in similar terms to those used by Ms Johnson in presenting them. Noting the extensive stakeholder engagement required in this exercise, the Board agreed to support NHSBT in its role as the UK Organ Donor Organisation leading the development of a new organ donation and transplantation strategy for the UK. They also endorsed the high level aim to make sure that as many people in the UK as possible obtain the transplants they need.

11/104 **CLINICAL GOVERNANCE REPORT**

Dr Williamson presented paper 11/85a. She drew attention to the updated Policy and Management Process Description for SUI/Never Events which would be discussed by the GAC on 2 December. She said that the team of intensivists hoping to study the use of convalescent plasma to treat influenza had, for a second time, failed

to secure funding for the project so NHSBT would not be providing plasma for this purpose. She welcomed the SaBTO position statement on Cytomegalovirus (CMV). She pointed out that the recommendation relating to female blood donors under 20 years of age who were under a certain weight also applied to males. The minimum weight stated in the paper was questioned and Dr Williamson agreed to clarify this.

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Dr Williamson also drew attention to the two serious incidents relating to organ donation and transplantation. She said NHSBT had sent a message of condolence to the clinical team involved in the living kidney donor transplant and, through them, to the family involved. Prof Forsythe said the Board had highlighted the importance of donor and patient safety when it had agreed the aims of the strategy for living donor kidney transplantation earlier in the year and this was underlined by this incident. Mr Jenkins said he felt that the language in NHSBT's press statement on the incident had been below its normal standard.

Dr Williamson said the liver transplant incident had been reported to NHSBT and the unit involved had agreed to provide us with a copy of their final report in due course. The Board expressed concern about the governance arrangements for this type of incident and were encouraged by Ms Johnson's comment that the forthcoming EU Directive would mandate the reporting of events, their root cause and the actions being taken to NHSBT on behalf of the HTA.

Prof Forsythe commented that it was important to ensure that the number of retrieval teams continued to match the number of available donations, although he acknowledged that the reported incidence of unavailability of an organ retrieval team on one occasion had occurred during a period of an exceptionally high number of donations. It was agreed that the number of teams should be kept under review.

SJ

11/105 **SUI SUMMARY REPORT**

The Board received paper 11/85b. They endorsed the intention that Ms Hamlyn would write to the Chief Executive of University Hospital Birmingham regarding their delay in commencing HTLV testing, in order to try to encourage them to expedite this.

11/106 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

Paper 11/86 was noted.

11/107 **PERFORMANCE REPORT**

Presenting paper 11/87, Mr Bradburn said that in broad terms,

performance was good. He drew attention to the 'red' status for deceased organ transplants, which had been highlighted in the earlier discussion on strategy, and to the figure for platelets which indicated for the first time that growth in demand was starting to reduce. It was noted that 'Better Blood Transfusion' would focus on the use of platelets in 2012/13. Financially, a surplus of £6m was being reported with £2m having already been returned to the DH in respect of ODT communications. One new risk, relating to the future provision of utilities and infrastructure for NHSBT on the site of Seacroft Hospital in Leeds, had been identified.

Mr Jenkins commented on some good progress on targets and outcomes and said he would welcome an opportunity for the Board to review these for next year with a view to achieving continuous improvement. He expressed concern, however, that some parts of the Blood Donation plan appeared to be slipping and asked Mr McDermott for assurance that the plan would be delivered on time. Mr McDermott said that the Blood Donation organisation design project, on which consultation would commence on 28 November, was shown at amber status because of the inherent risk of the project and not because of any slippage; and that benefits realisation of the session optimisation project had been reprofiled to release savings of £1m in 2012/13 and £2m in 2013/14 rather than £1.5 in each of those years. He confirmed that he believed the plan would be delivered on time.

11/108 **CHIEF EXECUTIVE'S REPORT**

The Board received paper 11/88. Ms Hamlyn drew attention to the Military and Civilian Health Partnerships Award which had been deservedly won by NHSBT.

Three other awards had been received too late to be included in the report. National Blood Week had won the Mi Best Business to Consumer marketing campaign of 2011; our advertising initiative with Waterstones and Orion Publishing had won the Best Partnership Award from Associated Healthcare Communications and Marketing; and our new donation chairs had won the HSJ Procurement Initiative of the Year Award.

Ms Hamlyn also drew the Board's attention to the section about Stem Cell Services and the disappointing action of Anthony Nolan who in a letter to the Minister of State for Care Services had quoted inaccurate information about the level of NHSBT's overhead costs. NHSBT had provided accurate data to the DH following which the Parliamentary Under Secretary of State for Public Health had responded to the letter referring the matter back for discussion with us. Ms Hamlyn had met with the Chief Executive of Anthony Nolan and made NHSBT's position very clear.

Prof Forsythe said he would like to congratulate two other groups of NHSBT staff. Firstly those involved in handling the implementation of the recent change in deferral regulations for Men who have Sex with Men; and secondly, those involved in the making of the BBC 1 documentary 'Transplant' which had received considerable positive feedback.

11/109 ANY OTHER BUSINESS

There was no other business.

11/110 DATE OF NEXT MEETING

The next meeting would take place at the Royal College of Obstetricians and Gynaecologists on Thursday 26 January 2012.

11/111 REGISTER OF SEALINGS

Paper 11/89 was noted.

11/112 EU DIRECTIVE ON THE STANDARDS OF QUALITY AND SAFETY OF HUMAN ORGANS INTENDED FOR TRANSPLANTATION

Paper 11/90 was noted.

11/113 BLOOD DONOR FEEDBACK – OCTOBER 2011

Paper 11/91 was noted.

11/114 MINUTES OF EXPENDITURE CONTROLS COMMITTEE MEETING 20.10.11

The minutes of the Expenditure Controls Committee meeting held on 20 October were noted.

11/115 FORWARD AGENDA PLAN

The forward agenda plan was noted.