

**Minutes of the Forty-sixth Meeting of NHS Blood and Transplant
held at 9.00am on Thursday 29 September 2011
at the Mercure Holland House Hotel
24-26 Newport Road, Cardiff CF24 0DD**

Present: Mr E Fullagar Ms L Hamlyn
 Mr R Bradburn Ms S Johnson
 Ms D Burnside Mr A McDermott
 Dr C Costello Dr C Ronaldson
 Mr J Forsythe Mr S Williams
 Mr D Greggains Dr L Williamson

In attendance: Mr D Dryburgh Mr M Potter
 Mr D Evans Mr M Taylor
 Mr G Hughes Ms J Minifie

11/76 APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Mr Blakeman, Mr Jenkins and Ms Austin who was represented by Mr Hughes.

Mr David Greggains would complete his second term on the Board on 30 September and, on behalf of the Board, Mr Fullagar thanked him for his valuable contribution. Mr Greggains responded, paying tribute to a well functioning Executive Team and Board.

11/77 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed.

11/78 MATTERS ARISING

Paper 11/63 was noted. The Board recorded the items they had discussed in the preceding, confidential section of the meeting. These were certain policy and commercial matters. The policy matters related to organ donation. The commercial matters related to the provision of certain services.

**11/79 ESTABLISHMENT OF AN EXPENDITURE CONTROLS
COMMITTEE**

The Board approved the establishment of the expenditure controls Committee as set out in paper 11/64.

11/80 **CONTRACT RENEWAL FOR THE PROVISION OF TEMPORARY AGENCY STAFF**

Mr Evans presented paper 11/65 and the Board approved the renewal of the current framework agreement via the Thames Valley Police Authority Contract until not later than 31 December 2012 when the existing SLA expires.

The Board noted, however, that there was a significant possibility that NHSBT would be asked to drop this contract in favour of a central DH procurement framework. Mr Evans said that procurement colleagues were working hard to ensure that NHSBT's needs would be adequately met.

11/81 **ORGAN DONATION WALES BILL**

Ms Johnson presented paper 11/67. NHSBT's role is to respond to policy decisions made in Wales and the rest of the UK. The Board welcomed the opportunities the Bill presented for the improvement in organ donation and transplant numbers. There were also risks and NHSBT would work hard with colleagues in Wales to mitigate them.

The Board had found earlier discussions with officials from the Welsh Government helpful. It was acknowledged that the Welsh Government did not underestimate the challenges involved in communicating the new policy effectively and that they intended to explore all avenues of engagement. Discussions to work up the details of the application of the policy had commenced with the Specialist Nurses – Organ Donation (SNODs) and relevant other parties and these would continue in order to resolve all the issues over the timescale of the project which was scheduled to be completed with implementation of the Bill in 2015.

The Board welcomed that fact that the Welsh Health Department had confirmed its willingness to work with NHSBT to agree how the costs associated with implementation and maintenance of the policy are covered.

It was noted that it was anticipated that, under the new system, if the family of a potential donor were opposed to donation when approached, then as today, donation would be unlikely to take place even though the individual concerned had not opted out. It was also anticipated that NHSBT would contact the family of every potential donor, the onus would not be on a family to make objections known and discussions would be conducted with the same level of sensitivity as now.

Given that NHSBT's strategic plan contains no detailed reference to this policy change because it had not been confirmed at the time the plan was compiled, Ms Hamlyn asked Ms Johnson to provide the Board with an assessment of the capability and capacity within the ODT Directorate and its supporting team to deliver this work without unnecessary distraction from other responsibilities. Ms Johnson said that the work would be done on the normal principles of project management programmes and it would be necessary to take on additional staff, including a project manager. To minimise the risk of error, the work would include removal from the ODR of all current Welsh entries before the addition of all people in Wales who have not opted out. Some additional training for SNODs and Clinical Leads would be required in Wales and in the rest of the UK. Additionally some training for clinicians would be required, particularly in Wales. It was also almost certain that the virtually complete Standard Operating Procedures produced in response to the EU Joint Action Plan Organ Directive would need rewriting. She added that it might be necessary for her to take the role of Senior Responsible Officer for the project herself to reduce the pressure on her team. In summary, Ms Johnson said she believed the work could be done and she agreed to keep the Board informed if she had any concern that other targets in ODT were being threatened as a consequence. Mr Bradburn pointed out that it would be important to ensure that our risk register clearly articulates the risks associated with this including the nature of our engagement with the Welsh Government.

The Board would continue its dialogue with officials from the Welsh Government.

11/82 **CLINICAL GOVERNANCE REPORT**

Dr Williamson presented the report 11/68a and the Board noted the following points in particular:

- (i) Donor deferral: Dr Williamson said that since her report had been written a decision had been taken by the Health Minister in Northern Ireland (NI) to retain the current policy of lifetime deferral for men who have had sex with men. There had been discussion at the GAC on 26 October about how this would affect provision of blood to NI from England and Scotland in times of shortage as it would not meet their specification. This issue would be raised formally with colleagues through the UK Forum. Echoed by Mr Forsythe, Dr Williamson said the announcement had generally been well received and she thanked the NHSBT and DH communications teams for their significant work to achieve this. The collection teams had been well prepared including training for implementation of the new policy from 7

November in light of the sensitive nature of the conversations with donors in this category. Mr McDermott said there had been some slight rumour of the potential for people to show up in numbers to draw attention to the change but it was hoped that this would not materialise.

- (ii) The reduction of 1% (to 6%) in expiry rates for platelets since the introduction of bacterial screening and a seven-day shelf life six months ago.
- (iii) Safety Framework: The Board had asked to review the Safety Framework a year after its introduction but it was not the subject of a separate paper because a formal review by the Therapeutic Product Safety Group -undertaken on the basis of the three occasions when the framework had been applied in decision making processes to date - had concluded it contained no omissions.

Dr Williamson added that a gap analysis against the outcomes of the 2010 Canadian Consensus Conference on Blood Safety had been carried out and shown that the only aspect of our safety programme which required strengthening was the involvement of patients and donors in our decision making. This point is being addressed through our recently established donor panel and the National Blood Transfusion Committee patient representatives.

- (iv) The new definition of 'high risk area' for West Nile Virus (WNV), its implications for the blood supply and the attempt to obtain MHRA support for a derogation from the EU directive to allow testing of travellers rather than deferral. It was also noted that deferral of travellers from North America had been in place since 2004.

Mr Bradburn raised the matter of importation of blood from Germany. He said he had written to the company concerned, turning down their offer, but had received no response. Dr Williamson said she would mention the matter again at the National Blood Transfusion Committee meeting on 3 October.

LW

11/83 **SUI SUMMARY REPORT**

There were no new SUIs and the Board noted the position on the three previously reported items.

11/84 **PERFORMANCE REPORT**

Mr Bradburn presented the report. It was noted that red cell stocks had recovered to 55,000 units and platelet demand continued to

grow very strongly. It was agreed that, for clarity, the words 'better than plan' in relation to demand for red cells should be changed to 'higher than plan'. It was also noted that whilst organ donations were on target, the number of transplants were not and that future strategy would need to focus more specifically on the numbers of transplants rather than donations. **RB**

The financial position was currently £7m better than plan but there was some evidence of Trusts having financial difficulties. One Trust had imposed an eight week payment term in place of the 30 day requirement. If this action was adopted universally there would be serious implications for NHSBT's working capital. It was agreed that the general reference to the economic climate in the risk register would be amended to include this specific issue. **RB**

It was also agreed to amend the wording of the risk relating to Shared Business Services to ensure it is adequately expressed. **RB**

Noting that the number of donor complaints had improved this month, Mr Fullagar asked for a one-off breakdown of the figures to accompany the report at the next meeting. **RB**

Mr Fullagar asked Mr McDermott for the background to the amber status for the Blood Donation Programme. Mr McDermott said that the OIP Lean project remained on track and was not delayed but a decision had been taken to change this to amber status until the realisation of benefits was confirmed. The Blood Donation Organisation Design project remains at amber status until decisions are made about proposals for the next phase of restructuring which are currently under discussion with the Executive Team. In answer to a question from Dr Costello, Mr McDermott confirmed that the Donation Chairs project was continuing to schedule.

In answer to a question from Ms Hamlyn, Mr McDermott said he had not yet received any official advice on the anticipated level of severity of winter flu. Dr Ronaldson said he would be strengthening the link to the DH on flu through his staff working on emergency planning and would raise any problems with the Executive Team.

Ms Hamlyn said that the first case for blood donor marketing which had had to go through the new DH approval rules had been approved for six months. A second case recently put to the DH was requested for 18 months, on the basis that it was normal business to secure donors and not novel, but had nevertheless been agreed only for six months. This has meant more time consuming work for the Donor Marketing team. Mr Fullagar said Ms Hamlyn had his full support in her attempts to secure a more practical arrangement.

The Board noted that they would receive a paper setting out plans to maintain the supply of blood during the Olympics period at the January meeting.

Mr McDermott drew the Board's attention to the possibility of union activity over coming months and said he was working with Mr Evans and Dr Ronaldson to assess the position and develop contingency plans.

11/85 REPORTS FROM THE UK HEALTH DEPARTMENTS

The reports were noted. In answer to a question from Mr Williams about the position on the question of an all Wales blood supply, Ms Hamlyn said she had recently had an individual meeting with the Director General, Department for Health, Social services and Children/Chief Executive NHS Wales and a separate meeting with other officials and had made it clear on both occasions that it would be essential for NHSBT to be involved in discussions about this to ensure that any decision was taken against the background of full information about risks and missed opportunities.

11/86 CHIEF EXECUTIVE'S REPORT

The Board received paper 11/71 and Ms Hamlyn drew attention to two points

- (i) the new homepage design for the NHSBT website and
- (ii) the section on Integrated Transfusion Services (ITS) (where it was noted that 'four NEDs' should have read 'four Executive Directors'). The selection of the company which will be doing the work took place under Ms Hamlyn's delegated authority and in line with Treasury rules. If the result of the work indicates rollout of the services then some professional service support will be required and this will be the subject of further consideration.

Mr Forsythe asked whether there was any news on how the DH **LH** intended to maintain the momentum on the Organ Donation Taskforce work following Chris Rudge's retirement and Ms Hamlyn agreed to follow up that question with them.

11/87 ANY OTHER BUSINESS

There was no other business.

11/88 **DATE OF NEXT MEETING**

The next meeting will take place on Thursday 24 November at the Royal College of Obstetricians and Gynaecologists.

Mr Fullagar said he would be asking Jane Minifie to reissue the dates for meetings in 2012 and to incorporate details of the venues away from London and a day for Board development. He reminded members that the arrangements for the November 2011 meeting included a meeting of the NEDs and he asked them to let him know of any specific items they would like the agenda to cover.

All NEDs

11/89 **THE NHSBT CARBON MANAGEMENT PLAN**

Paper 11/72 was noted.

11/90 **INTERNATIONAL SERVICES ANNUAL REPORT JULY 2010 TO AUGUST 2011**

Paper 11/73 was noted.

11/91 **MINUTES OF THE GAC MEETING 9.6.11 AND 12.7.11**

The minutes were noted.

11/92 **MINUTES OF THE TRUST FUND COMMITTEE 22.7.11**

The minutes were noted.

11/93 **SUMMARY FROM THE REMUNERATION COMMITTEE 22.7.11**

The summary was noted.

11/94 **BOARD ARRANGEMENTS**

The Board noted the arrangements covered by paper 11/78.

11/95 **FORWARD AGENDA PLAN**

The forward agenda plan was noted.