

**Minutes of the Forty-fifth Meeting of NHS Blood and Transplant
held at 9.30am on Thursday 28 July 2011
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
 Ms D Burnside Dr C Ronaldson
 Dr C Costello Mr S Williams
 Mr J Forsythe Dr L Williamson
 Ms L Hamlyn

In attendance: Ms L Austin Ms A Parfremment
 Mr D Dryburgh Mr S Penny
 Mr D Evans Dr J Jecock
 Mr M Potter Ms J Minifie
 Dr S Barnes

11/56 APOLOGIES AND ANNOUNCEMENTS

Apologies for absence had been received from Mr Greggains. Mr Fullagar welcomed Mr Stuart Penny - General Manager Operations South West Region, Dr Sue Barnes – Associate Medical Director Blood Donation and Ms Anna Parfremment – Deputy HR Director, all of whom were attending the meeting as part of their development.

On behalf of the Board, Mr Fullagar congratulated Mr Forsythe who had recently become an honorary Professor at the University of Edinburgh.

11/57 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed.

11/58 MATTERS ARISING

Paper 11/45 was noted. The Board recorded the items they had discussed in the preceding, confidential section of the meeting. These were certain strategic, legal, clinical and policy matters. The strategic matters related to the provision of certain products and services and to the estate. The legal matters concerned forthcoming legislation. The clinical matters related to individual patients and donors. The policy matters related to organ donation and transplantation.

11/59 UK STRATEGY FOR LIVING DONOR KIDNEY TRANSPLANTATION

Ms Johnson introduced Lisa Burnapp, Lead Nurse – Living Donation, who presented paper 11/46. Mr Forsythe strongly commended the paper to the Board. He also highlighted a number of issues for consideration at the seminar in the afternoon i.e. the need to ensure donor and patient safety is not compromised in the drive to increase

the number of transplants, the importance of commissioning arrangements and the way antibody incompatible transplantation is provided. In response to a point made by Mr Blakeman, Ms Johnson said that at the appropriate time ODT would be seeking to influence the national commissioning group in terms of reducing costs of the strategy for renal transplantation. The Board agreed the strategic aims set out in the paper.

11/60 **2010/11 ANNUAL REPORT AND ACCOUNTS**

The Board noted the approval of the NHSBT Annual Report and Accounts for 2010/11.

11/61 **CLINICAL GOVERNANCE REPORT**

The report was noted. Dr Williamson drew attention to the following items:

- (i) The issue of Transplanted Organs and Product Liability on which she would keep the Board informed. A brief would be prepared for the DH.
- (ii) The internal audit report which the GAC had requested on Clinical Governance. Mr Jenkins said he had agreed with Mr Fullagar that the action plan would be discussed at a Board seminar in September and then brought to the formal meeting in November.
- (iii) The paragraph on donor deferral.
- (iv) The paragraph on West Nile Virus.

11/62 **SUI SUMMARY REPORT**

The Board received paper 11/49.

11/63 **PERFORMANCE REPORT**

Mr Bradburn presented the report. The Board noted that red cell stocks were healthy, platelets by component donation were clearly established at 80%, the dip in red cell collection seen in April had not been the beginning of a trend and organ donation strategic targets, including that for living donation, were all at 'green' level. The continuing increase in demand for platelets, which was forecast at 7% for the year, was being watched closely via a number of indicators at Executive Team level. Financially NHSBT was £3.7m ahead of plan. This was partly because of under expenditure on marketing as a result of spending constraints and this element of the underspend might be handed back to the DH on a non-recurring basis.

Mr Bradburn said that an increase in income for specialist services might indicate scope for further reduction in the blood price. He counselled against that, however, in order to allow for the absorption of potential cost increases resulting from importation of FFP and a future lack of demand for cryoprecipitate. Mr Jenkins highlighted the importance of careful presentation of the blood price given that the pressure to achieve cuts in the NHS might bring pressure on NHSBT for further reductions.

Some refreshment of the format of the report had taken place, although there was only one change in the Board's version – the addition of the chart for SABRE events - and further refreshment was planned for quarter two. The front sheet requested by Mr Fullagar had yet to be incorporated and Mr Bradburn asked the Board to provide him with their views as to which four or five key markers that should cover.

All

11/64 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

The Board noted the reports from Scotland and Northern Ireland. Ms Hamlyn said that at the Accountability Review she had encouraged colleagues in the other three countries to raise issues of concern and she welcomed the different style of the report from Scotland. Mr Fullagar reiterated that the intention of this agenda item was to give the other three health departments a voice at this Board.

11/65 **CHIEF EXECUTIVE'S REPORT**

The Board received the report. Ms Hamlyn drew attention to the very welcome lifting of some DH Expenditure Controls and to the impact of all the communications activity which had taken place since the last meeting. This had included the first national blood donor week, the success of which was attributable to the joint work of the Communications Team with Blood Donation staff and a great personal effort by Jon Latham, Assistant Director for Session Strategy and Marketing.

Ms Hamlyn also asked the Board to note an item which had been included in the interim performance report for May, circulated in June. This was the recent period of excellent MHRA inspection results at centres, including excellent results at Filton, with no 'major' category comments. This was the result of a vast amount of work by operational and Quality Assurance staff. The Board congratulated all those involved in achieving these outcomes.

11/66 **ANY OTHER BUSINESS**

There was no other business.

11/67 **DATE OF NEXT MEETING**

The next meeting will be held in Cardiff on Thursday 29 September.

11/68 **BLOOD DONATION STRATEGY 2011-14 and BLOOD DONATION AND PLATELET STRATEGIES – KEY MILESTONES**

Papers 11/53 and 11/54 were noted.

11/69 **PLATELET STRATEGY 2011-14**

Paper 11/55 was noted.

11/70 **ANNUAL HEALTH AND SAFETY REPORT 2010/11**

The report was noted.

11/71 **STAFF ATTITUDE SURVEY 2010/11**

Paper 11/57 was noted.

11/72 **REGISTER OF SEALINGS**

The register of sealings was noted.

11/73 **MINUTES OF THE GAC MEETING HELD ON 10.5.11**

The minutes were noted.

11/74 **MINUTES OF THE TRUST FUND MEETING HELD ON 25.5.11**

The minutes were noted.

11/75 **FORWARD AGENDA PLAN**

The forward plan was noted.