

**Minutes of the Forty-first Meeting of NHS Blood and Transplant  
held at 11.45am on Thursday 25 November 2010  
at Regent's College Conference Centre  
Inner Circle, Regent's Park, London NW1 4NS**

Present:	Mr E Fullagar	Ms L Hamlyn
	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
	Mr D Greggains	

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

10/85 **APOLOGIES AND ANNOUNCEMENTS**

Apologies had been received from Mr Jenkins. Mr Fullagar welcomed Mr Andrew Hadley, General Manager Specialist Services Operations, and Ms Kay Ellis from the DH.

10/86 **MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

10/87 **MATTERS ARISING**

Paper 10/67 was noted. The Board recorded the items they had discussed in the preceding, confidential section of the meeting. These were certain commercial matters, certain policy matters and certain strategic matters. The commercial matters related to BPL and to contracts for equipment. The policy matters related to Stem Cells. The strategic item was a draft version of the strategic plan for 2011-2014.

10/88 **THE REVIEW OF THE ORGAN DONOR REGISTER:  
RECOMMENDATION AND ACTION PLAN**

The Board received the final report into the review of the Organ Donor Register (ODR). Ms Johnson updated the Board on areas of progress since the report was written, as follows.

DH approval of the statement of operational necessity and business case relating to the replacement ODR had been received and the documents would now be submitted to the Minister. If Ministerial approval was forthcoming a full business case would be submitted to

the four UK health departments. Ms Johnson added that these approvals were part of the new constraints in place; the financial amount involved did not require Board approval.

NHSBT had met with the HTA to discuss the legal implications in terms of consent of ticking or not ticking a box on a form. They had concluded that a further meeting, to also include the DH, the Scottish Department, their respective lawyers and a specialist nurse, was needed to resolve the issues involved.

The DVLA continued to be very helpful and a meeting to discuss further work had been arranged for 26 November. Following meetings between NHSBT, the DH and the Cabinet Office to consider options for prompted choice, the Cabinet Office was keen if possible to use the partnership with the DVLA to assess the potential for testing the way questions about organ donation are asked.

Mr Williams asked why Ms Johnson appeared to lack confidence that funding for the renewal of the ODR would be granted. In response she referred to a letter Ms Hamlyn had received from the Welsh Assembly Government indicating they would need to take into consideration their proposals to introduce an opt out system when allocating funding for organ donation; and that also, in the current financial circumstances, there might be a general desire to find an alternative solution, such as the NHS Summary Record.

Mr Blakeman commented, and Mr Forsythe concurred, that whilst the original incident was regrettable, the focus which it had brought to the need for modernisation of the ODR, and the praise for the way NHSBT had handled the matter once it was discovered were both very positive outcomes.

The Board confirmed their support for the actions proposed in response to Sir Gordon Duff's report and confirmed there were no areas on which they wished to have further assurance.

10/89

#### **CHAIRMAN'S ACTION IN RESPECT OF A LIVING DONOR'S REQUEST FOR PRIORITY CONSIDERATION**

Ms Johnson presented paper 10/69. For clarity Ms Burnside pointed out that the policy would relate to principles, not to an individual. Mr Forsythe said that whilst he supported the action taken from an ethical and moral point of view, the importance of adhering to allocation policies could not be over emphasised. The Chairman's action was ratified.

10/90 **CLINICAL GOVERNANCE REPORT**

The Board received the report. Dr Williamson focused on three items. These were (i) the TRALI case relating to platelets from a female apheresis donor; (ii) the SUI relating to the issue of non-irradiated granulocytes; and (iii) the XMR virus. The Board asked some questions and these were answered by Dr Williamson and Dr Ronaldson.

10/91 **PERFORMANCE REPORT**

Mr Bradburn presented the report. He and others commented as follows.

The chart showing the number of donors who had donated four or more times had been replaced with a chart demonstrating the level of the donor base and the frequency of donations. This showed some adverse trends. Mr McDermott said that throughout the course of the year, two things had impacted on achievement of the targets for the size of the donor base and the number of new donors. One related to demand, which had been expected to be higher with a consequent need for new donors and was therefore not an issue in terms of the ability to meet hospital requirements. The other issue was the fact that donor communication planned for the summer had been delayed by the new DH constraints on marketing and this had caused a drop in collections. This had served to demonstrate both the importance and the effectiveness of these communications. Over the last six to eight weeks the number of donations had recovered to a level which should ensure there are no problems with stock levels over the Christmas and New Year period but he said he did not expect to be able to meet the year end target. As the anticipated increase in demand had not materialised, this would not be critical, but it was nevertheless essential that the donor base continued to be replenished for security in the future. Mr Bradburn said that the trend on issues (chart 6) was a matter of some concern from an income perspective. Dr Ronaldson commented that some work currently being done in conjunction with the statistical department at the DH was expected to improve the accuracy of demand predictions in future.

Platelets by component donation continued to be slightly below target. Mr McDermott said that changes to procedures over recent weeks, following work with machine suppliers earlier in the year, were delivering improvements in yield and he was hopeful that the target might soon be reached and maintained.

Chart 15 showed that changes implemented on collection sessions were beginning to have the desired effect on donor adverse events.

Dr Ronaldson said that experience was showing that cord blood should contain a least  $90 \times 10^7$  TNC and the target going forward would be based on units containing that higher threshold. The target for the current year would not be changed but the table had already been rebased.

The increase in deceased organ donation at around 23% showed an improvement. It was the intention to rebase target numbers on the original ODTF targets for the new year but in the meantime many of the targets would show red for the remainder of the current year.

Mr Bradburn said that the surplus against budget resulted from the current spending restrictions. The surplus was likely to increase and the report to the next Board would show the position at the end of the third quarter.

Dr Costello asked whether there was any particular reason for the drop in the level of customer satisfaction with specialist services. Dr Ronaldson said that this related to general dissatisfaction on the part of some hospitals as a result of the divestment of ante natal screening.

#### 10/92 **CHIEF EXECUTIVE'S REPORT**

The Board received the report. Ms Hamlyn said there were no points to which she wished to draw attention. She commented that originally it had been intended to include separate papers on the agenda for the ALB Back Office Review and the Commercial Review but paragraphs had been included in the report as there was little information so far. Mr Fullagar said he was pleased to see that use of social media was being increased.

#### 10/93 **PATIENT SERVICES CONSOLIDATION OUTCOME REPORT**

Dr Ronaldson presented the paper. He drew attention to the financial savings achieved by the consolidation projects which had facilitated the reduction in the unit price of red cells from approximately £140 in 2007/08 to approximately £125. He said that customer service satisfaction levels were as high at the present time as they had been in 2007/08. A substantial reduction in the cross-subsidy between blood component and specialist service supply chains had also been achieved and was now approximately £7 million rather than over £20 million. He also emphasised additional benefits of the consolidation in the form of the lower cost of contracts for equipment which was now needed at a smaller number of sites, the earlier agenda item on the contract for Blood Component Processors being an example. He said the HR team had played a major part in achieving the consolidation, and input from both Logistics and Communications had also been essential to its success.

Mr Evans said he welcomed the opportunity the paper afforded to demonstrate the very significant work of the HR team. He said the first three months of the change programme had presented a major learning situation for many staff in developing change management skills and the systems implemented had been adopted as part of routine business for subsequent change following consultation and agreement with the trades unions. He said that he was seeking acknowledgement from the Board on the progress made in this area but would also welcome any comments on additional opportunities for learning from the exercise.

Mr Fullagar said he received the paper 10/73 with much pleasure and understood the vast demands of the exercise to deliver the changes which the Board had agreed. He was also aware of many problems that had been dealt with without any significant disruptions. On behalf of the Board he congratulated the whole team involved. Mr Greggains added his own thanks to the team in his capacity as a member of the Transformation Programme Board (TPB). Ms Hamlyn said the TPB had been established to monitor progress, identify synergies, ensure there was no duplication between programmes and to ensure the changes were delivered and the benefits realised. Whilst any change of this magnitude would not be without problems, she hoped the achievements gave the Board confidence in the organisation's ability to deliver its plans.

10/94 **COMMISSIONING ORGAN RETRIEVAL: A MID YEAR REVIEW OF PROGRESS**

Ms Johnson presented the paper and thanked Mr Forsythe for his help with the earlier draft. She highlighted the achievements made to date and the challenges faced in terms of the amount of work involved. She agreed with Mr Forsythe's suggestion that the further changes proposed to achieve additional efficiencies would be more appropriately presented in reverse order of priority i.e. the review of cardiothoracic retrieval teams coming before the review of allocation of retrieval zones for abdominal teams. Mr Forsythe drew attention to the final sentence of the executive summary "It is a real mark of success that the commissioning team reached agreement with the hospitals over the NORS contracts and that the targets have been met." which he had specifically asked to be included. The Board endorsed the report.

10/95 **REVIEW OF BOARD COMMITTEES**

The Board received the reports from the Committees and their terms of reference. It was noted that the BPL Committee had been created on a temporary basis and that NHSBT's Research & Development strategy was currently under review. It was agreed that it was not desirable to change membership of the Committees at the present

time but that membership might be reviewed when there was clarity on issues discussed earlier in the meeting.

10/96 **ANY OTHER BUSINESS**

96.1 **NEXT YEAR'S BOARD MEETINGS**

Mr Fullagar said that in response to the Board's wish to hold some meetings in other parts of the country, the meeting scheduled for 26 May would be held at the Filton Centre, Bristol; and he confirmed that the next meeting, on 27 January 2011, would be held in Edinburgh. He also said he would be identifying dates when the NEDs could meet together.

96.2 **DONOR ORGAN TRANSPORT**

It was suggested and agreed that Mr Fullagar should write on behalf of the Board to the two pilots who had been injured in the recent plane crash.

**EJF**

10/97 **ORGAN DONATION TASKFORCE UPDATE REPORT**

The report was noted.

10/98 **REGISTER OF SEALINGS**

The register of sealings was noted.

10/99 **MINUTES OF THE R & D COMMITTEE MEETING 4.10.10**

The minutes were noted.

10/100 **MINUTES OF THE GOVERNANCE AND AUDIT COMMITTEE  
9.9.10**

The minutes were noted.

10/101 **FORWARD AGENDA PLAN**

The forward agenda plan was noted.