

**Minutes of the Forty-fourth Meeting of NHS Blood and Transplant
held at 11.45am on Thursday 26 May 2011
at the Royal College of Obstetricians and Gynaecologists
27 Sussex Place, Regent's Park, London NW1 4RG**

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

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

11/37 APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Mr Williams. It was agreed that Mr Fullagar would write to him sending the Board's good wishes. Mr Fullagar welcomed Jane Pearson, Assistant Director of Nursing, who was attending the meeting as part of her development.

11/38 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed.

11/39 MATTERS ARISING

Paper 11/31 was noted. The Board recorded the items they had discussed in the preceding, confidential section of the meeting. These were certain commercial, strategic, organisational and policy matters. The commercial matters related to contracts for equipment and services. The strategic matters related to platelet donation, stem cells and the estate. The organisational matter related to NHSBT's legal form. The policy matter related to donor selection guidelines.

11/40 SINGLE EQUALITY SCHEME (SES)

Mr Fullagar welcomed Sabrina Richards, Organisation and Workforce Development Manager, to the meeting. Ms Johnson praised the work done by Ms Richards, and her colleague Fiona Pittam - Head of Equality and Diversity and Mr Evans added his thanks to the team involved. The scheme addressed the way NHSBT tackles inequalities in our services as well as issues relating to staff.

Mr Blakeman commended the scheme for its clarity and realism, in particular for the specificity of the action plan and the fact that

accountability rested across the operational areas of the organisation.

The scheme was approved. It was agreed that Ms Burnside would review any changes to the scheme which might be proposed following public consultation and agree the final scheme on the Board's behalf.

11/41 **RESEARCH AND DEVELOPMENT COMMITTEE: TERMS OF REFERENCE**

The Board approved the amended terms of reference. These would take effect from the next meeting in the Autumn.

11/42 **MANAGEMENT QUALITY REVIEW (MQR) REPORT APRIL 2010 TO MARCH 2011**

Ian Bateman, Assistant Director Quality, attended for this item.

Dr Ronaldson introduced the item and Mr Bateman presented highlights from the report. He asked the Board to comment not only on performance but also on how they would like to develop the quality agenda to meet their requirements.

The report was well received. Mr Blakeman said he supported the quality system and welcomed the report. He did, however, feel it was slightly biased towards regulatory compliance rather than managing risk. He said he felt that a focus on managing risk would ensure that issues in areas not covered by regulation would not be overlooked.

Mr Jenkins said that from his experience of visiting NHSBT sites he believed that, under Mr Bateman's leadership, the quality team were well embedded within the organisation. He asked Mr Bateman whether he considered that there was any conflict between the pursuit of governance and the pursuit of quality. Mr Bateman responded that in his view the two areas were very synergistic and could be achieved together. Mr Jenkins supported this view.

The Board agreed to receive the report annually and noted that the Executive Team and the Governance and Audit committee will continue to receive both quarterly and annual reports.

11/43 **CLINICAL GOVERNANCE REPORT**

Dr Williamson presented the report. She focused primarily on the internal audit report on clinical governance from PwC which was categorised 'limited assurance' on the basis that there was a lack of evidence that the Board was receiving the assurance it required. While it had been concluded that the Board did receive the required information, it was being channelled through performance, regulatory

and other reporting streams. The report recommended that the Board and Executive should take a stronger leadership role in determining the assurances they require. The Executive Team would be spending half a day on this issue in July. The report had also highlighted the need for improvement of our information systems. This issue had already been identified by management and a proposal for producing a specification to link all our governance systems had been presented to the Transformation Programme Board on 24 May.

Mr Jenkins stressed that the audit report had been carried out at the request of the GAC and they would be reviewing the report in detail at their next meeting. Mr Blakeman said the issues related to assurance for the Board that risks were being managed and reported, not necessarily a concern that the risks were not being managed. The issue would be returned to the Board at the July or September meeting.

Secondly, Dr Williamson drew attention to item 3 (ii) the fact that there had been no confirmed transfusion transmitted infections in 2010-11, and none so far in the current year. This position was largely attributable to the attention paid to donor arm cleansing by Jane Pearson and her team.

Finally, Dr Williamson drew attention to item 4 (iii) regarding a possible claim relating to organ provision under the Consumer Protection Act. This would be watched closely as the implications for organ transplantation could be extreme and she said she would continue to keep the Board informed.

11/44 **SUI SUMMARY REPORT**

The Board received the report 11/35b. Dr Williamson said that it did not appear that the kidney transplant incident was an SUI for NHSBT, our staff all having acted correctly.

The report from the Trust on the lung transplant incident had concluded that the transcription error by NHSBT's SN-OD had been a contributory factor in the death of the patient. The report had also acknowledged the work we are doing to review the risks in manual transcription for organ donation overall. The Board will receive a final report at the next meeting.

11/45 **BOARD PERFORMANCE REPORT**

Mr Bradburn presented the report. He drew attention to

- the surplus for the year 2010/11 which, subject to audit, stood at £14.2 and was due to Government spending constraints, general cost savings and shifting timing of expenditure;

- the reduction in GIA and the welcome commitment from the other UK health departments to increase their funding contributions for organ donation and transplantation;
- a slight drop in demand for red cells in April which was unusual for the time of year and being monitored;
- an upward trend in sickness absence in Estates & Logistics which was due to incorrect reporting and being addressed;
- two new escalated risks, both of which had been noted under earlier agenda items;
- deceased organ donation which at 26% was on trend towards the 50% target; and
- living donation which was below plan.

Ms Johnson said a strategy for living donation would be presented to the Board in July. She said the Lead Nurse now in post was meeting monthly with those Trusts which are not meeting their targets. She added that the charity NHS Kidney Care UK were proposing to provide funding of £450,000 to provide nursing support for living donation at centres where this takes place.

Mr Bradburn said he planned to refresh the Board Performance Report at the end of the first quarter and said any comments on content, from non-executive directors in particular, would be welcome.

All

11/46 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

The reports were received. Ms Hamlyn commented that she would be encouraging colleagues to develop the reports to cover specific areas of interest which they wished to bring to the Board's attention, as it was not her intention that they should only provide NHSBT with progress reports for their Administrations.

11/47 **CHIEF EXECUTIVE'S REPORT**

Ms Hamlyn drew attention to the proactive promotion by the Communications Directorate of our strategic plan both internally and externally. This had included specifically tailored letters from herself and other Directors to key stakeholders, drawing attention to their own areas of interest, rather than merely generically issuing the strategy document.

Ms Hamlyn updated the Board on progress on the Commercial Review. Most of the areas of potential interest were already covered by our strategic plan but there were some areas of interest by the DH which were now receiving particular focus. She had chaired a meeting between the Executive Team and DH officials in early May at which all areas which would be covered in the report were discussed. She said she was now cautiously optimistic that the final

report would not include any recommendations that NHSBT would not feel able to support.

11/48 **ANY OTHER BUSINESS**

There was no other business.

11/49 **DATE OF NEXT MEETING**

The next meeting will take place at the Royal College of Obstetricians and Gynaecologists on Thursday 28 July.

11/50 **EU DIRECTIVE ON THE STANDARDS OF QUALITY AND SAFETY OF HUMAN ORGANS INTENDED FOR TRANSPLANTATION**

Paper 11/39 was noted.

11/51 **NHSBT DIRECTIONS**

Paper 11/40 was noted.

11/52 **MINUTES OF THE MEETING OF THE GAC HELD ON 17 FEBRUARY 2011**

The minutes were noted.

11/53 **MINUTES OF THE MEETING OF THE R & D COMMITTEE HELD ON 21 FEBRUARY 2011**

The minutes were noted.

11/54 **MINUTES OF THE MEETING OF THE TRANSPLANT POLICY COMMITTEE HELD ON 22 FEBRUARY 2011**

The minutes were noted.

11/55 **FORWARD AGENDA PLAN**

The forward agenda plan was noted.