

**Minutes of the Forty-third Meeting of NHS Blood and Transplant
held at 12.00pm on Thursday 31 March 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
	Dr C Costello	Dr C Ronaldson
	Mr J Forsythe	Mr S Williams
	Mr D Greggains	Dr L Williamson
	Ms L Hamlyn	

In attendance:	Ms L Austin	Mr P Nugent
	Mr D Dryburgh	Ms J Prestt
	Mr D Evans	Mrs K Robinson
	Mr M Potter	Dr R Jecock
	Ms R Adam	Ms K Ellis
	Mr G Hughes	Ms J Minifie

11/19 APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Ms Burnside. Mr Fullagar welcomed Katherine Robinson - Deputy HR Director; Paddy Nugent - Deputy Director, Blood Donation; Ruth Adam - Assistant Director, Clinical Operations and Governance; Gary Hughes - Assistant Director, Corporate Communications and Jessica Prestt - Executive Assistant R & D Strategy, who were attending as observers.

11/20 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed.

11/21 MATTERS ARISING

Paper 11/16 was noted. The Board recorded the items they had discussed in the preceding, confidential section of the meeting. These were certain commercial matters, certain organisational matters and certain strategic matters. The commercial matters related to a contract for services. The organisational matters related to individual members of staff. The strategic matters related to blood donation and stem cells.

11/22 RESEARCH AND DEVELOPMENT STRATEGY

Dr Williamson thanked Ms Prestt, Mr Fullagar and the internal and external members of the R & D Committee for their contribution to the strategy. She was also pleased now to be able to say that Prof Rutger Ploeg was taking a Chair at Oxford University and would be compiling a programme of research aimed at improving the quality and number of organs available for transplantation. Dr Williamson

drew attention to the seven recommendations in paper 11/17 and commended them to the Board.

Mr Fullagar said that as Chairman of the R & D Committee he supported the recommendations and he highlighted the importance of a strong link between operational aims and research priorities. Mr Forsythe said he also supported the recommendations. Mr Greggains, also a member of the R & D Committee, said he commended the recommendations to the Board and he paid tribute to Ms Prestt for the impressive way she had carried out a large portion of the work involved.

The Board noted the observations arising from the site visits and structural review of R & D and approved the recommendations.

11/23 **STRATEGIC PLAN 2011-2014**

Mr Bradburn said the plan submitted to the Board in January had received informal approval from the DH. Only modest drafting changes had since been made to that version, with a piece on R & D and more detail on development of the supply chain added. Target numbers were unchanged with the exception of that for living organ donation. A 25% reduction in carbon from the estate over the next five years had also been included. The carbon management plan will feature on the agenda of the next meeting for information.

RB

Confirmation of the GIA figure was still awaited and would determine the level of marketing which would be possible on organ donation and Mr Bradburn said he would keep the Board informed. Likewise, the capital allocation had not been confirmed and he would report back to the Board if the amount is significantly less than expected. This could impact on the replacement of the Organ Donor Register. The financial position was summarised in the final two pages of the strategy document. Mr Bradburn emphasised that while financial risk to plans for 2011/12 was limited, the position would become more difficult in each of the two following years.

Mr Fullagar questioned whether the targets for organ donation were achievable and Ms Johnson said that transplant colleagues believed the 50% figure could be achieved within two years.

The Board noted that detailed plans set out the management processes underpinning the strategy and a briefer document had been prepared for communication to staff across the organisation more broadly. The Strategic Plan was approved.

11/24 **REVISIONS TO NHSBT STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION**

Mr Bradburn presented the proposed revisions, as set out in paper 11/19. It was pointed out that on page 16 of the Standing Orders, '2011' should read '2010' and this would be corrected.

RB

The Board approved the revised documents.

11/25 **CLINICAL GOVERNANCE REPORT**

Dr Williamson drew attention to item 1(vii) relating to consent for blood transfusion and organ transplantation. She said it was anticipated that this would involve verbal consent supported by a high standard of record keeping. She also drew attention to item 4(vi) relating to the Transplant Policy Review Group's approval of a policy on living organ donors who require transplant as a direct consequence of donation.

In response to a query from Mr Forsythe, Dr Williamson agreed to check the wording of the Never Event relating to ABO incompatible transfusions and ABO/HLA incompatible organ transplants. It was noted that this should relate only to inadvertent incompatibility and if the wording did not make this clear it would need to be revised.

LW

In response to a request for clarification from Mr Forsythe, Dr Williamson said the reference to the management of positive microbiological blood results was made in an operational context and was not intended to cut across the remit of SaBTO. Mr Forsythe commented that the guidelines on microbiological safety in donation and transplantation had now been published by SaBTO.

Mr Williams asked Dr Williamson to elaborate on the five major quality incidents referred to in item 3(iii). She explained that major was a regulatory category, not an indication of clinical harm, and said the tests involved were not routine tests but those done on people who had travelled to the tropics or undergone body piercings and, taken individually, the incidents were not very significant. Dr Ronaldson confirmed the actions which had been taken to avoid a recurrence.

11/26 **SUI SUMMARY REPORT**

The Board received the report which included the final report on the SUI involving the issue of un-irradiated granulocytes.

Dr Williamson also provided a summary of the recent incident involving the transplantation of kidneys to two patients who went on to develop cancer. The incident, of which NHSBT first became aware on 9 March, had been reported by the Specialist Nurse – Organ Donation (SN-OD) to the Team Manager but had not been escalated by the Team Manager to the ODT Clinical Governance Monitoring

Group. The incident had been declared an SUI on 24 March and the Board were sent a report on 25 March. Board members had been sent a media alert on 21 March prior to the article in the press the following day. The incident had highlighted issues around supervision and training of SNODs, although to date there was no definitive evidence of any error and the written records from the transplant unit had not yet been received. Ms Johnson said she concurred with Dr Williamson's assessment of the situation.

There was a discussion about various factors involved in the incident and the failure to escalate it properly within NHSBT's systems. It was agreed that Prof James Neuberger, Associate Medical Director - ODT, would be asked to lead a discussion at the next GAC about how the GAC and the Board would handle escalation of incidents. The current definition of an SUI would also be reviewed and a recommendation made to the Board as to whether it required amendment.

SJ
RB

11/27 **PERFORMANCE REPORT**

Mr Bradburn drew attention to the following items.

- On the blood supply chain, stocks had generally been maintained within the target range, mostly at the higher end, although the current level was slightly less than would be preferred in the approach to the two four day weekends at the end of April.
- Performance against the original targets for organ donation were mostly satisfactory except in the case of living donation which was below target.
- Platelets from component donation had now been maintained at over 80% for two months against a background of continued increase in demand.
- The spike in sickness absence had fallen back but Directorates continued to monitor levels closely.
- Financially, a surplus for the year of just under £12m was forecast with an expectation that this would grow in the final month of the year. Timing of expenditure on donation chairs and agitators, which would now fall into next year had contributed to the surplus, as had the delays resulting from the need to obtain DH and Cabinet Office approval for expenditure such as the Lean work on the blood supply chain, with the latter also affecting the delivery of benefits.
- Arrangements for dealing with NHSBT's loan to BPL had been agreed as part of the divestment process and included an option for NHSBT to request an additional £2m from the DH at the year end if required. In the light of the surplus position Mr Bradburn said he would not be requesting this. He said this did not give him

cause for any concern, other than in the event of an expected issue.

11/28 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

The reports were noted. There were no points requiring discussion but the agenda item was intended to provide an opportunity for the departments to raise issues if necessary.

11/29 **CHIEF EXECUTIVE'S REPORT**

The report was received. Ms Hamlyn said that she, and colleagues, had attended the workshop chaired and sponsored by Chris Rudge, National Clinical Director for Transplantation, on 28 March following which Mr Rudge had met with the Minister. Ms Hamlyn said she hoped to be able to report at the next meeting how the recommendations of the ODTF will be embodied into commissioning arrangements and other initiatives to maintain the momentum generated by the Programme Delivery Board.

Ms Hamlyn drew attention to her letter to the Chief Executive of the Human Tissue Authority (HTA), and the confirmation of the HTA as the competent authority for overseeing the implementation and ongoing regulation of the Directive. She added that while this was welcome news, the amount of work needed on the part of the ODT team should not be underestimated. She also drew attention to the issue of presumed consent in Wales.

Since writing her report, Ms Hamlyn had received the signed Directions allowing NHSBT to sell surplus plasma, following Board approval of this activity in September 2010. She said this would be included for information in the public part of the agenda for the next meeting. She said that it had been hoped that the Directions would cover other products but she had been informed that additional Directions would be needed - this was one example of the need for more freedoms to help NHSBT become more commercially effective.

Ms Hamlyn said that the EBA Board meeting hosted at Filton on 24 and 25 March had been a great success, reflecting the significant work on behalf of a number of our staff at Filton and in Communications. She had written to thank them all.

11/30 **ANY OTHER BUSINESS**

Organ Transplants for non UK Private Patients

Mr Greggains raised the issue which had recently featured in the press once more, concerning the provision of organ transplants to non UK private patients at King's College Hospital. Ms Johnson emphasised that this was allowed under current UK law although work was being done by the DH to change policy on the issue. Completion of this work had been delayed because a number of

other policy issues were being addressed at the same time but an outcome was expected in the next two months. The Board had been urging change for some time and regretted the reputational damage to the organ donation and transplantation cause while this position continued.

11/31 **DATE OF NEXT MEETING**

The next meeting will be held at the Royal College of Obstetricians and Gynaecologists, 27 Sussex Place, Regents Park, London NW1 4RG on Thursday 26 May 2011.

11/32 **REGISTER OF SEALINGS**

The Register of Sealings was noted.

11/33 **MINUTES OF THE TRUST FUND COMMITTEE MEETING 14.2.11**

The minutes of the meeting of the Trust Fund Committee held on 14 February were noted.

11/34 **TRUST FUND ANNUAL ACCOUNTS 2009/10**

The Annual Accounts of the Trust Fund were noted.

11/35 **CLOSURE OF RANDOMISED CONTROLLED TRIAL
TRANSFUSION ALTERNATIVES PREOPERATIVELY IN SICKLE
CELL DISEASE**

Paper 11/29 was noted.

11/36 **FORWARD AGENDA PLAN**

The forward agenda plan was noted.