

**Minutes of the Fortieth Meeting of NHS Blood and Transplant  
held at 11.45am on Thursday 30 September 2010  
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	Dr R Jecock
	Mr D Dryburgh	Mr S White
	Mr D Evans	Ms J Minifie
	Mr M Potter	

**10/73 APOLOGIES AND ANNOUNCEMENTS**

Apologies for absence had been received from Ms Burnside. Mr Fullagar welcomed Michael Potter to his first Board meeting as Acting Director of Business Transformation Services; and Shane White who was attending as part of his development programme.

**10/74 MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

**10/75 MATTERS ARISING**

There were no matters arising from the previous meeting. The Board recorded the items they had discussed in the preceding, confidential section of the meeting. These were certain commercial matters relating to BPL and to contracts for products, equipment or services; certain personnel matters relating to individual members of staff; certain medical matters relating to an individual patient; and certain policy matters relating to tissues and to organ donation and transplantation.

**10/76 A FRAMEWORK TO GUIDE DECISION-MAKING ON SAFETY ISSUES**

Dr Williamson thanked Ms Burnside for her considerable input to the paper and also Dr Costello who had reviewed an advance draft.

Mr Fullagar read out an email he had received from Ms Burnside. She said that she fully supported adoption of the framework and the other recommendations proposed in the paper. She believed the paper captured all relevant considerations and that the framework

provided significantly improved governance in relation to safety policy decision making and that the framework was very workable. She also supported the further work on improving communications to patients on risk.

The Board adopted the safety framework for its own decision making. They agreed to review its utility in 12 months' time and every two years thereafter. The Board confirmed their requirement for the Executive to ensure they are made fully aware of any potential safety issues before decisions are reached, using the framework to guide their own investigations. The Board also endorsed work to improve communications to patients and the public regarding potential risks to donors and transfusion/transplant recipients. They would receive a report on progress in six months' time.

#### 10/77 **CLINICAL GOVERNANCE**

Dr Williamson presented her report. She drew attention to the review of clinical litigation, the action plan for the Executive agreed by the Clinical Governance Committee in response to the Mid-Staffs Inquiry, and the update on the Prion filter studies at the HPA. She said the UK Forum had met on 24 September and accepted that the data for the studies remained valid and the recommendation made to SaBTO could stand. SaBTO would be informed at its next meeting in October. She said that the appendix relating to the ODR SUI had been reviewed at the GAC meeting on 9 September and no issues had been raised.

#### 10/78 **PERFORMANCE REPORT**

Mr Bradburn drew attention to the new summary of strategic targets on page one which had been derived from more extensive lists reviewed by the Executive team and the individual Directorates. He said it contained no significant new items. He commented on the position on deceased organ donors, the blood supply chain, component donation, consolidation benefits and specialist services. On finances, he said that the position was currently broadly in line with plan overall and that he expected to see a surplus developing through the remainder of the year as a result of current constraints on expenditure. He drew attention to one new risk which had been escalated to the Executive, relating to systems within ODT. These systems were being audited and would then be incorporated into the quality assurance process in use elsewhere in NHSBT.

Mr Blakeman asked about progress on the bid to the DH for funds for Lean consultancy expenditure. Ms Hamlyn said that Mr McDermott's enquiries at the DH had resulted in advice that a bid of such magnitude would not receive approval without clear Ministerial support. As this could not reasonably be expected at the present time, she was working with Dr Ronaldson and Mr McDermott on a significantly revised and much smaller piece of work.

10/79 **CHIEF EXECUTIVE'S REPORT**

The Board received the report and Ms Hamlyn focused on two items. Firstly, the Minister's positive response to the recommendations of the UK Stem Cells Forum. Ms Hamlyn said that the proposals would not be easy to implement and she might ask for assistance from Mr Fullagar, Mr Blakeman and Ms Burnside by way of a further working group meeting. Secondly, the large amount of work put into the case to the DH for blood donor marketing which had secured its approval. She added that the case put forward for organ donor marketing had been approved by the DH but was awaiting Cabinet Office approval.

Ms Hamlyn emphasised the extent to which the policy, financial and operational environment was changing. Whilst she was very grateful for the exemptions granted to NHSBT in the letter from Richard Douglas, she stressed that the extent to which plans to achieve NHSBT's strategic aims depended in varying degrees on external support, should not to be under estimated.

Mr Bradburn said that increased focus on shared services was expected. The process for the commercial effectiveness review had commenced and this appeared to relate to outsourcing back office activities, logistics and so on. Explanation of NHSBT's activities and future plans in this context would take up a significant amount of time.

10/80 **ORGAN DONATION AND TRANSPLANTATION: PLANS FOR MEETING GRANT IN AID REDUCTIONS**

Ms Johnson presented paper 10/64. This set out proposals for making savings to compensate for the shortfall in funding received for 2010/11 and additional proposals for working within future funding constraints.

A number of views were expressed. Mr Forsythe thought the approach on retrieval was appropriate but he said that, because it was not clear which of the individual initiatives had led to the 20% increase in the number of donors over the last two years, he was very worried about the proposals in respect of donations, particularly if these cuts were proposed ahead of cuts in some other areas of NHSBT's responsibilities. He also commented, however, that from a political point of view health departments might be reluctant to jeopardise continued progress in this area. Mr Blakeman said that while he agreed with most of what Mr Forsythe had said, he had interpreted the paper as a tactical response to a short term situation which in his view did not affect ODT too drastically in 2010/11 or 2011/12 and said he thought NHSBT should attempt to prevent future cuts being applied. Mr Forsythe said his comments related mainly to activities beyond that period. Ms Hamlyn pointed out that as Accounting Officer she had a responsibility to prepare plans

where a reduction in funding levels was expected. Mr Jenkins said he concurred with Mr Forsythe's view that initiatives which would deliver the service in future should not be cut, and he reminded the Board that earlier in the meeting they had accepted that £9m of the £24m cash which NHSBT had lent to BPL would not be returned by the DH. Dr Williamson said that a review of research activities taking place early in the new year might release some funds which could be redirected to ODT. Mr Fullagar commented that there came a point at which targets can no longer be delivered when funding is reduced. All members supported savings achieved from adjustments where experience had shown that these were warranted on a value for money basis, such as sharing clinical leadership across a number of hospitals where appropriate.

Dr Jecock said that the DH were planning on the basis of £66.3m GIA for NHSBT in 2011/12 but said she had no insight as to how that would be affected by the spending review. She anticipated, however, that all ALBs would be required to make savings and there would be no special cases.

It was agreed that Ms Johnson would discuss the proposals with the four UK health departments. It was noted that any specific proposals would be returned to the Board for endorsement before implementation.

**SJ**

Mr Forsythe said he would have welcomed the opportunity to join the working group meeting that had taken place and agreed to discuss this with Ms Johnson outside the meeting.

10/81 **ANY OTHER BUSINESS**

There was no other business.

10/82 **DATE OF NEXT MEETING**

The next meeting would be held on Thursday 25 November at Regent's College Conference Centre, Inner Circle, Regent's Park, London NW1 4NS.

10/83 **MINUTES OF THE TRUST FUND COMMITTEE MEETING HELD ON 26.7.10**

The minutes were noted.

10/84 **FORWARD AGENDA PLAN**

The forward agenda plan was noted.