

**Minutes of the Thirty-seventh Meeting of NHS Blood and Transplant
held at 11.15am on Thursday 25 March 2010
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 R Bradburn
 Ms D Burnside Ms S Johnson
 Dr C Costello Mr A McDermott
 Mr J Forsythe Dr C Ronaldson
 Mr D Greggains Dr L Williamson
 Mr G Jenkins

In attendance: Ms L Austin Mr A Clarkson
 Mr D Evans Dr E Massey
 Ms T Allen Ms J Minifie

10/14 **MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

Mr Fullagar took the opportunity to stress that the element of the R & D funding which had been the subject of discussion at the previous meeting represented only a small percentage of NHSBT's total R & D budget of just over £18 million.

10/15 **MATTERS ARISING**

There were no matters arising from the previous meeting.

The Board recorded the items they had dealt with in the preceding, confidential section of the meeting. These were certain commercial, organisational and clinical matters. The commercial items related to contracts for equipment; the organisational items related to the DH Review of Arm's Length Bodies; and the clinical items related to individual donors.

10/16 **NHSBT STRATEGIC PLAN 2010/13 AND BUDGET 2010/11**

The Board had received the Strategic Plan, together with the underpinning Strategic Action Plan for information, earlier in the month. Comments already received from Non Executive Directors were being incorporated. Subject to finalisation and agreement with the DH of revenue and capital Grant in Aid (GIA) funding for 2010/11, the Strategy was approved.

10/17 **TRANSPLANT POLICY REVIEW COMMITTEE TERMS OF REFERENCE**

The minutes of the first meeting of the Committee were included on the Board's agenda as an information item. To set the context of the Committee's discussion of the terms of reference, Ms Burnside provided a summary of the issues reflected in the minutes, particularly the discussion around voting and non-voting members. She also reported on an exchange of emails she had had with the Chair of the Pancreas Advisory Group following the meeting. Against this background Ms Burnside suggested that the terms of reference might benefit from some additional amendment, in particular the distinction between voting and advisory members and quoracy. Additionally, and most importantly for the Board, she suggested that a framework be developed to ensure clarity around the circumstances where decisions need to be referred to the Board.

Dr Costello suggested that quoracy was overly dependent on individuals and suggested deputies were named to attend in exceptional circumstances. Dr Williamson responded that, specifically, the Committee had felt it was important to provide assurance to the Advisory Groups that the Committee included the proper clinical representation from NHSBT. More broadly, while there had been concern about the voting and non-voting status of members, the structure of the committee in principle was the same as that under which blood related committees operated. This structure existed because clinicians who did not work for NHSBT could not be expected to take responsibility for NHSBT's decisions. Furthermore, it would not be sensible for the Committee to try to drive through business which was not supported by the transplant community.

Mr Forsythe said he found the additional background helpful and suggested that a sentence be added to the terms of reference stating that the Committee would not agree anything which went against major clinical view. Mr Jenkins supported this suggestion whilst recognising the position described by Ms Burnside as correct and constitutional.

It was agreed that Ms Burnside and Ms Johnson would work together to finalise the terms of reference and these would be returned to the Board at a future meeting.

**SJ
DB**

10/18 **COMMISSIONING PLAN 2010/11**

Following a progress report at the previous meeting, Ms Johnson presented paper 10/15 seeking the Board's approval of the recommendations. Various questions asked by members were answered and there was discussion about the importance of cooperation from hospitals in relation to their intensive care unit resources. Having noted that University Hospitals Birmingham NHS Foundation Trust and University Hospital of Wales, Cardiff had not yet been able to agree arrangements for the operation of a joint service,

the Board also noted that if they failed to reach agreement within the required timescale NHSBT would offer the contract to other providers.

The recommendations in the paper were agreed. It was also agreed that the Board would receive a progress report in six months' time. This would include an update on the work being undertaken to reduce the time taken to obtain agreement for donation, and the time taken by transplant units to accept organs, in an attempt to reduce the additional pressure on intensive care units which resulted from the donation processes.

10/19 **REMUNERATION COMMITTEE – REVIEW OF TERMS OF REFERENCE**

The Board approved the adoption of the revised Terms of Reference for the Remuneration Committee.

10/20 **REVISIONS TO NHSBT STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION**

The revised set of Standing Orders, Standing Financial Instructions and Scheme of Delegation were approved.

10/21 **IMPLEMENTATION OF BACTERIAL SCREENING OF PLATELET COMPONENTS**

At the previous meeting the Board had considered a paper containing options to further improve the safety of platelet components. The paper had been taken in the confidential part of the meeting because it contained confidential information from suppliers about costs. After full consideration of the relevant facts the Board approved the proposal to implement Bacterial Screening of platelets on the grounds that:

- patient safety is a prime consideration;
- the risk of bacterial contamination can be reduced by at least 50% by implementing screening;
- bacterial screening is in place in the three other UK Blood Services;
- the high use of apheresis platelets increases the risk of infecting multiple patients;
- the costs were accepted by the National Commissioning Group for Blood;
- the costs are not out of line with other measures to prevent transfusion fatalities;
- there is continued reputational and legal risk to NHSBT by not implementing this technology.

Dr Ronaldson thanked Ms Burnside for her assistance in preparing the summary paper 10/19 for this meeting and asked the Board to confirm their decision to approve the implementation of bacterial screening of platelets at an indicative cost of £25 per unit.

The Board confirmed its decision. They also noted that a full business case for the procurement of the technology would be presented to the Board for decision in May or July.

10/22 **CLINICAL GOVERNANCE**

In the interests of time, Dr Williamson restricted her comments to the following issues.

With regard to the case previously reported to the Board, of the donor whom an NBS nurse had identified as having an abnormally high white cell count, Dr Williamson had now had the opportunity to speak to the haematologist responsible for the individual as a patient. As a result she said she could confirm that the delay in spotting the abnormality had made no difference to management of the patient (who does not yet require any treatment) or the overall prognosis. As a result of the incident, additional review and monitoring steps for platelet donors were being introduced and a follow up report would be submitted to the May meeting of the Clinical Governance Committee.

Dr Williamson reported a new, sad case of a young woman who had died following massive haemorrhage resulting from complications related to termination of a pregnancy. Products ordered by the hospital from the NBS arrived later than expected. In the opinion of the haematologist at the hospital this late delivery had in no way contributed to the death and since the report was compiled this had been confirmed in a written statement. The Board noted the actions being taken in relation to delivery timescales within NHSBT as a result of this incident.

It had now been confirmed that the problem which had led to a two-day suspension of the Electronic Offering System (EOS) had not disadvantaged any potential organ recipients. A letter, following up an original letter notifying them of the problem, was being sent to Transplant Units and Recipient Contact Points and Co-ordinators, to reassure them that following investigations it was clear that no misinformation had been provided, or patient safety compromised, as a result of the issue. Mr Forsythe stressed the importance of issuing the letter quickly to minimise the potential for any loss of confidence in EOS. Mr McDermott said that the system had been tested under tight control before going live. A review of the testing and release of the software involved was being carried following which independent advice would be taken as to whether our processes are robust enough. The outcome of this exercise would be considered by the Clinical Governance Committee.

10/23 **PERFORMANCE REPORT**

Mr Bradburn drew attention to the following:

The movement from red to amber status of the Platelets by Component Donation initiative which showed an increase to 78.9%, and since the report was compiled had reached 80%. Whilst pleased by this progress, Mr McDermott stressed that it would continue to be challenging to maintain this level.

There had been a significant increase in organ donation numbers in the third and fourth quarters of the year. This was encouraging although the level of the increase was not being reflected in the number of transplants which had been carried out.

The issue of BPL's finances. Mr Bradburn summarised NHSBT's financial position and thanked the DH for their help in managing the cash flow at the year end. Mr Fullagar congratulated Mr Bradburn and his colleagues on achieving a balanced year end position.

Mr Bradburn said that he intended to refresh the performance report going into the new financial year and said he would appreciate any comments from colleagues outside the meeting.

Mr Fullagar questioned whether NHSBT was overstaffed given that the reported significant increase in staff absence had had no operational impact. Mr Evans said that the statistics had been investigated and there was evidence that returns to work were not always being reported and the figures were in fact lower than indicated although an upward trend remained. In Mr Dryburgh's absence, Ms Hamlyn said that the issue was being pursued vigorously in E & L and Mr McDermott said he was also pursuing the issue in Blood Donation.

10/24 **CHIEF EXECUTIVE'S REPORT**

Ms Hamlyn said the period since the last Board meeting had been particularly busy with increased numbers of discussions with the DH about issues which included the ALB Review, BPL and Stem Cells. She drew attention to the Francis Report on Mid-Staffordshire Acute Hospital and suggested to Mr Fullagar that when more time was available the Board should return to the issue of how the Board can assure itself that it is fulfilling all its responsibilities correctly.

10/25 **ANY OTHER BUSINESS**

FRAMEWORK DOCUMENT

Mr Bradburn said that NHSBT lacked a formal framework document setting out its constitution and relationship with the DH and this should be rectified in the interests of governance administration. The Board

agreed that to avoid delay Mr Bradburn could arrange for them to approve the framework outside the meeting.

RB

10/26 **DATE OF NEXT MEETING**

The next meeting would take place at the Royal College of Obstetricians and Gynaecologists on Thursday 27 May.

Mr Fullagar said that the amount of time necessary for the Board to discuss some major issues had left less time for the Performance Report. He wanted to take this opportunity to thank the Executive Team for all their work to achieve the positive results in the report. The lack of difficulties arising during the progression of the consolidation in the south west, the south east and north of the country for instance resulted from a great deal of planning and hard work.

10/27 **MINUTES OF THE TRUST FUND MEETING 1.2.10**

The minutes were noted.

10/28 **SUMMARY NOTES FROM THE REMUNERATION COMMITTEE MEETING 1.3.10**

The summary was noted.

10/29 **MINUTES OF THE TRANSPLANT POLICY REVIEW COMMITTEE MEETING 23.2.10**

The minutes were noted.

10/30 **NATIONAL STANDARDS FOR ORGAN RETRIEVAL FROM DECEASED DONORS**

The standards were noted.

10/31 **GUIDELINES FOR TESTING FOR PREGNANCY IN DECEASED POTENTIAL SOLID ORGAN DONORS**

The guidelines were noted.

10/32 **NATIONAL ORGAN DONATION CAMPAIGN**

The report was noted.

10/33 **EMBEDDING THE NHS CONSTITUTION IN NHSBT**

The paper was noted.

10/34 **STAFF ATTITUDE SURVEY**

The paper was noted.

10/35 **REGISTRATION WITH THE CARE QUALITY COMMISSION**

The paper was noted.

10/36 **UK STEM CELL STRATEGIC FORUM**

The paper was noted.

10/37 **FORWARD AGENDA PLAN**

The forwards agenda plan was noted.