

**Minutes of the Thirty-sixth Meeting of NHS Blood and Transplant  
held at 11.15am on Thursday 28 January 2010  
at the Royal College of Obstetricians and Gynaecologists  
27 Sussex Place, Regent's Park, London NW1 4RG**

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

In attendance:	Mr D Evans	Ms K Quinn
	Mr N Samuels	Dr N Watkins
	Dr R Jecock	Mr T Whelan
	Prof J Neuberger	Ms J Minifie
	Mr M Potter	

10/01 **APOLOGIES AND ANNOUNCEMENTS**

Apologies had been received from Mr Jenkins and Mr Dryburgh.

10/02 **MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

10/03 **MATTERS ARISING**

Paper 10/01 was noted.

The Board also recorded the items they had dealt with in the preceding, confidential section of the meeting. These were certain commercial items which related to contracts for services, equipment or consumables.

10/04 **PROPOSALS FOR RENEWAL OF RESEARCH FUNDING FROM THE NATIONAL INSTITUTE FOR HEALTH RESEARCH (NIHR)**

Dr Williamson circulated details of NHSBT's various research funding streams and presented the paper.

Speaking as Chairman of the R & D Committee, Mr Fullagar said the Committee recommended acceptance of the NIHR proposal. It had reached this decision to avoid losing the funding involved, although it was not the case that the funding was guaranteed. He said the Committee made its recommendation with considerable reluctance, however, because the new arrangements would distort NHSBT's research programme planning and threaten its direction;

and because peer review and monitoring would be carried out by NIHR rather than NHSBT's own external experts.

Mr Fullagar said that to address the potential for loss of control of the research programme, the R & D Committee proposed that it should meet with the research teams and the operational directors to decide on priorities. This would be followed, with input from Mr Bradburn, on work to decide how to finance them and would look towards external funding for longer term research. The Committee would then make proposals to the Board later in the year.

Dr Costello said she concurred with Mr Fullagar's summary of the Committee's deliberations. She added that the Committee had considered the timetable for the change to be too short. They had determined to seek to encourage the NIHR to invite NHSBT's existing external reviewers to continue to review future applications; and to channel the annual reports through NHSBT's R & D Committee. The Committee had also been concerned that the NIHR would have their own views on how the money should be spent but had been unable to identify any alternative to the proposal.

Ms Johnson commented that, because of this change to the bidding cycle, Organ Donation and Transplant was unfortunately not currently in a position to put forward a programme. She would ensure, however, that a high quality proposal was ready for the following round.

Mr Forsythe said he supported the Committee's recommendations with regard to identifying NHSBT's research priorities and funding mechanisms, including those relating to transplantation on which he wanted to see much more focus in future. He said he also felt very uncomfortable with the new proposals from the NIHR, for the same reasons stated by others, and asked whether there was definitely no possible alternative. Dr Williamson said she did not consider there was any alternative, adding that she believed it was the right decision for this particular funding stream when taken alongside a strategy to handle the remaining streams in the way Mr Fullagar had described.

Mr Blakeman asked about the reasons for the change and Dr Williamson provided some background. She said that she intended to suggest how a dialogue could be maintained between the NIHR and the NHSBT R & D Committee when she submitted the proposed programme to the NIHR.

The Board agreed to the Committee's recommendation to accept the NIHR proposal; to support submission of the four programmes of work outlined in the paper; and to identify funding for continued support of transplant projects to the current level of £200-£250,000

a year, and to work with the transplant community to develop a transplant programme for submission to NIHR.

10/05 **TRANSPLANT POLICY REVIEW COMMITTEE**

It was agreed that the non-executive members of the Transplant Policy Review Committee would be Ms Burnside (Chair) and Mr Greggains. The full terms of reference for the Committee would be an item on the agenda for the next meeting.

10/06 **CLINICAL GOVERNANCE REPORT**

Dr Williamson drew attention to the new format of the report and invited questions on the content and any comments on the format.

The Board noted the further report on the serious untoward incident involving heart valve retrieval. Dr Ronaldson said that a further paediatric retrieval had taken place, successfully, since this incident. The further report on the communication of microbiology results to donors was also noted.

The new format of the report was welcomed. It was agreed, however, that in the light of the continual monitoring process taking place in transplant units and the more detailed reports received by the Clinical Governance Committee, transplant incidents would not be included in this report except in circumstances where identified trends raised cause for concern.

10/07 **PERFORMANCE REPORT**

The new format of the report was well received. Mr Greggains drew attention to the additional page in the report which showed the number of projects which had been completed as well as those which were still running. The Board agreed that in future only limited information on BPL would be included in this report with a more detailed update featuring as a regular item on the agenda for the confidential section of the meeting.

Mr Bradburn presented the report. He commented on the severe weather in January which had led to a fall in red cell stocks to around 33,000 but which were now rising. Mr McDermott paid tribute to the fantastic response from donors and staff during the adverse weather conditions. Mr Bradburn also commented on the improved position on organs from deceased donors although Ms Johnson said the number of transplants was not increasing at the same rate because numbers of heart-beating donors were lower than predicted. Mr Bradburn said he continued to forecast a surplus for NHSBT as a whole at the year end.

In answer to a question on progress on the Organ Donor Campaign Ms Johnson said a review meeting was taking place in the near future to analyse the results and use the information to inform activity for next year. The Board noted that it had been decided to spend additional money, from the existing budget, on additional advertising volume.

Dr Costello questioned the figures for male only plasma and Dr Ronaldson explained that these would be maintained consistently at 100% once the Pulse electronic release system was fully in place in February.

Ms Burnside suggested that there was potential for greater use of commercial partnerships for blood collection and the Organ Donation Campaign. Ms Hamlyn acknowledged this and said that following the pilot with Boots more work was being done to investigate the potential for other commercial partnership opportunities.

#### 10/08 **CHIEF EXECUTIVE'S REPORT**

Ms Hamlyn drew attention to the letter from Prof David Harper. She said she and Mr Fullagar had now met with Liz Woodeson's successor, Clara Swinson, and in the meantime since Ms Woodeson's move to another department, had met regularly with Dr Jecock. Ms Hamlyn thanked Dr Jecock for her continued support. Planned visits to other organisations in Watford had provided an opportunity for Sir David Nicholson to see the BPL operation, following a visit he made to DCI in New York last year, and for Ms Hamlyn and members of her Executive team to highlight NHSBT's ambitions for organ donation and blood donation and blood stock management. Ms Hamlyn said she would be providing more information on the UK Stem Cell Strategic Forum at a later date but was pleased to inform the Board that the Minister had asked NHSBT to lead on this work.

Ms Hamlyn also drew attention to NHSBT's forthcoming Senior Leadership Conference which would focus on engaging participants in the strategic plan for 2010-13. The programme also included a talk on "What is happening in the wider NHS" by guest speaker Claire Perry, Managing Director of Imperial College Healthcare Trust.

Ms Hamlyn said that the Government's 'Smarter Government' paper had recently been published following which NHSBT would be involved in a review of Arm's Length Bodies. She stressed that NHSBT would continue to focus on business as usual.

Finally, Ms Hamlyn paid tribute to all the staff involved in the blood supply chain who had worked beyond the call of duty during the recent bad weather to ensure sufficient blood was available for patients.

10/09 **ANY OTHER BUSINESS**

09.1 **Publication of Expenses**

It was agreed that in future the expenses of those Directors whose remuneration is published in the Annual Accounts would be published on the website quarterly rather than annually. These would be presented as a total, by Director title.

09.2 **National Organ Retrieval Service Commissioning Update  
And ODTF Progress Report On Implementing  
Recommendations**

Mr Forsythe said he had found papers 10/07 and 10/08 helpful. He emphasised the importance of transportation of organs and urged Ms Johnson to ensure close attention is paid to this particular area. He also highlighted the position on implementation of the ODTF recommendations in Wales.

10/10 **BOARD DEVELOPMENT DAY**

Thursday 6 May was agreed as the date for the next Board Development Day.

10/11 **DATE OF NEXT MEETING**

The next meeting will take place at the Royal College of Obstetricians and Gynaecologists on Thursday 27 May. Dates for the remainder of the year were also confirmed.

10/12 **ORGAN AND BLOOD DONATION CARDS**

Mr Fullagar said cards giving details of how to donate blood and how to register as an organ donor were now available from Jane Minifie on request.

10/13 **ADVERSE WEATHER CONDITIONS**

Closing the meeting, Mr Fullagar reiterated tributes made by others during the meeting to the staff who had worked so hard in exceptionally difficult circumstances to maintain the blood supply during the recent bad weather.