

**Minutes of the Thirty-eighth Meeting of NHS Blood and Transplant
held at 11.45am on Thursday 27 May 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
	Ms D Burnside	Dr C Ronaldson
	Dr C Costello	Mr S Williams
	Mr D Greggains	Dr L Williamson
	Ms L Hamlyn	

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

10/38 **APOLOGIES**

Apologies had been received from Mr Forsythe.

10/39 **MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed. Ms Burnside drew attention to Mr Forsythe's comment in the third paragraph of minute 10/17, Transplant Policy Review Committee Terms of Reference (TOR), which she said had not been taken up in the revised version of the TOR. Mr Fullagar said that Mr Forsythe's note to him said he was content with the revised version but asked Ms Burnside to check with Mr Forsythe.

DB

10/40 **MATTERS ARISING**

Paper 10/34 was noted. The Board also recorded the items they had dealt with in the preceding, confidential section of the meeting. These were certain commercial matters which related to BPL and/or to contracts for products, equipment or services.

10/41 **TRANSPLANT POLICY REVIEW COMMITTEE TERMS OF REFERENCE**

Subject to inclusion of the facility for NED and Advisory Members of the Committee to send deputies to meetings if notified in advance to the Chair, the terms of reference for the Committee were agreed. (It was noted that whilst matters arising paper 10/34 had referred to the terms of reference being returned to the July meeting, these had become available earlier and it was not intended to return them to the Board again.)

10/42 **CLINICAL GOVERNANCE REPORT**

Dr Williamson presented the report. She was able to provide a further update on the possible breach of consent regarding retrieval of blood vessels together with consented organs (kidneys). Investigation of the incident had been completed and it was now clear that consent had been given. The issue had highlighted the need for some additional training on issues of consent, however, and this would be followed up by the Head of Nurse Development, Sue Falvey. The HTA had instructed that the incident be recorded as a near miss and follow up actions would include prompt rectification of omissions in documentation.

In addition to the items in her paper Dr Williamson was pleased to be able to report that, following interview, a very experienced external candidate from a large acute Trust had been appointed to the post of Assistant Director Clinical Governance and Operations.

10/43 **NHS ORGAN DONOR REGISTER: SERIOUS UNTOWARD INCIDENT PROGRESS REPORT**

Ms Johnson said that considerable progress on this issue had been made since the last Board meeting, and she formally thanked the members of the SUI team and others for the work they had done.

Ms Johnson presented the report. She emphasised that the Register as a whole continued to be scrutinised and said it was inevitable that other issues would be identified and investigated before a satisfactory level of confidence in the Register could be established.

It was agreed that Ms Johnson would ensure that legal advice was obtained as to whether the current arrangements whereby changes to the Register can be effected by telephone meet legal requirements.

SJ

Mr Greggains suggested that rather than manage a separate register for organ donation this could be incorporated within existing NHS records. Mr McDermott said that this issue had been explored with Connecting for Health over several years but to date it had not been possible to reach any conclusion.

It was agreed that a final report on the issues arising from the SUI, together with proposals for addressing them, would be brought to the Board later in the year, probably in September. If appropriate there would be an interim report in July.

SJ

10/44 **BOARD PERFORMANCE REPORT**

Mr Bradburn said the report had been refreshed following the recent Board Development Day. He drew attention to the position on deceased organ donors, BPL's sales, sickness absence, cash

management and the new escalated risk relating to the European Working Time Directive.

Whilst the deceased organ donors KPI was at red status for the month the moving annual increase versus baseline was just below target for the month (22%) at 21%. The target of 36% by the year end is challenging, albeit attainable, and is consistent with the 73% “aspirational” target within the strategic plan. Ms Johnson said that there were a number of emerging trends that were leading to a different outcome between the growth seen in deceased donation and the growth in transplants and suggested that a Board seminar to review demographic and health trends would help to demonstrate this.. Mr Fullagar would raise the issue of cross governmental support for increasing the numbers on the Organ Donor Register, and the effect of the reduction in brain stem death donors on the size of the organ donor pool, at the Accountability Review on 4 June.

EJF

Ms Johnson summarised the issues in relation to implementation of the European Working Time Directive on ODT. The Board noted that it was likely that this would be addressed by a number of different solutions across the country.

In answer to a question from Dr Costello Dr Ronaldson summarised the action plan for the divestment of antenatal services. Mr Bradburn stressed that the amber status related to concern about the number of Trusts planning implementation in the fourth quarter rather than any delay in the plans.

Dr Costello also asked about the charts for ‘platelets not issued’ and ‘platelet stock levels’, both of which were at red. Dr Ronaldson said a minor problem, now resolved, at Filton and one other Centre had resulted in a high level of discard and this unfortunately masked a very good performance on the reduction of expiries in general.

Mr Jenkins expressed concern about the level of accidents in Blood Donation. Mr McDermott said that while these had reduced by 19% against the previous year, and were continuing to reduce further, he agreed they remained too high. The causes were being investigated but more work was needed and would be captured in the Health and Safety report that would be shortly reviewed by the GAC.

Mr Fullagar asked that the Board be provided with an annex relating to the operational impact of sickness absence in E & L and BD with the Health and Safety Report which was on the agenda for the July Board meeting. Mr Jenkins commented that, at the GAC, he had been able to compliment Mr Evans and others on improvements in several other areas of work in progress.

**DE
DD
AM**

It was agreed that future reports would also include references in the commentary to any adverse trends of concern with regard to “business as usual” KPIs, not only with regard to strategic targets.

RB

It was agreed that the chart relating to retained donors, which had been removed as it did not currently align with a strategic target, would be reinstated as it provided an insight into the health of the blood donor database.

10/45 **CHIEF EXECUTIVE'S REPORT**

The report was noted and Ms Hamlyn made the following additional comments.

Work on the strategy was going to plan with the Transformation Programme Board moving its attention to benefits realisation for completed projects and managers moving on to further plans and pilot schemes for the critical areas of the next stage of the strategy. She said she would be pleased to discuss this further when time allowed.

Media reports about the introduction of Presumed Consent for organ donation in Wales continued to appear. This issue did not have any bill or legislative slot in parliament and the publicity was not emanating from the Welsh Assembly but from others associated with organ donation such as some charities. Ms Hamlyn had, however, asked Ms Johnson to prepare a paper for officials setting out the pros and cons of any change in the current system and its likely impact in terms of governance and finance on NHSBT, to help ensure the issues were clear well in advance of the issue moving up the legislative agenda.

The UK Stem Cell Strategic Forum, which had been tasked with proposing options for a future UK strategy for stem cell collection and use for transplantation in the NHS, would meet for the last time on 21 June before submitting its report to the Minister by 1 July. Some recommendations which had emerged at the meeting on 24 May had significant implications for NHSBT's operations in some areas. With Mr Fullagar's support, Ms Hamlyn proposed to ask for two NED volunteers to work through the draft report with the relevant staff, who would include Dr Ronaldson, so that the report could be submitted with comments from NHSBT. Mr Blakeman offered to do this. (Following the meeting Ms Burnside also volunteered and a meeting was subsequently arranged for 14 June).

Ms Hamlyn summarised the statements made at a meeting between the DH and ALB Chief Executives which she had attended the previous day. A letter from Richard Douglas, DH Director General Finance and Chief Operating Officer, who was leading work on the savings plan for the DH, was expected on 28 May and this would confirm the financial and governance constraints being introduced. Ms Hamlyn would be discussing these with the Executive Team. All the issues would affect NHSBT but exactly how would not be clear until the letter had been received. She said she believed that some

of NHSBT's activities would be recognised as critical front line activity. No feedback had yet been received from the functions review meeting she and Mr Fullagar had attended with the DH on 3 March.

Dr Jecock said she concurred with Ms Hamlyn's summary of the previous day's meeting and said the DH would endeavour to help reduce the burden on NHSBT.

10/46 **BOARD DEVELOPMENT**

Mr Fullagar said that those who had been able to attend the Development event on 5 and 6 May had found it valuable and his invitation for comments remained open. He would also be asking NEDs for comments at their appraisals which were being set up over coming weeks. He would be discussing feedback with Ms Hamlyn and coming back to the Board with proposals for taking the outcomes forward.

10/47 **ANY OTHER BUSINESS**

Mr Fullagar said that the comments Mr Forsythe had sent him had included remarks about the information paper on the National Organ Donation Campaign and some concerns about the level of feedback available on the campaign which had been run in Scotland. Ms Hamlyn said Ms Johnson intended to write to the Scottish Office, with a copy to Mr Forsythe, informing them of a delay in the availability of this information.

SJ

10/48 **DATE OF NEXT MEETING**

The next meeting will take place on Thursday 29 July at the Royal College of Obstetricians and Gynaecologists.

10/49 **MINUTES OF THE GAC MEETING 11.2.10**

The minutes were noted.

10/50 **NATIONAL ORGAN DONATION CAMPAIGN PHASE 2**

The report was noted.

10/51 **NHSBT ORGAN DONATION TASKFORCE UPDATE REPORT**

The report was noted.

10/52 **DECLARATION OF MEMBERS' INTERESTS**

The declaration of members' interests was noted.

10/53 **FORWARD AGENDA PLAN**

The forward agenda plan was noted.