

**Minutes of the Thirty-fifth Meeting of NHS Blood and Transplant
held at 12.00pm on Thursday 26 November 2009
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 G Jenkins
	Mr R Bradburn	Ms S Johnson
	Ms D Burnside	Mr A McDermott
	Dr C Costello	Dr C Ronaldson
	Mr J Forsythe	Dr L Williamson
	Mr D Greggains	

In attendance:	Mr M Burton	Ms Sue Hopgood
	Mr D Dryburgh	Ms Alex Stone
	Mr D Evans	Mr Gavin Evans
	Dr R Jecock	Mr Nick Samuels
	Ms H Joy	Ms J Minifie
	Mr Jon Latham	

09/88 APOLOGIES AND ANNOUNCEMENTS

There were no apologies for absence.

09/89 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed, subject to the following amendments:

Mr Greggains' name to be added to the list of those who were present.

In minute 09/72, Allocation of Organs to Non-UK Residents and Governance of Organ Policy, the fourth paragraph to read "Mr Forsythe said that, in his view, governance began with the organ advisory groups but there was a requirement for oversight of these groups for the day-to-day business of transplantation. For the overarching policies of transplantation, however, (which are so fundamental and potentially controversial) it might be better for the Associate Medical Director ODT, Professor James Neuberger, to attend NHSBT Board meetings to describe these important policies directly to the Board. The Board discussed this issue further and agreed that Professor Neuberger would be invited to attend for relevant items of Board agendas."

Minute 09/78, Medical Director's Report, to begin "Dr Williamson presented the report. In particular, the Board noted the success of the secondment of Dr Rebecca Cardigan from NHSBT to SaBTO and the appointment of Dr Nick Watkins as her successor. Dr Williamson also"

09/90 **MATTERS ARISING**

Paper 09/78 was noted.

On the issue of the divestment of ante-natal screening services (09/77, Performance Report) Dr Ronaldson said that there was now increased focus on the exit strategy to ensure it was robust. He said 18% of the service would have been transferred to hospitals by the end of 2009/10 following which four large hospitals would be taking over responsibility for a further 24% of the service at the beginning of, or early in, the first quarter of 2010/11.

Referring to minute 08/81, Any Other Business, Mr Bradburn asked whether the Board would like to see expenses published on the website quarterly in line with some other ALBs. The Board agreed to continue to publish these annually.

The Board also recorded the items they had dealt with in the preceding, confidential section of the meeting. These were certain commercial, clinical and strategic items. The commercial matters were issues relating to contracts for services. The clinical matter related to an individual donor. The strategic item was a draft version of the strategic plan for 2010-2013 which would appear in its final version on the agenda for the public part of the meeting in March.

09/91 **CLINICAL GOVERNANCE FOR ORGAN DONATION AND TRANSPLANTATION**

Dr Williamson presented paper 09/79.

Mr Forsthye said he had appreciated the discussions he had had with Dr Williamson and other colleagues since the previous meeting. He said that following changes to the original proposal and assurance that some of the overarching policies would have visibility at the NHSBT Board, he commended the paper.

Ms Burnside said she was content with the proposal and drew attention to the following points:

(i) it would be essential for the terms of reference for the Committee to define clearly which decisions were in the remit of the Committee and which would need to be considered by the Board as a whole.

(ii) a list of issues which would need to be considered by the Committee and/or Board should be devised in a similar way as in the framework being developed for use on issues relating to blood safety.

(iii) it might be helpful to seek a legal opinion as to the extent of NHSBT's responsibility for ensuring policies are properly implemented.

In response, Dr Williamson confirmed that Ms Burnside's first two points were being addressed and, in respect of the third, Ms Johnson said that legal advice was being sought.

Mr Blakeman said that while he supported the approach being taken he had commented to Dr Williamson that the diagram of reporting lines in the paper did not accurately reflect the intentions and she had confirmed these would be corrected before being circulated more widely.

LW

Mr Forsythe said he concurred with the principle that the NHSBT Board should have formal input to the organ transplant policies and, given that so much of the donation and transplantation process was outside NHSBT's remit, he felt that the proposal was the best that NHSBT could achieve at present. Ms Johnson said that as part of the implementation of the ODTF report, NHSBT, the DH and the national commissioning groups were working to establish clear rules and responsibilities for dealing with irregularities and she anticipated being able to bring recommendations to the Committee and the Board in the near future.

The recommendation was approved.

09/92 **STANDARDS FOR BETTER HEALTH 2009/10**

Mr Bradburn presented the paper. Mr Jenkins thanked Howard Scott for the exceptional amount of work he had put into the process.

Mr Jenkins drew attention to one area which he considered needed improvement which was training where records showed that only 37% of the relevant staff had received the required training. Mr Evans said that the true figure was significantly higher and the recorded figure was inaccurate because of problems recording one particular training element but he accepted the importance of accurate records.

Ms Burnside said she considered that the process had worked very well but nevertheless offered to review the complete submission.

DB

Subject to any comments from Ms Burnside, the Board endorsed a declaration of compliance against the Health Check Core Standards for the first seven months of 2009/10.

RB

09/93 **BOARD DEVELOPMENT**

Mr Fullagar said that he had received feedback from members that there were a number of issues relating to the Board's responsibilities

which they would like an opportunity to discuss and he was therefore seeking agreement to set up a further day for Board development. Since the last discussion about development, he and Ms Hamlyn had been considering how to address the subject and had been in touch with a consultant who had been suggested by Mr Blakeman. Mr Fullagar proposed that he and Ms Hamlyn draft a proposal which he would issue for comment. Following this members would be consulted on a date in the new year. The Board agreed to this proposal.

EJF
LH

09/94 **CLINICAL GOVERNANCE**

Dr Williamson presented the report.

Some corrective actions had been put in place following the serious event whereby a donor was given an incorrect test result for HIV and the incident was still under investigation. Dr Ronaldson said that a Quality Assurance audit of procedures across the service would be carried out. In answer to a question he confirmed that this incident did not relate to the same laboratory that had featured in this report earlier in the year. Dr Williamson said both the Governance and Audit Committee and the Board would receive a further report on the incident.

LW

Following the sad death of a plasmapheresis donor in France the Board noted that the type of system involved was not used by the NBS for donors. Dr Williamson said it was necessary to use this type of system for therapy for some patients, however, and a review of policies and procedures was being carried out and its findings would be reported to the next meeting of the Governance and Audit Committee.

Mr Forsythe referred to the recent BBC File on Four programme. Ms Joy said the piece that had been provided on the balance of risk involved in organ donation had not been used and the Board acknowledged the difficulty of influencing the content or objectives of programmes of this kind. Dr Williamson said that Prof Neuberger was looking into the availability of patient information provided by the Organ Advisory Groups on risk and benefit.

The actions being taken on bruising and rebleeding and faints and water were noted, as was the position relating to donors who had had acupuncture. On the latter issue Dr Jecock said she very much supported the position NHSBT was taking and offered to make recommendations to DH colleagues if Dr Williamson felt they could help further. Mr Forsythe supported the suggestion of a review of the policy which might be over cautious. Ms Burnside said that she felt the 'frequently asked question' on the website relating to procedures, such as tattoos, which involved needles was not entirely clear and Dr Williamson said she would look into this and report back.

LW

Dr Williamson said that from January meetings of the Clinical Governance Committee would be rescheduled in order that more complete information would be available for the report to the Board. Future reports would also include a much higher proportion of ODT issues.

Dr Williamson said that she would arrange for the Governance and Audit Committee to review the escalation procedures for events and ensure that the different definition levels for incidents were clarified for the Board.

LW

09/95 **PERFORMANCE REPORT**

Mr Bradburn presented the report. He highlighted the position on red cell collection and demand, platelet production from component donation, deceased and live organ donation, BPL and the financial position in the different parts of the organisation. Dr Ronaldson said that the new BPL COO, Tony Whelan, would take up post on 14 December and his priorities would be securing this year's results and formulating a robust budget for next year. Ms Hamlyn drew attention to the summary page from the Transformation Board which provided the Board with assurance on the progress of individual projects.

09/96 **MEDICAL DIRECTOR'S REPORT**

Dr Williamson presented her report. She drew attention to the recommendation from the SaBTO meeting on prion filtered blood for children born from 1996 onwards, the blood safety framework and request for an updated legal opinion, and the invitation to rebid for R & D funding from the DH.

Mr Greggains asked which company would be providing the prion filters as he believed he might have a conflict of interest. A conflict did not arise however as he had no interest in Macopharma.

Dr Costello congratulated Dr Williamson on having been invited to attend the Women of the Year lunch in October.

09/97 **CHIEF EXECUTIVE'S REPORT**

Ms Hamlyn presented her report. In addition, she said that over recent months the UK Forum had been having a weekly, and latterly fortnightly, telephone conference to discuss Swine Flu and this was expected to be stood down in the next few weeks. She had asked for an agenda item at the next meeting of the Forum on lessons learned, in particular whether it was appropriate for any of the changes made to the regulations for the selection of blood donors to be maintained on a permanent basis and whether there were any further changes which should be considered. Any specific proposals for change would be dealt with in the normal way.

09/98 **NATIONAL ORGAN DONATION CAMPAIGN**

The Board were shown a short DVD of the promotional materials being used by in the national roadshows being delivered by Chris Rudge, National Clinical Director for Transplantation. Ms Joy presented the paper, which provided very early indications of the effect of the campaign launched at the beginning of the month. She stressed that, in line with previous experience, the validated figures were expected to be, perhaps, only one third of those indicated at this stage.

Ms Joy said that there was an issue to be resolved with regard to advertising in Scotland where a separate campaign was to be run. Discussions were taking place to ensure the two campaigns were co-ordinated to avoid confusion or any perception of money being wasted. Mr Forsythe said there was no lack of support for NHSBT's campaign, either in its message or style, in Scotland and he congratulated Ms Joy on what he described as a fantastic campaign. He added that the campaign was aiming to change a culture and the level of its success would not be evident for some years.

09/99 **SEMINAR PROGRAMME 2010**

Ms Hamlyn said she proposed that the seminars for 2010 should be used to look at some of the specific initiatives coming forward from NHSBT's major workstreams. Mr Fullagar said that planning for the January items had already commenced but the programme for the remainder of the year was open to discussion, which might take place at the development day. Mr Evans commented that it was considered good practice for Boards to receive sessions on equality and diversity and Mr Fullagar said the Board would consider how they would like to accommodate that.

EJF

09/100 **ANY OTHER BUSINESS**

There was no other business.

09/101 **DATE OF NEXT MEETING**

The next meeting will take place on Thursday 28 January at the Royal College of Obstetricians and Gynaecologists.

09/102 **SWINE FLU**

Paper 09/87 was noted.

09/103 **ODTF: PROGRESS REPORT ON IMPLEMENTING RECOMMENDATIONS**

Paper 09/88 was noted.

09/104 **NATIONAL COMMISSIONING OF BLOOD, COMPONENTS AND SPECIALIST SERVICES 2010/11**

Paper 09/89 was noted.

09/105 **MINUTES OF GAC MEETING HELD ON 13 OCTOBER 2009**

The minutes were noted.

09/106 **MINUTES OF THE R & D COMMITTEE MEETING HELD ON 21 SEPTEMBER 2009, THE R & D ANNUAL REPORT 2008/09 AND THE R & D TRIENNIAL REPORT 2006-08**

The minutes and the reports were noted.

09/107 **FORWARD AGENDA PLAN**

The forward agenda plan was noted.