

**Minutes of the Thirty-fourth Meeting of NHS Blood and Transplant
held at 12.00pm on Thursday 24 September 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	Mr A McDermott
	Dr C Costello	Dr C Ronaldson
	Mr J Forsythe	Dr L Williamson
	Mr D Greggains	

In attendance:	Mr D Dryburgh	Mr D Shute
	Mr D Evans	Mr I Bateman
	Ms H Joy	Ms S Fletcher
	Mr R Rackham	Ms J Minifie

09/69 APOLOGIES FOR ABSENCE

Apologies had been received from Ms Burnside, Mr Garwood, Dr Jecock, Ms Johnson and Dr Walford.

09/70 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed subject to an amendment to the final sentence of the second paragraph of 09/55 "National Organ Retrieval Team Configuration: Outcome of Consultation and Recommended Configuration". This should read "Ms Burnside said she concurred with Mr Blakeman's comments and pointed out that the sub-committee had reviewed additional paperwork."

09/71 MATTERS ARISING

Paper 09/61 was noted.

The Board also recorded the items they had dealt with in the preceding, confidential section of the meeting. These were certain commercial and operational items. The commercial matters were issues relating to contracts for services/equipment/supplies and matters relating to BPL. The operational matters were issues relating to individual staff.

09/72 ALLOCATION OF ORGANS TO NON-UK RESIDENTS AND GOVERNANCE OF ORGAN POLICY

The Board welcomed the contents of the independent Report into the Allocation of Organs to non-UK EU Residents. Mr Shute presented paper 09/62 which addressed the recommendations which had direct implications for NHSBT.

It was noted that the paper on the proposed new governance arrangements had been deferred from the agenda for the July meeting - at which Ms Johnson was present and Prof James Neuberger had been available to attend - to avoid the Board having to consider the proposal in isolation from the independent Report.

Mr Forsythe said he supported the paper 09/62 with the exception of the proposals relating to recommendation number eight *“There should be greater clarity established about the roles of commissioners and NHSBT for ensuring governance within the NHS transplant system. Clear lines of accountability should be established for commissioning, provision, monitoring and audit of NHS transplant services”*. Whilst he completely supported the recommendation in the Report he said he was not sure that the proposals for the NHSBT Organ Policy Committee were fit for purpose. He was concerned particularly that the remit of the Committee appeared so extensive that it could not possibly be fulfilled without a significant increase in membership and very frequent meetings. That position, undesirable in itself, might also lead to an unacceptable imbalance in terms of Board scrutiny of the different areas of NHSBT’s business.

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.

Dr Williamson said that in her view the proposal for the Committee was intended to remedy the gap which currently existed between the Advisory Groups and NHSBT and she did not believe it was the intention to review every issue in detail. Mr Forsythe said he believed that any diversions from policy would have occurred at transplant unit level and he did not think it appropriate for NHSBT to attempt to govern those units. Ms Hamlyn said the Advisory Groups served an excellent purpose but NHSBT currently had no formal oversight of the work they were doing on its behalf. The proposal for the Committee was intended to provide that oversight, and she commended the proposal to the Board on this basis. She added that there was no intention to attempt to form a governance process for transplant units.

Mr Jenkins said that in his view a Board Committee was the right way to ensure accountability within NHSBT and he believed it was essential for NHSBT to have an adequate governance process at this time of radical change. He said in his view this was different to the day to day control of policies and he felt that the proposal as currently presented merged the two issues.

Ms Joy commented on the need to clarify NHSBT's responsibilities. She said this was important not only in order to improve public confidence in the wake of a number of individual controversial cases recently taken up by the media but also because there remained some uncertainty within NHSBT itself about the extent of its responsibilities with regard to some areas of its role.

The Board confirmed that it agreed with recommendation eight, and was clear that the governance of organ donation and transplantation across the NHS as a whole was not NHSBT's responsibility. It also agreed that NHSBT's own governance arrangements for organ donation and transplantation needed to be significantly strengthened, and recognised that it was this that the proposal was intended to achieve.

It was agreed that Ms Hamlyn would ask the authors of the paper to review the proposals in the light of the issues raised and prepare a revised paper for consideration at the November meeting. It was agreed that the paper would be issued in advance of the agenda pack if possible.

LH

09/73 **SWINE FLU**

Mr Rackham presented paper 09/63.

Dr Costello congratulated all those involved in the hard work which had led to the achievement of the 65,000 unit red cell stock level. She observed that a delay in the peak of the pandemic would be problematic in that it would require maintenance of that level of stock over a longer period, which might be very difficult, and asked whether increased wastage was inevitable as a result. In response to the point about the length of the period when stocks would need to be maintained at around 65,000 Mr Rackham said that, while assumptions for the future could not be certain, the DH were now considering plans for two pandemic peaks, one in November/December and one in January/February for which a milestone in the middle needed to be identified. Whilst he agreed with Dr Costello's observation, he said the worst case scenario would be if the traditional low point in stocks met with the pandemic high point and he said NHSBT's key planning centred on actions to control the timing of the stock low point. For that reason there was no intention to reduce collection efforts at least until well into October.

Mr McDermott thanked Dr Costello for her comments. He agreed that the achievement of the donors and staff together was highly commendable and said he was encouraged in terms of NHSBT's ability to influence collection levels. He said stocks were in a good position at present and it would be important to continue to manage donor attendance. A considerable amount of further hard work would be needed to do that and he expected to be working towards weekly stock level bands and would be calculating a forward profile of stock levels over the coming months. He added that there had been some concern during September that levels might increase too far. This had been averted but that scenario represented the greatest risk in terms of wastage. Also, the controlled management of stock down to lower levels when the time came would also present a challenge.

While minimisation of wastage was important to retain donors and protect their morale, Mr Bradburn said that in terms of cost, wastage was not a big risk and the major costs to date had been those of the marketing and public awareness campaigns. Ms Hamlyn said it was the intention to contain any increased wastage within NHSBT and ensure that hospitals received the newer stock with older stock being discarded if necessary.

Mr Blakeman said he found it satisfying that the results of the detailed planning and hard work to bring those plans to fruition provided the Board with a much more comfortable forecast for the availability of red cells than had been available at the early planning stage; and he considered the very difficult risk was being managed as well as possible. Mr Fullagar endorsed Mr Blakeman's comments. Ms Hamlyn said she and the executive team were also very pleased but pointed out that maintaining these activity levels, and building up stocks to a normal level after the low point had been reached could lead to some curtailment of progress in other areas. She added that the increase in stock levels was being achieved in part by the recruitment of new donors, not by relying solely on bringing forward existing ones which would lead to problems later.

The Board confirmed that they were assured that plans were in place for NHSBT, and that they were proportionate and sufficiently robust to meet the challenge posed by the flu pandemic. The Board would continue to receive regular updates on the flu pandemic situation and NHSBT's response.

09/74 **REVISIONS TO NHSBT STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION**

The Board approved the revision to Standing Orders proposed in paper 09/64.

09/75 **PERFORMANCE, GOVERNANCE AND ASSURANCE: A PROGRAMME OF INFORMAL BOARD REVIEWS**

Paper 09/65 was withdrawn. Mr Fullagar had circulated a note in advance of the meeting explaining that more time was needed to develop a clear proposition.

09/76 **CLINICAL GOVERNANCE REPORT**

Dr Williamson presented the report. She drew attention to the actions being taken to address the shortage of medical and nursing staff in the clinical support teams, and the framework to enable nurses to prescribe blood components. She also welcomed the appointment of Ian Bateman as Assistant Director Quality, commenting that his experience would be invaluable to the Clinical Governance Group and elsewhere.

Dr Costello said she wholeheartedly supported the framework for prescription of blood components by nurses. She said she hoped it would not be restricted to patients who received regular transfusions and that it would

focus attention on the need for all Trusts to have proper guidelines for the circumstances in which transfusion is prescribed, thereby helping appropriate use. Dr Williamson confirmed that NHSBT would play a central part in rolling out the framework and that it was intended to audit the outcomes to assess the impact on the blood supply.

Mr Forsythe asked why the report did not contain reference to the recent transplantation issues which had generated significant media attention. Ms Hamlyn said that any breaches of transplant policy would be reported through the governance structure and on to the Board but the cases in question, whilst controversial in the public arena, had not breached policy.

09/77 **PERFORMANCE REPORT**

Mr Bradburn presented the report. He drew attention to Blood Donation Productivity which continued to be marked 'green' and said there were no new 'reds'.

There was a discussion about platelet collection by component donation and Mr McDermott said he now had a better understanding of the extent of the challenge presented by the 80% target. He confirmed that there was a sustained increase in demand for platelets and added that pursuit of the target had suffered a little against the drive to increase red cell stocks to 65,000 units. Mr Blakeman asked the reason for the move to this means of platelet collection and Dr Williamson explained that it had been recommended on the basis of a small theoretical risk of transmission of vCJD infection which would be increased for those in receipt of pooled platelets. The target had been set at 80% to ensure that the ability to collect pooled platelets was retained. Mr McDermott pointed out that NHSBT collected the second highest number of platelets by component donation in Europe.

Mr Fullagar asked for confirmation of the accuracy of point nine which stated that BPL's export sales volumes had more than doubled against the previous year, and Mr Bradburn confirmed that this was correct.

Mr Bradburn said he was pleased to inform the Board that since the report had been compiled, the FDA had awarded BPL a licence to market Gammaplex in the United States. US sales of Gammaplex were already included in BPL's existing plan so this did not represent any additional opportunity to increase sales. Mr Jenkins suggested that it would be sensible to ask the consultant employed by BPL to check that the sales target for the product was reasonable.

RB

Dr Costello asked for clarification on the problems being encountered with the divestment of ante-natal screening services. Mr Bradburn said this indicator was marked at amber because some hospitals had taken necessary action rather late. The Board regarded this as a risk for NHSBT's reputation and Dr Ronaldson agreed to provide further information at the next meeting.

CR

Mr Bradburn drew attention to the new escalated risk relating to a hardware failure at the end of July which had affected the email system. He said this

would not appear in future reports as the risk level would revert to its previous status once additional mitigating activity had been completed in October.

09/78 MEDICAL DIRECTOR'S REPORT

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 drew attention to the possibility of a trial for convalescent plasma for H1N1 flu, stressing that NHSBT was supporting, not sponsoring or leading the trial, and that it would only do so if there was no negative impact on its ability to maintain the blood supply. Dr Williamson agreed to Mr Jenkins' suggestion to look into the potential for any intellectual property rights although she felt this was unlikely. Finally, Dr Williamson was pleased to inform the Board that the R & D Committee, at its meeting earlier in the week, had agreed to facilitate more research into organ retrieval and consent for donation.

LW

09/79 CHIEF EXECUTIVE'S REPORT

The Board received the report. Ms Hamlyn also highlighted the retirement of Peter Garwood at the end of September. A structured handover of his responsibilities to Dr Ronaldson and to Mr Rackham on flu lead responsibilities, had taken place over a period of several months. Given the significance of his retirement in terms of his long experience and depth of corporate knowledge Mr Garwood had provided at her request a number of 'legacy papers' on important issues.

Ms Hamlyn also drew attention to her note of the previous day which confirmed that Mr McDermott had agreed to lead Blood Donation for a further period in order to build on the clarity of thinking and leadership he had brought to the role.

Ms Hamlyn confirmed that she had put in place arrangements to recruit a successor to Ms Joy, although it would be necessary to recruit an interim postholder for a period following Ms Joy's departure. She stressed that, unless the position on swine flu at the time were to make it inappropriate, the Organ Donation Campaign would be launched at the beginning of November and Ms Joy would be available to see this through to completion.

09/80 STANDARDS FOR BETTER HEALTH DECLARATION 2009/10

The Board noted the requirements for a declaration against the existing Health Check standards to be made in November and the actions in hand to achieve this. It was noted that Mr Blakeman had agreed to take over the areas of responsibility previously held by Dr Walford. Non-Executive Directors agreed to provide comments in response to emails currently being issued.

NEDs

09/81 **ANY OTHER BUSINESS**

Publication of Expenses

Mr Fullagar said all ALBs were being urged by the DH to publish on their websites details of the expenses for all Chairs, Chief Executives, Non-Executive and Executive Directors whose remuneration is reported in the organisation's annual accounts. He sought the Board's agreement to follow the recommendation and the Board agreed.

RB

09/82 **DATE OF NEXT MEETING**

The next meeting would be held at the Royal College of Obstetricians and Gynaecologists on Thursday 26 November.

09/83 **NATIONAL ORGAN DONATION CAMPAIGN**

Paper 09/71 was noted.

09/84 **CELLULAR THERAPIES PROVIDED BY NHSBT: FUTURE DIRECTION**

Paper 09/72 was noted.

09/85 **MINUTES OF TRUST FUND MEETING HELD ON 27.7.09**

The minutes were noted.

09/86 **REGISTER OF SEALINGS**

The register of sealings for the period 1.4.09 to 31.8.09 was noted.

09/87 **FORWARD AGENDA PLAN AND SEMINAR PLAN**

Papers 09/76 and 09/77 were noted.