

**Minutes of the Thirty-third Meeting of NHS Blood and Transplant
held at 11.30am on Thursday 30 July 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 D Walford
	Mr P Garwood	Dr L Williamson

In attendance:	Mr D Dryburgh	Ms H Joy
	Mr D Evans	Ms J Minifie

09/52 APOLOGIES AND ANNOUNCEMENTS

Apologies for absence had been received from Mr Greggains and Dr Jecock.

09/53 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed.

09/54 MATTERS ARISING

Paper 09/46 was noted. Referring to Mr Forsythe's comments under the heading of her report, Ms Hamlyn said she had written again to the Chief Executive of the Human Tissue Authority (HTA) although she had not yet received a response.

The Board also recorded the items they had dealt with in the preceding, confidential section of the meeting. These were certain commercial, operational, personnel and other matters. The commercial matters were issues relating to contracts for services/equipment/supplies. The operational matters were issues relating to RCI Reference Services to East Anglia. The Personnel matters were issues relating to individual members of staff. The other matters were notes from informal Board seminars on Ethical Issues relating to Organ Donation and Transplantation and on NHSBT's Estate; and notes from an informal review of work within the HR Directorate as part of the Board Development Programme.

09/55 NATIONAL ORGAN RETRIEVAL TEAM CONFIGURATION: OUTCOME OF CONSULTATION AND RECOMMENDED CONFIGURATION

Ms Johnson presented the paper. She said the sub-group had carried out its discussion by telephone and Ms Burnside and Mr Blakeman had taken part. Mr Forsythe had been unable to join the discussion but had provided comments in advance. Referring to the proposal by Plymouth colleagues referred to in the paper, Ms Johnson pointed out that equal support would be given to any groups who wished to develop further options.

Mr Blakeman said that although the consultation process had had a difficult start he considered that all views had been genuinely and openly sought and genuinely debated and considered. He said the sub group had willingly approved the recommendation of option 3, seven abdominal and six separate cardiothoracic teams. Ms Burnside said she had reviewed additional paperwork, and that she concurred with Mr Blakeman's comments.

Mr Forsythe said he believed significant improvements in the consultation process had been achieved and he attributed much of this progress to Karen Quinn who had taken up her post as NHSBT's Assistant Director for UK Commissioning on a full time basis on 1 June. He said he considered the meeting on 1 July had been useful and well attended and he felt progress was being made with the new arrangements. He urged the team to find a solution to the provision of an anaesthetic component to the retrieval service quickly because the latest changes to the EU Working Time Directive would make it harder for hospitals to provide anaesthetic support at short notice.

The Board ratified the decision of its sub-group, approving the commissioning of seven multi-abdominal and six cardiothoracic teams to provide a UK wide national Organ Retrieval Service from April 2010.

09/56 **RISK MANAGEMENT POLICY**

Mr Bradburn presented the paper and the Board approved the policy.

Mr Jenkins suggested that the policy would benefit from the inclusion of a sentence at the beginning defining risk. He also suggested that the Scope section of the policy should list all the underlying policies rather than only some of them.

RB

09/57 **SWINE FLU**

Mr Garwood presented the paper and provided an update on developments since the paper was prepared. These included the deployment of Tamiflu and, within NHSBT, a change in the marketing message from general flu to Swine Flu and a decision to reduce the minimum donation interval for selected donors from 16 weeks to 12 weeks. He said the 'Shope' exercise on 29 July had demonstrated that whilst NHSBT had strong detailed plans in place these needed to be easier to use, and the need for a clear plan to move responsibility, when appropriate, from the flu leads to the Executive Team led by Ms Hamlyn. Both these points would be addressed over coming weeks. He said red cell stocks currently stood at approximately 48,000 and were showing signs of increasing, with collection levels having exceeded revised collection targets over recent weeks plus a seasonal reduction in demand. Finally, he pointed out that if the acute phase of the pandemic were to arrive before September it might be necessary for NHSBT to suspend the Operational Transformation Programme and some business as usual at short notice and before the next Board meeting.

Ms Hamlyn said all NHS Boards were required to assure themselves by the end of September that they had robust pandemic influenza plans in place. She said NHSBT's plan was in its final stages. It was based on all possible initiatives to

increase the supply of red cells, appropriate public messages, all possible means of influencing demand and an attempt to obtain early information from the rest of the NHS about any suspension of procedures or surgery. Activities included working in partnership with the MHRA on potential suspension or realignment of regulations relating to blood donors. Plans for vaccination of staff were being put in place. She said that whilst it was the intention to keep to the transformation programme as far as possible, potential staff shortages could mean that focus would need to be diverted to day to day management of the business.

Mr Jenkins suggested that it would be prudent for the Board to increase the delegated powers of the Executive Team in the event that the Board were unable to form a quorum and Ms Hamlyn agreed to consider what would be appropriate. He also offered to share learning from the hospital side through co-operation with the Flu EP Officer at the South London Healthcare NHS Trust of which he is Chairman. **LH**

Mr Blakeman said he felt reassured by the information provided and asked Mr Garwood and the rest of the Executive Team whether they felt they had sufficient resources to deliver the plans. Mr Garwood said he was content from his own point of view. Mr McDermott said he saw a trade off between priorities. He said his entire focus was on collection performance and there remained a long way to go to reach the target level for red cells. Ms Hamlyn said the pace of the change programme within Blood Donation had been reduced to allow priority to be given to increasing collection levels whilst the change programme within Patient Services was currently continuing as planned. None of the other members of the Executive Team raised any specific concerns about NHSBT's ability to operate within the scope of the plans.

09/58 **ANNUAL HEALTH AND SAFETY REPORT**

Mr Evans presented the report. Mr Jenkins said he was pleased to see the improvement in the numbers of incidents involving the handling of cages by Blood Donation staff. He requested a mid-year update on progress against the target to achieve a 10% reduction in the number of accidents year on year. He also commented that the 15 day timeline for occupational health (OH) referrals seemed rather too long, particularly against an under-spending budget. Mr Evans said that 15 days was the maximum period, with shorter timescales applying for some problems. He added that following a meeting with the OH providers in May to discuss their poor performance in some areas, their performance had now improved. **DE**

09/59 **CLINICAL GOVERNANCE REPORT**

The report was received and Dr Williamson drew attention to the following items:

- (i) The death of a patient caused by acute pulmonary oedema and possible TRALI. The Board noted that it was not practical to exclude females from red cell donation because of the impact on the blood supply and that TRALI following transfusion of red cells is considerably less likely than following transfusion of platelets or FFP.

- (ii) Investigations which continued in an attempt to identify the source of the bacterial infection of a patient who died following platelet transfusion. The Board noted that it was possible that the source might not be found.
- (iii) The background to and management of the shortage of medical and nursing staff in the Clinical Support Team in Bristol. The Board noted that a workshop would take place in the near future to consider how best to manage the issue in the long term.

09/60 **PERFORMANCE REPORT**

Mr Bradburn presented the report. He commented on the measures which had 'red' status in the performance scorecard. Six of these related to organ donation and he said these were likely to remain at 'red' through most of the year because of the 'front-loading' of NHSBT's targets. Following up the reasons for the drop in deceased heart-beating donors in April, Ms Johnson said investigations had identified audit figures showing 200 fewer deaths in intensive care in April 2009 compared with April 2008.

Two blood component measures were 'red' and were attributable mainly to the use of temporary staff at Filton to resolve ongoing training and quality issues, and at Colindale and Brentwood where they had been employed in advance of the consolidation in the south east. In addition, platelet production by component donation would continue as 'red' whilst the year to date total remained under 75%. In response to Dr Costello's questions about the continuing inability to reach the 80% target, Mr McDermott said that this appeared to be caused by a variation in performance of individual teams and he did not yet have the solution to bringing the under-performing teams up to standard.

Two 'red' items for BPL related to a below target surplus on income and expenditure and to sales figures, predominantly for exports, which were below target for June and for the year to date.

Two new items appeared in the table of Escalated Risks. One related to the possible impact of a flu pandemic and the other related to cash flow at BPL. Mr Bradburn said the latter was his greatest concern and could cause problems at the year end in terms of cash limits set by the DH. The position would become clearer as the year progressed.

09/61 **MEDICAL DIRECTOR'S REPORT**

The report was received and Dr Williamson drew attention to Dr Tim Wallington's retirement at the end of September. A symposium and dinner was being planned to mark his retirement formally and she said she would circulate details to Members once the date was confirmed.

09/62 **CHIEF EXECUTIVE'S REPORT**

The report was received. Ms Hamlyn drew attention to the transfer of responsibility for Specialist Services from Mr Garwood to Dr Ronaldson on 3

August and the consequent advance application to the Human Tissue Authority to change NHSBT's Designated Individual accordingly. She also drew attention to the details of press coverage for the Wall of Life and for Organ Donation generally. She encouraged any Members who had not yet done so to post their pictures on the Wall of Life website. **All**

09/63 **ANY OTHER BUSINESS**

Mr Forsythe said he welcomed the progress detailed in the information paper on the implementation of the ODTF recommendations but reminded all concerned of the importance of including reference to the Devolved Administrations in any such reports.

09/64 **DATE OF NEXT MEETING**

The next meeting will be held at the Royal College of Obstetricians and Gynaecologists on Thursday 24 September.

09/65 **ODTF PROGRESS REPORT ON IMPLEMENTING RECOMMENDATIONS**

Paper 09/55 was noted.

09/66 **NHSBT INTERNATIONAL – SUPPORT OF DEVELOPING COUNTRIES**

Paper 09/56 was noted.

09/67 **MINUTES OF THE MEETINGS OF THE GAC HELD ON 7.5.09 AND 4.6.09**

Papers 09/57 and 09/58 were noted.

09/68 **FORWARD AGENDA PLAN AND SEMINAR PLAN**

Papers 09/59 and 09/60 were noted.