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Minutes of the Thirty-second Meeting of NHS Blood and Transplant held at 11.30am on Thursday 28 May 2009 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 Mr G Jenkins
 Ms D Burnside Ms S Johnson
 Dr C Costello Dr C Ronaldson
 Mr J Forsythe Dr L Williamson
 Mr P Garwood Mr A Young

In attendance: Mr D Dryburgh Dr R Jecock
 Ms H Joy Ms J Minifie
 Mr A McDermott

09/32 **APOLOGIES AND ANNOUNCEMENTS**

Apologies for absence had been received from Dr Walford and Mr Evans.

09/33 **MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed subject to two amendments: (i) the inclusion of Mr Greggains' apologies for absence, and (ii) in the first sentence of the final paragraph of item 09/21 the words "removes the CMV." were to be replaced by the words "is considered a significant substitute to CMV screening."

09/34 **MATTERS ARISING**

Paper 09/30 was noted.

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

09/35 **NHSBT SAFETY PROGRAMME**

The Board noted paper 09/31. In summary of the discussion of a more detailed paper in the preceding confidential section of the meeting, Dr Williamson asked the Board to note the safety challenges ahead and the internal process for preparing for implementation of instructions.

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Dr Williamson also referred to the subject of deferral as donors of men who have had sex with men which had not been included in the earlier discussion. She said this would be the subject of SaBTO's open meeting in the Autumn and that SaBTO would be reviewing the results of new research on the topic at its meeting in July.

09/36 **FLU BRIEF**

Mr Garwood presented the paper and asked Ms Hamlyn to brief the Board on her recent meeting with Ian Dalton, National Director of NHS Flu Resilience, who had been seconded from his post as Chief Executive of NHS South East to work with Prof Lindsey Davies, Director of Pandemic Influenza Preparedness, at the DH. Ms Hamlyn said she was grateful to Ms Woodeson at the DH for instigating the meeting. She said Ian Dalton had asked about blood stock resilience to which she had responded that current plans, on the basis of a 10% reduction in demand, provided for a 17 week supply of red cells. This was on the basis of current regulations (e.g. 35 day shelf life, current maximum frequency of donation) but NHSBT was investigating the potential for changes to the regulations in exceptional circumstances. Mr Dalton said he was considering national rules for what conditions would or would not be treated, although as blood is used largely for treating life-threatening illnesses these were not likely to offer any significant reduction in pressure on the blood supply. A joint letter from the DH and NHSBT, giving clear instructions to hospitals about strict adherence to blood transfusion guidance, had been proposed and was being drafted.

Ms Hamlyn said it was intended to bring forward existing strategic plans for recruiting new donors and proposals for achieving this would be discussed by the Executive Team at a meeting in June.

Ms Joy said work was being done on public communications and she would maintain close contact with the DH to ensure consistency between messages from NHSBT and those from other parts of the NHS.

Mr Blakeman said he felt it was unacceptable for NHSBT to have a plan which included the total depletion of red cell stocks which would lead to additional patient deaths as a consequence. Mr Garwood said that the information in the paper represented the current stage of planning and more work was being done to improve the position. Ms Hamlyn confirmed that more planning work was being done to extend the period during which red cell stocks would be maintained but stressed that these might involve initiatives outside NHSBT's control, such as army assistance, and that given the limited shelf life of red cells it was not possible to guarantee that a plan which did not include exhaustion of supplies at some point could be achieved.

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09/37 **COMMISSIONING OF ORGAN RETRIEVAL SERVICES: AN UPDATE**

Ms Johnson presented the update, 09/33. Mr Forsythe said he was pleased that the process now incorporated a much higher level of consultation and that the AD for Commissioning would now be fully involved. Mr Blakeman said that he was now more comfortable with the position and was further reassured by Mr Forsythe's comments.

The Board agreed to the proposed sub-group discussion and Mr Blakeman, Ms Burnside and Mr Forsythe volunteered to take part. Mr Greggains said he was willing to participate if required. Mr Fullagar asked Mr Forsythe whether he might have a conflict of interest but Mr Forsythe said he would not put forward his own view in this discussion.

09/38 **CLINICAL GOVERNANCE REPORT**

The Board noted that there were no new severe untoward incidents to report. They also noted the updates on the haemochromatosis lookback, the steps being taken to mitigate the risk of TRALI and the implementation of the Clinical Governance review. Mr Jenkins said the GAC would be considering a paper on clinical governance reporting arrangements at its meeting on 4 June.

Dr Williamson said that since writing her report she had been informed that on 3 June the inquest would take place for a patient who had died in July 2008 as the result of bacterial infection from platelets. She said NHSBT would be represented by a local consultant who had been briefed by Dr Pat Hewitt and NHSBT's lawyers. Dr Williamson would attend the inquest and she said NHSBT would provide the patient's family with information on how to obtain their own legal advice. She said a second patient had received platelets from the same donation and subsequently died. The date of the inquest for this patient was not yet available. Dr Williamson said such cases of infection were rare but would not be eradicated until a bacterial screening or inactivation process was introduced. Relevant options were to be considered by SaBTO at its July meeting.

Dr Williamson also said that following a meeting of the CJD Incidents Panel during the previous week she could report that the clotting factor had been confirmed as the most likely cause of infection of the haemophiliac who had been found to have traces of prions in his spleen at post mortem. She stressed that all plasma for fractionation at BPL was now sourced from the USA. Dr Jecock said she would

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advise Ms Joy about public communication from the meeting once arrangements were confirmed.

09/40 **PERFORMANCE REPORT**

Mr Bradburn said the final accounts for 2008/09 would be presented to the GAC for approval on 4 June. The draft accounts issued on 23 April reported a surplus of £4.2m, in line with the forecast provided to the March Board. The NAO audit was now mostly complete with few items of significance to report. On 15 April 2009, however, the DH issued a notice that bodies should apply “downward adjusting” indices to their asset valuations to reflect current market conditions. As a proxy for this NHSBT brought forward and applied the results of a property valuation exercise conducted for the purposes of conversion to International Accounting Standard (and which would otherwise have applied from 1 April 2009). As a result of this adjustment the reported surplus would be reduced to approximately £3m, subject to further audit by the NAO.

Mr Bradburn drew attention to BPL's strong sales performance in April and to the refreshed KPIs, some of which would be subject to further adjustment to provide better information. He said he would be pleased to answer any questions about these outside the meeting.

Mr Bradburn also highlighted the drop in the numbers of live and deceased organ donors. Ms Johnson said the drop in the number of live donors was likely to reflect the start of the new contract year and as such was not a serious concern at this time. The drop in the number of deceased heart-beating donors, however, was currently unexplained. Identification of the causes was being hampered by the current time lag in the availability of data, and that issue would be resolved once the Electronic Offering System (EOS) was fully operational. In the meantime information was being sought by other means. Ms Hamlyn confirmed that explanations would be pursued and added that there was no evidence to suggest the drop was linked to the change management process.

In answer to a question from Dr Costello as to what plans were in place to raise the number of platelets produced through component donation, Mr Young said the planning process was being reviewed and some team targets were being revised.

Referring to the five non-compliances under chart 15, Mr Bradburn said that two had been addressed but not updated accordingly in the system and the other three had been addressed since the report was compiled. Finally, all four Newly Escalated Risks related to flu.

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09/41 MEDICAL DIRECTOR'S REPORT

Dr Williamson's report was noted. She drew attention to the work on blood pack standardisation amongst some European blood services which had been led by Mark Nightingale from the Quality Assurance department; and to the potential for scientific collaboration with Professor Anthony Hollander.

09/42 CHIEF EXECUTIVE'S REPORT

Ms Hamlyn said Mr Fullagar had attended the Senior Managers' Conference on 21 May as an observer and had been pleased by the level of challenge and participation displayed by the Executive Team and the participants. Delegates had been engaged in planning for the next set of strategic issues and the outputs from exercises carried out on the day would be fed into the Board seminar in July.

Ms Hamlyn also commented on work with the Anthony Nolan Trust (ANT) on cord blood. Firstly, she said the option to prepare a joint business case, aimed at the achievement of an increased DH target of 50,000 (from 20,000) cords was being considered. This would require a considerable amount of work for which no additional funding was certain. Secondly, NHSBT and ANT would be joint hosts for a symposium to promote cord blood as a treatment, in the Autumn. Finally, the visit of David Burrowes MP to the cord blood facility at Barnet Hospital had provided an opportunity to brief him on NHSBT's contribution as the world's fourth largest cord blood bank.

Dr Ronaldson said the FDA inspection at BPL during week commencing 15 May had produced a very good result. He also said the third MHRA inspection of Filton would take place during week commencing 8 June. This would present some challenges and he had personally changed the status of some of the Filton related items in the change programme from green to amber in response to the slightly increased number of quality incidents arising there at present.

Mr Forsythe said he would welcome the opportunity for further discussion outside the meeting of two items covered in Ms Hamlyn's report; these were her discussions at the Welsh Assembly and HTA fees.

09/43 ANY OTHER BUSINESS

There was no other business.

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09/44 **DATE OF NEXT MEETING**

The next meeting will take place at the Royal College of Obstetricians and Gynaecologists on Thursday 30 July.

09/45 **2009/10 EXTERNAL RESOURCE REQUIREMENTS**

Paper 09/38 was noted.

09/46 **REGISTER OF SEALINGS**

The register of sealings was noted.

09/47 **MINUTES OF THE MEETING OF THE R & D COMMITTEE HELD ON 23 FEBRUARY 2009**

The minutes were noted.

09/48 **MINUTES OF THE MEETING OF THE GOVERNANCE AND AUDIT COMMITTEE HELD ON 6 MARCH 2009**

The minutes were noted.

09/49 **MINUTES OF THE TRUST FUND COMMITTEE HELD ON 23 MARCH 2009**

The minutes were noted.

09/50 **2009/10 TIMETABLE FOR STANDARDS FOR BETTER HEALTH**

The timetable was noted.

09/51 **FORWARD AGENDA PLAN AND SEMINAR PLAN**

The forward plans were noted.