

**Minutes of the Thirty-first Meeting of NHS Blood and Transplant
held at 12.00pm on Thursday 26 March 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	Dr C Ronaldson
	Dr C Costello	Dr D Walford
	Mr J Forsythe	Dr L Williamson
	Mr P Garwood	Mr A Young

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

09/13 APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Mr Greggains.

09/14 MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed.

09/15 MATTERS ARISING

Paper 09/12 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 issues relating to BPL. The operational matters related to the provision of some specialist services.

09/16 FINAL DRAFT STRATEGIC PLAN 2009/12

Mr Bradburn noted a small number of detailed amendments and, subject to these, the plan was agreed. Mr Jenkins said he considered it to be a good document against which NHSBT could be judged. Mr Fullagar thanked Mr Bradburn and all those who had been involved in its preparation.

Ms Hamlyn said that following the work carried out in years one and two, she hoped that year three would focus on the benefits realisation from that work and embedding the changes to ensure they are sustainable in the future. Year three would also involve preparation for the next strands of major work. She reminded the

Board that, in response to their wish to be involved in planning at an early stage, the July seminar would focus on starting that analysis.

09/17

THE COMMISSIONING OF AN ORGAN RETRIEVAL SERVICE

Mr Forsythe declared an interest in this item as a provider of organ retrieval services.

Mr Jenkins asked questions about the 20% tolerance on donor numbers in the contracts and agreed to discuss these with Ms Johnson outside the meeting.

The Board noted the contents of the paper and endorsed the proposed contracts with the providers of organ retrieval services from April 2009.

The contracts themselves were not contentious, but Mr Forsythe described to the Board the difficulties which had been encountered with the process to date. He said that, although now improved, NHSBT's approach in the first stage of the process had created some serious disquiet amongst the transplant community and he felt this would make the next steps more difficult.

Ms Johnson said a number of transplant surgeons were supportive of the proposed changes but those who were not were very strongly opposed. She said a lack of commissioning staff in NHSBT had increased the challenge of communication with the transplant surgeons. She expected this situation to improve from now on following the appointment of an Assistant Director of Commissioning (from 1 June) who would be working for NHSBT two days a week in the interim from 1 April. She also said that she and Prof Neuberger had written to a small number of clinicians offering to visit them to build relationships and, if this proved successful, the offer would be extended to more hospitals. Dr Williamson commented that she had not been contacted about the issues by any of the surgeons and said she would welcome anything Mr Forsythe could do to encourage them to communicate directly with NHSBT.

Mr Forsythe also highlighted an additional area of contention which would need to be carefully handled going forward, which was that around organ donor management. A current lack of sufficient consultant anaesthetists meant other care models might be necessary but there were polarised views within the transplant and intensive care communities on the issue.

Mr Blakeman and other Board members were concerned to learn of the difficulties and asked for an additional report. This report to cover the lessons learned so far and progress made/actions planned as a result; how NHSBT will achieve appropriate stakeholder engagement in future; the issues which had caused the problems, and details of

contributing factors such as difficulties around a lack of resources. It was agreed that Ms Johnson would provide this report within the next two weeks and bring a further report to the next meeting.

SJ

09/18

REVISIONS TO NHSBT STANDING ORGERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION

Mr Bradburn said that shortly after the Board had approved an updated set of documents in December, the DH had issued proposed revised financial limits for Arm's Length Bodies. These had now been finalised, with the major impact for NHSBT relating to contracts for professional services/consultancy where ministerial approval, via the DH sponsor, was required for contracts in excess of £250,000. The opportunity had been taken to make a number of other amendments to the documents and these were summarised in the covering paper 09/15. The Board approved the revised set of documents.

Ms Hamlyn referred to the paper presented to the Board in April 2008 summarising anticipated need for consultancy support over the year and said Mr McDermott would be bringing an updated version to the next meeting.

09/19

DRAFT STANDARDS FOR BETTER HEALTH DECLARATION 2008/09

Howard Scott, Head of Governance and Assurance, attended for this item.

Mr Bradburn said he would provide a handling plan for the coming year within the next few weeks. His suggestion that this should include the allocation of specific areas for scrutiny by individual NEDs was supported.

In the meantime, on the recommendation of Mr Bradburn and Mr Jenkins, the Board agreed to endorse the declaration for 2008/09, subject to any additional assurance any Members felt they needed. Members agreed that they would contact Mr Bradburn or Mr Scott within the next two weeks to discuss any points on which they felt they needed additional information or assurance.

All

09/20

NHSBT TRUST FUND ANNUAL REPORT AND ACCOUNTS

Mr Blakeman said the accounts were not contentious and there were no points he needed to bring to the attention of the Board. The Trust Fund Annual Report and Accounts were approved.

09/21

CLINICAL GOVERNANCE REPORT

Mis-grouping of a potential kidney transplant recipient: It was agreed that it would be advisable to communicate the recommendations arising from this incident directly to transplant centres as well as through the organ advisory groups.

LW

Erroneously high measurement of stem cells in patient's blood: Mr Jenkins said he considered that the implications of the incident were more serious than the report suggested. Mr Blakeman questioned whether the actions taken, which mainly addressed the specific incident, were in fact adequate in terms of broader clinical governance issues. Dr Williamson said that the Clinical Governance Committee had been established and different processes put in place, in accordance with the arrangements approved by the Board at the Clinical Governance seminar in November, but pointed out that changes to culture could not be made instantly. The Board suggested that the provision of some additional information on the current arrangements to the GAC would be helpful and it was agreed that Dr Williamson and Mr Jenkins would discuss what was required outside the meeting.

LW

Transfusion-related acute lung injury: The Board noted that in 2008 four cases of TRALI had been attributed to exposure to female plasma and that the steps to facilitate 100% male plasma in the 2009-10 workplan would be progressed as quickly as possible.

Non-fatal bacterial incident: Dr Williamson reported an additional incident which had arisen since she had written her report. The particular alertness of a member of NHSBT staff routinely quality-control testing a sample from a donation at the end of its shelf-life had resulted in identification of the presence of bacteria. Contact with the two hospitals which had received components of the donations revealed that the two patients who had been transfused with the products had developed a high fever (in both cases successfully treated with antibiotics) but neither hospital had considered that this might have been related to blood transfusion. Dr Williamson said that as a result of this all hospitals would receive a communication highlighting this possibility. She added that SaBTO would be considering two options, screening and pathological inactivation, which would further reduce the possibility of bacterial infection, at its meeting in July. The Board would receive more information on those interventions in the overall safety paper which she was bringing to the May meeting.

09/22

PERFORMANCE REPORT

The performance report was noted.

Mr Bradburn drew attention to the two 'red' status KPIs relating to BPL. He explained the reasons for these and said the sales position was forecast to remain red at the year end but this was in the context of an I & E position which was better than plan.

Dr Ronaldson drew attention to the change in the timetable for the consolidation of processing from Birmingham into Filton. He said this represented a cautious approach to ensure product quality.

Dr Ronaldson also expanded on the actions being taken following the Environment Agency inspection of the irradiator at Oxford.

Mr Garwood provided an update on the risk relating to the storage of blood vessels saying he and other colleagues had met with the HTA earlier in the week as a result of which he believed a practical solution would be forthcoming.

Given the challenges involved in increasing the proportion of platelets derived from component donation, Dr Costello drew attention to two issues which had been the subject of discussion by the National Blood Transfusion Committee (NBTC) for some time, which had the potential to ease the pressure on platelet supply i.e. ABO substitutions (as practised in other countries) and the fact that CMV-negative products should no longer be necessary given that leucodepletion is considered a significant substitute to CMV screening. Dr Ronaldson said he would be working with Dr Williamson to encourage a resolution of these issues within the transfusion community.

CR/LW

09/23 **MEDICAL DIRECTOR'S REPORT**

Dr Williamson's report was noted. She drew attention to the appointment of Dr Edwin Massey as the Associate Medical Director - Patient Services, who would succeed Dr Tim Wallington on his retirement at the end of September.

09/24 **CHIEF EXECUTIVE'S REPORT**

Ms Hamlyn drew attention to the Minister's recent decision that BPL should remain under the management of NHSBT. She said a work programme was being developed to identify whether "back office" functions would benefit from integration with the rest of NHSBT or whether BPL should operate differently. She also drew attention to the African Caribbean Leukaemia Trust's (ACLT's) blood donation promotion which had achieved good press coverage, the review of organ allocation, the data on increased blood donation following the recent changes to donor deferral criteria, and the section on communications including the appendix on parliamentary questions.

In addition, Ms Hamlyn also mentioned two items which were not included in her report. Firstly, she said Dr Ronaldson is due to meet with NHSBT's hospital customers in Wales as mentioned at the previous meeting, and she would be writing to the Welsh Assembly pointing out some of the consequences if the proposed changes to supply of red cells and other products moving from NHSBT to the Welsh Blood Service went ahead. Secondly, she said there was some expectation that NHSBT's DTCs would be assisting in a new face transplant programme. As this particular aspect of transplantation was not universally well understood she would ask Ms Johnson to brief the Board to highlight the issues involved.

09/25 **WORKFORCE REPORT**

Mr Fullagar said the Board appreciated this report which provided a good reminder of the considerable amount of work being done across the organisation by the HR Directorate. Mr Jenkins said the paper provided good assurance that the key HR issues were recognised and being handled appropriately.

09/26 **ORGANISATIONAL DEVELOPMENT PLANNING**

Ms Hamlyn said a detailed organisational development action plan to support the 2009-12 strategy was being finalised for agreement by the Transformation Project Board, and paper 09/23 was intended to provide the Board with an opportunity to comment on the approach being taken. Mr Jenkins said he was content with progress so far and he would be interested to see developments as further progress was made.

09/27 **EMERGENCY PREPAREDNESS IN NHSBT**

Richard Rackham, Assistant Director Strategic Planning and Governance, attended for this item.

Mr Rackham said that the overview described in the paper had included BPL and ODT and that the effects of pandemic influenza on BPL had been assessed as relatively light because of the levels of stock held and the existence of other suppliers of similar products. It was envisaged that transplantation activity would be minimal in the event of a pandemic and as a result there was unlikely to be any implications for ODT in operational terms. The relevant issues were therefore focused on the NBS. The major impact of the Olympics on NHSBT would arise from reduced ability to move around the country as a consequence of security arrangements.

It was agreed that the Board would receive reports on the rehearsal exercises that take place periodically, including 'Cold Blood' and that these could be included in one of the regular executive director reports or take the form of a single annual report.

CR

09/28 **ANY OTHER BUSINESS**

Update on the Reconfiguration of the Donor Transplant Co-ordination Service

The paper for information was noted. Mr Forsythe commented on it, saying he recognised that a significant amount of time, effort and sensitivity had been applied to the changes achieved so far and suggested that letters might be sent to the staff involved congratulating them on what they had achieved. Ms Joy noted this and suggested that this might be supported by a public statement to staff.

HJ

09/29 **RESPONDING EFFECTIVELY TO BLOOD DONOR FEEDBACK**

The paper was noted.

09/30 **MINUTES OF THE MEETING OF THE GAC 14 JANUARY 2009**

The minutes were noted.

09/31 **FORWARD AGENDA PLAN AND SEMINAR PLAN**

The forward plans were noted.

09/32 **DATE OF NEXT MEETING**

The next meeting would be held at the Royal College of Obstetricians and Gynaecologists on Thursday 28 May 2009.