

**Minutes of the Twenty-ninth Meeting of NHS Blood and Transplant  
held at 1.30pm on Thursday 27 November 2008  
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
	Dr C Costello	Dr C Ronaldson
	Mr J Forsythe	Dr D Walford
	Mr P Garwood	Dr L Williamson
	Mr D Greggains	Mr A Young
In attendance:	Mr D Dryburgh	Mr A McDermott
	Mr D Evans	Dr R Jecock
	Ms H Joy	Ms J Minifie

**08/121 APOLOGIES AND ANNOUNCEMENTS**

Apologies had been received from Ms Burnside. Mr Fullagar welcomed Dr Rowena Jecock from the Department of Health.

**08/122 DECLARATION OF CONFLICT OF INTERESTS**

Members noted the reminder to declare any conflict of interest at the appropriate point on the agenda.

**08/123 AGREED WAYS OF OPERATING**

Members noted the reminder of the ways of operating which had been agreed at the Development Day on 5 June.

**08/124 MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

**08/125 MATTERS ARISING**

Paper 08/96 was noted. On Hematos, Mr Garwood said confidence levels were now higher. All relevant milestones had been defined and a number completed. He was attending all monthly meetings of the Project Board and he and Mr McDermott were participating in most of the weekly interim telcons. A key testing milestone would be reached before Christmas, and a trial run for 'go-live' would take place early in the new year.

**08/126 STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEDULE OF DELEGATION**

All changes were detailed in the summary paper, 08/97, and Mr Bradburn highlighted the significant ones which he said were designed to maintain control throughout the business case process. The Board approved the Standing Orders, Standing Financial Instructions and the Scheme of

Delegation. Directors agreed to read these documents, if they had not already done so, to ensure they were aware of the more general Board responsibilities contained therein.

It was agreed that the next draft of the documents would include reference to control of intellectual property rights.

**RB**

#### 08/127 **TERMS OF REFERENCE FOR THE MAIN COMMITTEES**

A number of amendments were agreed. For the GAC, reference to powers relating to the statutory annual accounts and the renewal/replacement of the contract for internal audit were to be added. For the Trust Fund, reference to the fact that the Committee operates within Charity Commission rules was to be added. For the Research and Development Committee, requirement for a NED to be included in the quorum, and a reference to the committee for R & D Planning were to be added. Additionally the wording of the third bullet point under 'Purpose' was misleading and required amendment. Mr Fullagar asked Committee Chairs to finalise the changes outside the meeting.

**GJ  
AB  
DW**

It was agreed to ask the Head of Governance and Assurance, Howard Scott, to incorporate the changes, and to redraft the Terms of Reference for all the Committees in a common format to be agreed by Mr Fullagar and Ms Hamlyn.

**EJF LH**

The potential for members' alternates was raised and Howard Scott would be asked to discuss this with Committee Chairs and include clear statements in the terms of reference if appropriate.

**EJF LH**

Mr Fullagar asked Committee Chairs to approve the revised versions of the Terms of Reference in time for them to be submitted for approval at the January meeting.

**GJ DG  
AB DW**

Committee Chairs were also asked to submit workplans, to be converted to a common format by Howard Scott, also in time for approval at the January meeting.

**GJ DG  
AB DW**

In answer to a question from Mr Forsythe, Dr Williamson said that an external expert in transplantation would be invited to join the R & D Committee as a voting member once NHSBT has sufficient R & D funding for transplantation. She added that the January Board seminar on R & D would cover this issue in some detail.

It was agreed that the extant terms of reference would remain in place for all Committees until the revised versions were agreed at the next meeting. These would then be reviewed annually thereafter.

#### 08/128 **USE OF EMBRYONIC AND FETAL TISSUES IN HEALTHCARE RESEARCH WITHIN NHSBT PREMISES**

For the benefit of new members, paper 08/99 included background information and the minutes of previous meetings. The Board approved the proposal.

## 08/129 **PERFORMANCE REPORT**

Mr Bradburn said the executive team continued to work on the content of this report and further changes would be introduced gradually, including some arising from discussions during the strategic planning seminar earlier in the day. He also said that clearer milestones were being produced in all areas.

Mr Bradburn drew attention to component platelet collection, which Mr Young said was expected to increase following changes in the marketing approach, and to the drop in levels of O negative and B negative which had quickly recovered and remained stable. Donor complaints had increased, and investigations suggested that some complaints were being prompted by some staff following the OTP changes. Dr Walford suggested that short donor surveys on sessions would be useful and Mr Young said his team were investigating how to carry out these effectively on a regular basis. Mr Bradburn said that the financial surplus was below plan but this was the result of timing, mainly relating to stocks not yet released from quarantine at BPL and, to a lesser degree, timing around red cell stock levels. Mr Fullagar asked about the position on the freezers at Filton and Dr Ronaldson said that Lang O'Rourke had undertaken to resolve the problem by Christmas. He said the issue would not affect the MHRA inspection taking place w/c 8 December.

## 08/130 **MEDICAL DIRECTOR'S REPORT**

The Board received Dr Williamson's report and asked her to pass on their congratulations to the three consultants who had been awarded clinical excellence points. Dr Williamson reported three additional items as follows.

**LW**

A potential severe untoward incident had occurred on 10 October. This had involved delayed supply of platelets for a patient who died. Dr Ronaldson had reported this to Ms Hamlyn within hours. The member of staff involved had been dismissed following disciplinary procedures. Dr Ronaldson said that contributory learning points from the incident were being addressed.

The Board noted its decision – taken at the Clinical Governance seminar earlier in the day - that in future details of any potential SUIs would be circulated to all Directors immediately. Additionally there would be a separate item on the agenda for each Board meeting listing all SUIs or stating a nil return.

**LW**

NHSBT had agreed an out of court settlement to pay £24,000 (plus legal costs to NHSBT of £50,000) to a patient who had tested positive for HTLV having been transfused some years before HTLV testing had been introduced by the then National Blood Authority. The patient currently had no physical symptoms, the payment being in respect of psychological damage, but NHSBT would be liable for further claims if the patient developed symptoms in future.

Professor Mike Murphy and his team at Oxford had won a Guardian Public Services Award for developing an electronic identification procedure to ensure transfusion patients always get the correct blood. Mr Jenkins asked questions about licensing and royalties and Dr Williamson agreed to respond outside the meeting.

**LW**

08/131 **CHIEF EXECUTIVE'S REPORT**

Ms Hamlyn's report was received. It was noted that the opening of the new blood donor centre at Boots in Poole would take place on 28 November.

Ms Hamlyn provided additional background information about NHSBT's closer collaboration with the Anthony Nolan Trust (ANT) to promote the donation and clinical use of bone marrow and cord blood. This had arisen from meetings with the Minister to brief her in preparation for discussion of a back bench bill to promote cord blood donation, and was intended to ensure the most effective use of public funds. NHSBT and ANT had been asked to work together to estimate the number of cords required to enable the optimum number of matches, balanced with available funding. A memo of understanding between NHSBT and ANT was being drawn up, with agreed heads of terms anticipated in the next few weeks, and Ms Hamlyn said she would ensure the Board were appraised of the Memorandum of Understanding before it was agreed. Dr Jecock offered to ask ANT's Director of Communications to consult NHSBT on any publicity in which they plan to mention NHSBT.

LH  
RJ

08/132 **THE POTENTIAL IMPACT OF AN OPT OUT SYSTEM FOR ORGAN DONATION IN THE UK: AN INDEPENDENT REPORT FROM THE ODTF**

The Board noted the contents of the report and the significant implications for NHSBT, the wider NHS, the DH, Devolved Administrations and potentially other government departments, in meeting the challenges. Ms Hamlyn said no adjustment to NHSBT's targets had been made at this stage, the figures stated were Government aspirations. She had been consulted by the DH on the revised targets and, on the basis of sound data provided by the Clinical Audit and Statistics department, made clear that 25m people on the Organ Donor Register could not be achieved by 2013 without additional funding and full cross-government commitment. She said Chris Rudge and Triona Norman would join the Board on 29 January for a seminar on Organ Donation Targets by which time more work would have been done to identify additional actions to be taken across the board to meet increased targets.

The Board agreed that there would be no changes to the figures contained in the draft strategic plan that would be submitted to the DH in December. If necessary, the final version of the plan, to be submitted to the DH in March, would be sent to the DH under cover of a note stating that NHSBT was prepared to amend its targets once increased contributions from others had been identified.

08/134 **ANY OTHER BUSINESS**

**Unite 'Day of Action'**

Mr Evans said that the union Unite would be holding a 'day of action' across the NHS on Wednesday 3 December linked to its request for a review of the three year national pay deal. It was not anticipated that this would have significant consequences for NHSBT, or the NHS as a whole. Because NHSBT has a greater proportion of staff who are members of Unite than do Trusts it would be necessary to review the position if the issue escalated in the new year. The Board would be kept informed.

**08/135 DATE OF NEXT MEETING**

The next meeting would be held at the Royal College of Obstetricians and Gynaecologists on Thursday 29 January 2009. Members would also meet on 3 and 4 December for a Board Development Day.

**08/136 COMMISSIONING OF ORGAN RETRIEVAL SERVICES BY NHSBT**

Paper 08/105 was noted. Mr Forsythe declared an interest in this subject given that he was the Director of a unit that would be bidding to provide these services. He said he had already commented to Ms Johnson on the omission (now rectified) of Trusts/Boards in Wales and Scotland from the circulation list for the first communication from NHSBT on this topic and the importance of starting the process well. He had also expressed his view that the external contractors who had dealt with this had not delivered good value for money. Ms Johnson said the Organ Donation and Transplantation directorate was not yet fully resourced. The appointment of the Clinical Lead for Organ Retrieval had helped significantly but it had not so far been possible to recruit a suitably senior Head of Commissioning.

**08/137 MINUTES OF THE GOVERNANCE AND ASSURANCE COMMITTEE MEETING 29 JULY 2008**

The minutes were noted.

**08/138 MINUTES OF THE NATIONAL RESEARCH REVIEW COMMITTEE MEETING 29 SEPTEMBER 2008**

The minutes were noted.

**08/139 FORWARD AGENDA PLAN**

The forward agenda plan was noted.