

**MINUTES OF THE NATIONAL BLOOD AUTHORITY
ACCOUNTABILITY REVIEW**

**WEDNESDAY 10 JULY 2002
DEPARTMENT OF HEALTH, SKIPTON HOUSE, LONDON**

Present:

DH

Prof. Lindsey Davies (Chair)
Charles Lister
Dr Amal Rushdy
Jill Taylor

NBA

Mike Fogden
Martin Gorham
Terry Male
Barry Savery
Dr Tim Wallington

1. Welcome and apologies

The Chair welcomed everyone to the meeting. Apologies were received from Dr Angela Robinson (NBA Medical Director); Dr Tim Wallington was attending in her place.

The Chair said that this and future review meeting would be based on the Performance Assessment Framework. The structure of the agenda reflected this.

2. Minutes of the meeting on 18 December 2001

The minutes of the last meeting, the mid-year Accountability Review, held on 18 December 2001 was agreed.

3. Matters Arising

There were two matters arising:

(i) Funding for Emergency Planning

NBA had asked for funding to cover emergency planning related in-year pressures for 2001-02. DH Emergency Planning Co-ordination Unit (EPCU) had advised there was no further funding available. Jill Taylor advised it would be better for NBA to contact EPCU direct if they still considered they were entitled to additional funds. Contact details would be provided to NBA.

Action 1: DH to provide NBA with details for a contact in EPCU to discuss their request for emergency funds (Jill Taylor)

ii. HTLV Testing

MSBT had decided on 25 June to allow HTLV testing of tissues. A letter advising NBA to start testing would be sent.

Action 2: DH to write to NBA advising the start of HTLV testing on tissues (Jill Taylor)

4. Performance Against 2001/02 Objectives

(i) Effective Delivery

NBA reported that it had been a successful year, targets had been met and staff morale had improved thanks to Roadshows for staff undertaken by the Chief Executive. Although there remained some difficult issues, senior staff commitment was high.

Managing blood supplies and blood products

DH praised NBA's hard work by on managing the blood supply. DH was aware that BPL would have no plasma stocks after October 2003. BPL were conserving plasma stocks and focussing on supply to the NHS. DH reported that work on securing plasma supplies under Project Red was going ahead.

Bone marrow registry targets

NBA was congratulated on exceeding the target for additions to the register in 2001/02. The target for 2002/03 was more challenging i.e. to add a further 40,000 registrations. Staff who had processed the new registrations had made a remarkable effort.

NBA reported that a radio campaign had not been as successful as hoped but targeted sessions were helpful and had exceeded 18% in June. There was no reason to think that the 40,000 target would not be met. New staff had been recruited but it would take time before they were fully operational. NBA had done everything they could to retain staff. There were concerns that another campaign for a donor may raise the target again.

Achievement of Controls Assurance Standards

The Chair asked NBA to comment on the achievement of controls assurance standards. NBA reported that in 2002/01 it had had to prioritise an action plan and in 2001/02 there were governance standards in finance and risk management. NBA had found it difficult to translate assurance standards to apply to the NBA and a pilot project to establish how to do this was currently being run.

The Risk Management Committee's (RMC) main task last year had been to take the risk register and business plan, carry out a reconciliation and advise NBA Executive of the outcome. However NBA would welcome some help and contacts.

The Chair said the clinical governance needed to be understood by clinicians within the NBA. NBA reported that clinical audit and appraisal were already in place. The National Medical Committee (NMC) - lead consultants in specialised areas – met quarterly and there were monthly meetings with NBA clinicians and nurses. The NMC gave reports to the RMC. The Chair proposed that NBA should contact Aidan Halligan who would be happy to run a training programme for NBA on clinical governance.

Action 3: NBA to contact Aidan Halligan to invite him to run a course on “Clinical Governance”

(i) Health Improvement/Outcomes

vCJD Risk Reduction

The Chair congratulated NBA on the work being carried out by NBA’s Blood and Tissue Safety Assurance Group, which was addressing a number of key blood safety issues. NBA reported that a lot of work was being done and there was a need to prioritise the work. DH said that MSBT would need to focus on prioritisation at the next meeting in October, once NBS have a view from BTSAG. NBA noted that the impact of the new Better Blood Transfusion guidance to the NHS was very important.

NAT Testing

There was discussion on the issue of continuation of NAT testing, as raised at MSBT on 25 June. NBA had reported at MSBT that it could not evaluate alternatives to continuing NAT testing until March 2003 when the current contract with Roche expired. The Chair pointed out that DH had been notified at a late stage. NBA reported that the timetable had been very difficult, the demands from Roche had taken up time, it was considered sensible to make a 3 year contract, but NBA had tried to keep DH aware of the progress.

The Chair said that NBA should have taken action sooner when it was clear what was happening. NBA responded that they had been in constant negotiation not to pay more this year to produce a test and one that was at a most cost-effective price. A letter would be sent to Dr Pat Troop, Chair of MSBT.

NBA said that when a test for vCJD was ready they would need to discuss with DH a framework for introduction. The Chair said there would be a need to look at evidence based tests that NBA carry out.

Better Blood Transfusion/Appropriate Use of Blood

DH said that a new Health Circular “Better Blood Transfusion” had been issued on 4 July and thanked NBA for their help with comments on the draft circular and also with the UK CMO’s Better Blood Transfusion Conference. In particular thanks were given to Dr Mike Murphy and to the secretariat and membership of CMO’s National Blood Transfusion Committee.

The health circular required hospitals to join the NBA Blood Stocks Management Scheme. The NBA stated that clarity was needed on who had responsibility for enforcing this. The Chair agreed that there was a need to prioritise roles and responsibilities.

NBA stated that BBT has brought the issue up the agenda and unless people have relevant training it would not work. The challenge was to improve the status of transfusion medicine.

Action 4: DH to discuss with Chair prioritising roles and responsibilities for NBA in relation to Better Blood Transfusion initiative.

(ii) Efficiency

In year cost savings

NBA reported that it had achieved two major efficiency targets on blood bags and test kits. There had been general cost improvement targets in excess of £3m in what had been a very difficult financial year.

PTI Review

NBA reported that it had undertaken a long-term strategic view on capacity and had concluded that investment in PTI initiatives should focus on 4 centres:

Bristol
Manchester
Leeds
London (Colindale)

The aim was to build capacity on these sites for all testing and develop them to be capable of flexibility and expansion to meet future demands. Liverpool was an example of a smaller specialised centre.

The Chair expressed concern at the increase in capital assumptions; NBA agreed and stated that there was a need to reassess, have a programme and plans and to establish exactly what the costs were. All new initiatives e.g. leucodepletion, required enormous amounts of space. The Chair noted NBA's concerns.

(iv). Donor Experience

Modernisation of donor recruitment/sessions

NBA reported work on a new initiative to focus on donor loyalty by:

- looking at customer service; and
- the need for cultural change

NBA had piloted sending donor health checks out by post in Wessex in the last 3 to 4 weeks. There had been agreement from the Staff Side that this could go ahead. A timetable had been set up and NBA would take stock at the end of July. DH said it was pleased to see the focus was on the donor experience.

Terms and Conditions

It was agreed that there were difficulties in staffing issues. DH had concerns about why this was still unresolved. NBA reported that the options were:

- staff agree to the package offered
- if no agreement, NBS to increase the finances
- have a more aggressive approach

The Chair said that DH needed to know by September how NBA intended to resolve the issue.

Action 5: NBA Chief Executive to write to DH on progress made on staff term and conditions.

(iii) Fair Access

Blood and bone marrow donation by ethnic minorities

NBS reported action on:

- targeting sessions for ethnic minorities
- working on a race equality scheme and data protection requirements
- looking at the practical issues of ethnic minority monitoring at sessions

The Chair pointed out the need for work to be completed quickly. There was discussion on why NBA required all donors to be able to speak and read English and why NBA had not introduced ethnic monitoring. NBA stated that it was necessary that all donors understood the health information relating to donation and monitoring was being looked at. The Chair suggested NBA could target ethnic minority areas using staff who spoke the same language. The Chair said that NBA must introduce ethnic monitoring.

5. Use of Performance Assessment Frameworks

The Chair asked NBA with DH assistance to construct a Performance Assessment Framework (PAF) in line with the rest of the NHS for 2003/04.

Action 6: DH to discuss PAF with NBS for 2003/04

6. HBV Testing for pregnant women and wider clinical governance issues

The Chair reported that this was an area of concern and that Professor Rod Griffiths, West Midlands was working on a review of this issue. NBA agree to write to Professor Griffiths.

Action 7: NBA to write to Professor Rod Griffiths.

7. BPL Future management

DH reported that the current priority was securing plasma supplies. Once the position was settled DH would look at the future management and structure of BPL.

NBA stated that a project team would need to be appointed once work on the future of BPL was decided. There was an acting Finance Director at BPL but a permanent appointment would not be made until decisions had been made on BPL's future management.

The Chair agreed to write to NBA asking what future controls for BPL were in place. NBA asked for an explanation of what the future relationship with BPL, Project Red, NBA and DH would be. The Chair agreed that a separate letter would be sent on this issue.

DH agreed that the outcome of Project Red would have a big influence on the future of BPL. There were still a number of key issues to be resolved and a further Project Red meeting was due to be held w/c 16 July.

Action 8: Chair to write to NBA for information on future controls for BPL and a further letter on future relationship with BPL, Project Red, NBS and DH.

8. National Commissioning Group

DH reported that the National Commissioning Group timetable would now be linked to the Service and Financial Framework (SaFF) with a meeting early in September and then a second meeting in October/November. The revised remit for NCG will make clear that it is an advisory group to DH and that final decisions on blood pricing would be taken by DH.

NBA agreed to prepare a briefing paper for the NCG Chair (Prof. Davies) and a briefing meeting would be held with the Chair and with Liz Reynolds.

Action 9: NBA will prepare a briefing paper for the NCG Chair and arrange a meeting with Liz Reynolds.

9. Process for NBA getting financial decisions

NBA stated it would be useful to have a first hand contact in DH for discussion and advice on Strategic Health Authority financial decisions and also to have direct contact on business cases.

Action 10: DH to look at finding appropriate DH finance contacts

10. National Specialised Service definitions – Pathology

It was confirmed that the NSS definitions applied to NBA. The Chair stated that NBA should integrate into the NHS as much as possible and it would be worth NBA discussing the issues involved with the people leading on the consultation process.

11. Amendment to the Human Tissue Act

There was concern that the current Human Tissue Act only permits a doctor to remove bone and tissue from corpses. NBA in common with the rest of the NHS use technicians to do this work.

DH reported that a consultation document on revision of the Human Tissue Act was to be published later in the day and a copy would be sent to the NBA. An amendment to the Act permitting technicians to do this work was included in the consultation document.

Action 11: DH to send copy of Human Tissue Act consultation document to NBA Chief Executive

12. Any other Business

There was no other business.

Action Points

Action 1: DH to provide NBA with details for a contact in EPCU to discuss the request for emergency funds (Jill Taylor)

Action 2: DH to write to NBA advising the start of HTLV testing on tissue (Jill Taylor)

Action 3: NBA to contact Aidan Halligan to invite him to run a course on “Clinical Governance” (NBA)

Action 4: DH to discuss with Chair on prioritising roles and responsibilities for NBA in relation to Better Blood Transfusion initiative (Charles Lister/Amal Rushdy)

Action 5: NBA Chief Executive to write to DH on progress made on staff term and conditions. (NBA)

Action 6: DH discuss Performance Assessment Framework with NBS for 2003/04 (Charles Lister)

Action 7: HBV testing for pregnant women. NBA to write to Professor Rod Griffiths (NBA)

Action 8: Chair to write to NBA for information on future controls for BPL and a further letter on future relationship with BPL, Project Red, NBS and DH (Charles Lister)

Action 9: NBA will prepare a briefing paper for the NCG Chair and arrange a meeting with Liz Reynolds (NBA)

Action 10: DH to look for appropriate DH finance contacts to liase with NBA (Charles Lister)

Action 11: DH to send copy of Human Tissue Act consultation document to NBA Chief Executive (Jill Taylor)