

**Minutes of the Forty-ninth Meeting of NHS Blood and Transplant  
held at 11.15am on Thursday 29 March 2012  
at the Radisson Blu Hotel, 80 High Street, The Royal Mile, Edinburgh EH1 1TH**

Present:	Mr E Fullagar	Mr G Jenkins
	Mr A Blakeman	Ms S Johnson
	Mr R Bradburn	Mr A McDermott
	Dr C Costello	Dr C Ronaldson
	Prof J Forsythe	Mr S Williams
	Mr R Griffins	Dr L Williamson
	Ms L Hamlyn	

In attendance:	Ms L Austin	Dr R Jecock
	Mr D Dryburgh	Mr W Scott
	Mr D Evans	Ms J Minifie
	Mr M Potter	

**12/25 APOLOGIES AND ANNOUNCEMENTS**

Mr Fullagar welcomed Mr Will Scott and Dr Rowena Jecock to the meeting.

Apologies for absence had been received by Ms Burnside.

Mr Fullagar reminded the Board that they would have an opportunity for informal discussion with some Specialist Nurses from the Scottish Organ Donation Team who would be joining them for lunch.

**12/26 MINUTES OF THE LAST MEETING**

The minutes of the previous meeting were agreed.

**12/27 MATTERS ARISING**

Paper 12/20 was noted. The Board also recorded the items they had discussed in the preceding, confidential section of the meeting. These were certain strategic and commercial matters. The strategic matters related to blood donation, patient services and specialist therapeutic services. The commercial matters related to the provision of services to NHSBT.

**12/28 NHSBT INTEGRATED GOVERNANCE FRAMEWORK**

Mr Bradburn presented the Integrated Governance Framework. Mr Jenkins stressed the necessity of embedding a governance culture throughout the organisation. It was agreed to amend the document to include reference to the other three UK health administrations in addition to the DH. Subject to this, the framework was agreed and adopted by the Board.

Under this item it was suggested that, in addition to the DH document setting out the framework of its relationship with NHSBT, it would be helpful for NHSBT to have equivalent documents setting out its relationship with the other UK Health Departments. This approach would be considered.

**RB**

**12/29 ANNUAL REVIEW OF STANDING ORDERS**

Subject to one further amendment, to include reference to observers at the Board meetings, the amendments to the Standing Orders, Standing Financial Instructions and Scheme of Delegation were agreed.

**12/30 ASSIGNMENT OF THE DEBT ARISING FROM THE TRANSFER OF BPL FROM NHSBT TO BIO PRODUCTS LABORATORY LIMITED**

Mr Bradburn agreed to obtain a legal opinion on the Independent Auditors' Report to check that it did not allow for any financial claims on NHSBT in the future. Subject to this, the debt assignment was approved.

**RB**

**12/31 STRATEGIC PLAN 2012/2017 AND BUDGET 2012/13**

The strategic plan and the budget were approved.

**12/32 CLINICAL GOVERNANCE REPORT**

Paper 12/25 was received. Dr Williamson drew attention to two matters relating to vCJD. Firstly the change in the recommendation from SaBTO with regards to FFP. Secondly and more significantly, the eligibility as blood donors of people born after 1 January 1996 as they reach the age of 17 in 2013 and the feasibility of using this group as a source of safer blood for certain groups of patients such as neonates. Prof Forsythe drew attention to the position on prion filtration.

**12/33 SUI SUMMARY REPORT**

Report 12/26 was noted.

**12/34 REPORTS FROM THE UK HEALTH DEPARTMENTS**

No written reports had been received this month.

**12/35 PERFORMANCE REPORT**

Commenting on performance during March as well as the information for February contained in the report, Mr Bradburn said the key issue was red cell stocks. Dr Ronaldson said the stock position was currently lower than planned, was expected to rise

through April and then drop during May. He said recent demand had been higher than anticipated and discussions were taking place with hospitals where use was higher than normal to identify the reasons for this. A letter had been drafted to send to hospitals if the trends continued. Mr McDermott summarised plans for collections. These were aimed at increasing stock levels to between 55,000 and 60,000 for the duration of the Olympic Games period.

Mr Bradburn said that demand for platelets continued to grow, with no sign that it would reduce, and issues of platelets from component donation were higher than at any time previously. He reminded the Board that yield from platelet donors had been increased to help meet demand and highlighted the importance of closely monitoring donor numbers and frequency of donation.

Dr Ronaldson commented on the rise in SABRE events during the month. He said that currently the figures included all positive results of bacterial screening, whether confirmed or not. The MHRA had agreed that in future SABRE reports would include only confirmed positive results.

Deceased organ donation was behind plan at 32.5% against a target of 34.5%. Ms Johnson said that just eight donors were needed over the remaining two days of the year to meet the target.

Mr Bradburn drew attention to three new risks which had been escalated via the Executive Team, all of which related to items discussed earlier on the agenda.

On the financial position, Mr Bradburn said that the forecast surplus which had stood at approximately £6.5 million for some time was likely to increase in March. This was due to lower expenditure on some change programme costs, particularly redundancies. The cash surplus position was also expected to rise as a result of payments received during March from previously slow paying hospitals.

Ms Hamlyn said that the situation regarding the possible fuel transport strike was being watched closely. NHSBT's emergency plans were well developed and plans were in place in the Logistics and Blood Donation areas. The main risk related to the potential for reduced donor attendance if petrol was in short supply.

## 12/36 **CHIEF EXECUTIVE'S REPORT**

Paper 12/28 was received. Ms Hamlyn drew attention to two items in the information section of the agenda, firstly, the letter received from Professor David Harper following the Accountability Review. Ms Hamlyn said that she and Mr Fullagar had requested a meeting with Prof Harper's successor as soon as possible.

Secondly, Ms Hamlyn drew attention to Annex A of the DH Accounting Officer's Statement which set out governance arrangements for ALBs, and to the revised wording of the piece relating specifically to NHSBT which it was understood had been accepted by the Governance Branch.

12/37 **ANY OTHER BUSINESS**

37.1 **Electronic Offering System (EOS)**

In the light of references to EOS earlier during the meeting the Board noted that work was being carried out to improve both presentation of information within the system and ease of use for recipient points of contact. Solutions to improve connectivity in hospitals for SNODs were also being reviewed.

37.2 **Register of Interests**

Mr Bradburn reminded Directors to return their signed statements for the Register of Interests by 2 April. **All**

12/38 **ANNUAL ACCOUNTABILITY REVIEW**

Paper 12/29 was noted.

12/39 **DH ACCOUNTING OFFICER SYSTEM STATEMENT**

Paper 12/30 was noted.

12/40 **COMMERCIAL REVIEW ACTIONS**

Paper 12/31 was noted.

12/41 **EU DIRECTIVE ON THE STANDARDS OF QUALITY AND SAFETY OF HUMAN ORGANS INTENDED FOR TRANSPLANTATION**

Paper 12/32 was noted.

12/42 **NHSBT'S CONTRIBUTION TO THE ACCORD PROJECT**

Paper 12/33 was noted.

12/43 **REGISTER OF SEALINGS**

Paper 12/34 was noted.

12/44 **SUSTAINABLE DEVELOPMENT ANNUAL REPORT**

Paper 12/35 was noted.

12/45 **MINUTES OF EXPENDITURE CONTROLS COMMITTEE MEETING  
HELD ON 16 JANUARY 2012**

The minutes were noted.

12/46 **MINUTES OF THE GAC COMMITTEE MEETING HELD ON  
2 DECEMBER 2011**

The minutes were noted.

12/47 **FORWARD AGENDA PLAN**

The forward agenda plan was noted.