

The Minutes of the Eighty Fifth Public Board Meeting of NHS Blood and Transplant held at 09.30am on Thursday 24th May 2018 in the First Floor BJA Library, Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London.

Present: Ms M Banerjee Mr K Rigg
 Mr R Bradburn Mr I Trenholm
 Mr R Griffins Mr J Monroe
 Ms S Johnson Mr C St John
 Dr G Miflin Dr H Williams
 Lord J Oates Prof P Vyas
 Ms L Fullwood

In Attendance: Mr I Bateman Mr J Mean
 Ms K Robinson Mr A Powell
 Mr M Stredder Ms C Rose
 Ms R Cornish Mr A Khan
 Mr G Gogarty Mr P Taylor
 Prof J Forsythe Mrs V Elder
 Mr A Campbell Mrs S White

- 1 **APOLOGIES AND ANNOUNCEMENTS**
The Board received apologies from Greg Methven who was deputised by Gerry Gogarty.
- The Board welcomed Ceri Rose, Interim Director of Marketing and Communications to her first Board meeting.
- The Board also welcomed Professor John Forsythe, Suzanne Hunter, Jazz Sehmi, Shane White and Victoria Elder.
- The Board welcomed Jeremy Mean from the Department of Health and Social Care, Rae Cornish from the Welsh Health Department and Alastair Campbell from Northern Ireland.
- 2 **DECLARATION OF CONFLICT OF INTEREST**
There were no conflicts of interest.
- 3 (18/130) **BOARD 'WAYS OF WORKING'**
The 'Ways of Working' were noted.
- 4 (18/131) **MINUTES OF THE LAST MEETING**
The minutes of the last meeting were approved.
- 5 (18/132) **MATTERS ARISING**
The Board noted that the Triennial Review Report will not be finalised until July as we have not yet been able to achieve Ministerial support to close one

of the recommendations. A closure report of the Triennial report will come to the July Board.

6 (18/133)

PATIENT STORY

Dr Miflin presented a patient story to the Board that highlighted the expertise of the Red Cell Immunohematology (RCI) laboratory in Filton and their cross-collaborative work with the International Blood Group Reference Laboratory (IBGRL).

The Board felt that the story highlighted the rapid, responsive and individualised diagnostic services provided by NHSBT to the family in question and other NHS Clinicians. Dr Miflin said that this story demonstrated how well NHSBT links with foetal medicine, obstetric, and surgical disciplines.

Mr Rigg asked how new discoveries are shared and whether there is a discovery forum for novel antibodies. Dr Miflin said that novel antibodies are often shared within our own Directorates and that the International Group Reference Laboratory is at the forefront of antibody discovery.

7 (18/134)

CHIEF EXECUTIVE'S BOARD REPORT

Mr Trenholm presented the Chief Executive's Report as detailed in paper 18/134. This report focused on our key communications activity and highlighted other issues on performance and risk. The report focused on the following key points:

A) Mr Trenholm said that we had submitted both written and oral evidence to the Labour Party BAME blood and organ donation review in March and that the results of the review are expected during mid-May.

B) The Board noted that the Be Positive choir have successfully made it through to the Semi-Finals of the Britain's Got Talent TV show. The Choir's appearance on the show led to a significant spike in donor registrations – delivering around 3,000 additional donor registrations over the course of a weekend.

C) Mr Trenholm said that the blood stock levels have remained the dominant operational challenge over the last period. The Board noted that the position was slowly improving with stock levels regularly being above 25,000 units overall, but stock mix, notably O neg and B neg have remained a challenge, with significant amounts of operational effort required to maintain our current position. Mr St John asked whether NHSBT are continuing to pursue a Ro plan. Ms Rose said that we still maintain a Ro target and have a specific Communications and Marketing plan to meet our target to collect more blood from black donors which includes, but is not restricted to community engagement, working closely with black Churches, as well as paid media partnerships. The Board noted that our revised Blood 2025 strategy is expected to come to the Board in January. **ACTION: Ms Banerjee said that it would be useful to be able to discuss this strategy in the September Board Development Day. Mr Khan to add this item to the Forward Agenda Planner.**

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- D) Mr Trenholm said that organ donation is continuing to perform well after delivery of another record year in 2017/18 with April being the third highest month ever with 144 donors.
- E) The Board noted that DTS is continuing to perform to financial plan. Mr Trenholm said that we have secured funding for a new apprenticeships programme in Advanced Cell Therapies and that recruitment is now underway.
- F) Mr Trenholm said that Léonie Austin, left NHSBT on the 18th May and Ceri Rose has been appointed as Interim Director. The Board also noted that Mr Trenholm has announced his intention to leave NHSBT and join the Care Quality Commission as CEO at the end of July.
- G) Mr Trenholm said that the football World Cup in June will see targeted blood donor recruitment with a focus on driving up the proportion of male donors.

8 (18/135) **BOARD PERFORMANCE REPORT**

Mr Bradburn provided an overview of the position as detailed in paper 18/135. The paper focused on the following 4 key points:

- A) Stocks increased during April, although the increase has now stalled. O negative and B negative remain vulnerable to demand fluctuation and are predicted to fall below 3 days in the next week.
- B) Mr Bradburn said that the DTS income was above plan. Cornea stocks also increased by the end of April.
- C) The Board noted that the 5-year projection for Blood continues to be fluid as a result of CSM changes, the NHS pay award and demand trends.
- D) Mr Bradburn said that the additional metrics that were requested at the last Board meeting (i.e. Debt Reduction Target) are now included in the Board Performance Report. The Board also noted that a plan (focused on the DTS 90-day overdues) is now included within the cashflow.

9 (18/136) **CLINICAL GOVERNANCE REPORT**

Dr Mifflin presented the report as detailed in paper 18/136. The Board noted that there were no Serious Incidents in this reporting period and that all Serious Incidents are closed. The Board also noted that the Clinical Audit, Risk and Effectiveness Committee recommends that NHSBT adopts the NHS Improvement Just Culture Guide which will be brought to the ET meeting in June.

10 (18/137) **GDPR COMPLIANCE**

Mr Powell said that the new General Data Protection Regulations come into force on the 25th May 2018. The Board noted the compliance position as outlined in paper 18/137. Ms Banerjee said that a great deal of work had gone into ensuring and maintaining compliance and thanked Mr Powell and his

team. The Board noted that NHSBT's baseline compliance position as well as any other regular updates will still be brought to the GAC.

Ms Banerjee asked how NHSBT intends to provide feedback on compliance to the Information Commissioner's Office (ICO). Mr Powell said that there is no formal requirement to report to the ICO and that the ICO continues to issue guidance which NHSBT will continue to review. Mr Powell informed the Board that NHSBT will only need to formally report to the ICO in the event of a data breach.

11 (18/138) **CRM IMPLEMENTATION PARTNER CONTRACT AWARD**

Mr Powell presented the contract as detailed in paper 18/138. The Board noted that the paper summarised the results of a recent procurement exercise to enable NHS Blood and Transplant to continue to develop solutions using the Microsoft Dynamics CRM and Mulesoft Integration Platforms.

OUTCOME: The Board approved the award of a 2-year zero-value framework contract to provide IT services across Architecture, Requirement Analysis, Development & system test, Testing, Training support and other advisory services for NHSBT's use of Microsoft Dynamics CRM and Mulesoft Integration software platforms

12 (18/139) **UPDATE ON THE ORGAN UTILISATION STRATEGY**

Professor Forsythe joined the meeting to present the paper as detailed in paper 18/139.

The Board noted that the strategy includes a range of activities to increase the rate of organ utilisation in the UK. The Board noted that in an attempt to improve utilisation we now have new process for contacting Transplant Units to seek greater understanding regarding the decline of organs from "ideal donors".

Prof Forsythe said that we are also working with the British Transplantation Society to develop improved guidance which supports surgeons in their discussions with patients regarding risks on offered organs and best practice in consent. Ms Banerjee asked how we are coordinating the communication of the revised strategy. Prof Forsythe said that we are working with internal communications as well as directly canvassing Clinicians. The Board noted that effective implementation of the strategy therefore relies on heavy collaborative work with UK Commissioners, Transplant Centres and relevant professional bodies.

13 (18/140) **MANUFACTURING AND LOGISTICS PERFORMANCE REVIEW**

Gerry Gogarty joined the meeting to present the review. The Board noted the M&L strategic objectives, key trends and an update on key business plan commitments as detailed in the presentation.

14(18/141) **ANNUAL MANAGEMENT QUALITY REVIEW**

Mr Bateman presented the report. The Board noted the regulatory performance across NHSBT during the year as detailed in paper 18/141.

Mr Griffins asked what degree of impact Brexit would have on NHSBT's membership of the EBA. Mr Trenholm said that the EBA is a membership organisation and is not formally part of the EU, albeit the EBA constitution currently requires membership of the EU. The Board noted that our membership of the EBA is at a UK level, rather than membership as NHSBT only. It was also noted that NHSBT is also a member of the Alliance of Blood Operators (ABO), which as a membership organisation is part of the EBA. The key concern is to ensure that we remain part of pan-European early infection alerts.

15 (18/142) **DIVERSITY AND INCLUSION BI-ANNUAL REPORT AND PEOPLE STRATEGY REVIEW**

Shane White and Victoria Elder joined the meeting to present the People Strategy Review as detailed in the paper 18/143.

Suzanne Hunter and Jazz Sehmi joined the meeting to present the report which provided a bi-annual progress and assurance update on our drive for greater diversity and inclusion.

The paper highlighted the progress that NHSBT has made against the key deliverables since the last report which was published in November 2017.

Ms Robinson said that a Diversity and Inclusion Workplan was developed in 2017/18 which aimed to focus on a number of initiatives. The presentation summarised the work done. The key points of the presentation were:

- A) Ms Hunter provided a summary of the key challenges that face NHSBT. The Board noted that there was a particular challenge around equipping our leadership and NHSBT colleagues with greater awareness and understanding of inclusivity as well as achieving diverse representation at all levels in the organisation and across all professional groups. Ms Hunter said that as part of our Diversity and Inclusion workplan for 2018/19 we are considering the need to introduce targets at middle management and senior leadership talent pools for each Directorate – we also intend to monitor progress against these targets.
- B) Ms Sehmi said that we are taking specific actions to improve the range and coverage of our employee network in an attempt to have a more inclusive workplace. The Board noted that we have increased membership of the BAME network by 20% to further support our BAME colleagues. The Board noted that over 100 Black, Asian and Minority Ethnic colleagues have attended careers masterclasses as a positive action initiative to prepare colleagues to advance their careers." Ms Fullwood asked whether this careers masterclass was exclusive to NHSBT BAME colleagues and, if so, whether this caused any resentment. Ms Sehmi said that the masterclass is exclusive to BAME colleagues and that this has proven to be the most effective approach in helping us meet our strategic priorities.

- 16 (18/143) **ESTABLISHMENT OF THE FINANCE COMMITTEE**
Mr Bradburn presented the paper. The paper as detailed in 18/143 recommends that a Finance Committee should be established as a sub-committee of the Board. The Board noted that a Terms of Reference for the committee is submitted for approval.
- OUTCOME: The Board approved the establishment of a Finance Committee as a sub-committee of the Board and supported the terms of reference.**
- 17 (18/144) **REPORTS FROM THE UK HEALTH DEPARTMENTS**
The reports from Scotland and Northern Ireland were noted.
- 18 (18/145) **THE 45TH MEETING OF THE TRUST FUND COMMITTEE MAY 2018**
The Minutes were approved.
- 19 (18/146) **MINUTES OF THE TRANSPLANT POLICY REVIEW COMMITTEE (TPRC) HELD BY TELECON AT 2.30 PM ON THURSDAY 8TH MARCH 2018**
The Minutes were approved.
- 20 (18/147) **DRAFT MINUTES OF THE NATIONAL ADMINISTRATIONS CUB COMMITTEE OF THE NHS BLOOD AND TRANSPLANT BOARD HELD ON TUESDAY 27TH MARCH 2018.**
The minutes were approved
- 21 (18/148) **ANY OTHER BUSINESS**
There was no other business.
- 22 **DATE OF NEXT MEETING**
26th July in London at the Royal College of Anaesthetists