

OFFICIAL
5 (18/182)

MATTERS ARISING

The Board noted progress on the Matters Arising:

- Patient story: Mr Clarkson had facilitated the patient's request to write to his donor family
- Board Performance Report: Dr Williams had provided 2-weekly reports for the Board on progress on initiatives to improve red cell stock levels
- Clinical Governance Report: Information on a subset of complaints and compliments was being collated through CARE to be presented as an appendix to the next CARE report
- Strategic Review: Data on the transplant waiting list was sent to Prof Vyas
- Opt-Out Bill: An all peers briefing meeting was held on Monday 12 November to inform the second reading debate on 23 November

6 (18/183) **PATIENT STORY**

Dr Mifflin presented the story of a dedicated blood donor who had also registered with the British Bone Marrow Registry as a bone marrow and stem cell donor. Unfortunately, the donor was unable to donate bone marrow to a relapsed leukaemia patient as she had failed medical checks due to anaemia. This was a considerable setback as she was virtually the only possible donor world-wide for this patient. The BBMR medical staff suggested the use of intravenous iron therapy to speed up the replenishment of the donor's iron store and allow the collection of marrow in time. The donor's anaemia was subsequently corrected and the marrow was able to be donated. It was stated that the use of intravenous iron to treat anaemia is common practice for certain groups of patients, but unusual for volunteer marrow donors as it is invasive and can cause side effects. The decision to go ahead with this procedure was made with consideration for both donor and recipient clinical needs and situations such as this would always be decided on a case by case basis.

7 (18/184) **CHIEF EXECUTIVE'S BOARD REPORT**

Ms Johnson presented the Chief Executive's Report as detailed in paper 18/184. The report focused on the following:

- a) Congratulations to Mr Clarkson on his award for Clinical Leader of the Year at the HSJ Awards. NHSBT also won at the Nursing Times Awards for work on the DonorPath App as well as hosting the internal 'Give Hope' Awards in Sheffield which celebrated the work of NHSBT colleagues.
- b) The new Chief Executive, Betsy Bassis, would be joining NHSBT in March 2019.
- c) Recognition of the huge efforts across the organisation to increase blood stocks to a safe and sustainable level together with the progress made in addressing some of the key issues which have impacted on the working lives of blood collection teams.

OFFICIAL

- d) #ConnectingDay2018 where the Leadership Team spend a day with front-line colleagues understanding their daily challenges at work.
- e) A number of challenges to the establishment of a new London Donor Centre near London Bridge had been identified meaning that it was now unlikely this would go ahead.
- f) Discussions had taken place with DHSC about proposals for a public information campaign in advance of the new Organ Donation Deemed Consent Bill and funding for a three-year campaign to be delivered by NHSBT was close to being agreed.
- g) A statement outlining NHSBT's commitment to transparency and supporting the aims of the Infected Blood Inquiry had been issued together with the development of content for the website and social media channels. A visit to Filton Blood Centre would be arranged for the Infected Blood Inquiry Team in the New Year, ahead of public evidence sessions in the Spring.
- h) Following an invitation, the views of NHSBT on the NHS Strategic planning process had been submitted to NHS England.
- i) Progress on various initiatives to promote both blood and organ donation were noted together with details of forthcoming activity. This included the development of the NHS App and the campaign to build winter blood stocks.
- j) A MHRA ad-hoc inspection of PULSE/ICT systems took place which looked at PULSE and associated systems and how they were managed within NHSBT's QMS. No Major deficiencies were raised although inspectors did note that ICT changes and incident management needed to have more QA oversight and should be more clearly managed within the QMS.
- k) Liverpool also received an inspection by the Notified Body (Underwriters Laboratory) covering Reagent manufacturing activities for commercial CE marked products.
- l) Excellent progress had been made on overdue QMS items in both M&L and DTS, although there were slight increases in BD.

8 (18/185) **BOARD PERFORMANCE REPORT**

Mr Bradburn provided a presentation in support of the Board Performance Report (paper 18/185) and highlighted key issues and risks:

- a) ODR App – Mr Griffins asked whether development of this app was having a significant impact on the work of ODT. Mr Clarkson responded that this had resulted in a delay to implementation of the electronic HTA A forms to next year and added that timescales for integrating the app were extremely tight and would be difficult to hit if testing highlighted any issues. Any concerns re timeframes would be highlighted by the project team. Mr Mean stated that a note would shortly be going to Ministers to update them on progress with the app, changes to NHSBT systems and opt-out.

OFFICIAL

- b) Blood stocks were recovering thanks to significant effort from all involved in the supply chain. The risk was now reduced going into Christmas and the winter period although collection levels above 29k need to be maintained. The introduction of nurse breaks would reduce the number of appointments in Q4, which could impact on the ability to roll out capillary Hemocue and this was under review.
- c) Within ODT there was a flat trend in the number of deceased donors and a declining trend in deceased transplants. There was a risk that the number of deceased transplants in 2018/19 would be lower than last year.
- d) The financial plan for ODT had tightened up as it now included the increase in NORS team capacity (as per minute 11 below).
- e) DTS continued to perform strongly across the portfolio; the key issue was around core blood units and the continuing decline in issues.
- f) It was anticipated that WEDC would be reopened on Christmas Eve. It was important that this date was met as the RCN would not be available for collections over the Christmas break.

Members discussed the strategy for balancing the recruitment and retention of both BAME and white donors and the need to incorporate this in the business plan for 2019/20. Mr Bradburn suggested that it would be useful for the Board to be provided with an update on the actions underway in Blood Donation to reactivate O neg and Ro donors and the improvement in pre/post donation processes aimed at increasing retention levels. **ACTION: Mr Stredder to provide an update at the next Board meeting.**

MS

Mr Bradburn noted that an Executive Team away day in early February would work on the outcomes from the Board Blood strategy day and sort them into themes/priorities. This would be brought back to the Board, along with the timings for completing the strategy, in March.

It was agreed that a root cause analysis should take place on why the situation with blood stocks occurred. **ACTION: Dr Williams to take this up via BOLT.**

HW

The recruitment of additional staff for BD would be discussed at the Finance committee before being brought to the Board for approval as part of the spotlight on recruitment and retention due to be discussed at the January Board meeting.

Members noted that the 5-year plan did not take into account CRM or the replacement of Pulse. A narrative and agenda for broader discussions with the NHS and other partners would need to emphasise the focus on safety and sustainability of the service.

OFFICIAL

The decision to continue to defer the roll out of Hemocue would need to be reassessed on a risk basis in relation to nurse breaks. **ACTION: Dr Williams to ask M Burton, as operational lead on BOLT, to model the risks and benefits of Hemocue introduction in terms of potential impact on collection capacity.**

HW

9 (18/186) **CLINICAL GOVERNANCE REPORT**

Dr Mifflin presented the Clinical Governance Report as detailed in paper 18/186. The Board noted there were no new Serious Incidents. Key points of the report were:

- a) Since the launch of the Patient Blood Management (PBM) Indications Code app in April 2017, there have been over 7,000 users with 60% of users returning the app which guides clinical staff in the appropriate indications for the use of blood.
- b) All current Information Asset Owners (IAOs) had now completed their information asset training.
- c) The Randomised Controlled Trial CRYOSTAT-2 recruited ten patients from one site without following proper emergency consent procedures. Recruitment was temporarily halted whilst the Trust-employed research nurses were re-trained. No patients were harmed or at risk.
- d) The new Leicester Donor Centre was successfully registered with the Care Quality Commission (CQC) and was opened and collecting blood to planned timescales.
- e) NHSBT had responded to a further Rule 9 request from the Infected Blood Inquiry (IBI) and in the past two days further Rule 9 requests had been received. The DHSC have agreed to take primary responsibility for representing aspects relating to BioProducts Laboratory in the past. The Executive Team (ET) approved work to address the longstanding issue of the 14,797 unclaimed/untraced boxes. Dialogue is ongoing on how to deal with the logistics of a request by the IBI team to see 2,500 boxes.
- f) The 'heritage' IT systems containing pre-Pulse donor records had been reviewed and the creation of a database from the back-ups of the 'heritage' PCs was recommended to create a single source for all look-back requests which pre-date Pulse. This proposal would be presented to the Transformation Programme Board following consideration through the ICT demand management process.
- g) The number of clinical risks recorded by Pentana at a divisional risk level had increased by one from the previous report, none of these were high scoring.
- h) An investigation was taking place into the death of a liver recipient who died post-transplant due to a previously undiagnosed carcinoma in the donor. The right kidney from the same donor was explanted but the recipient now had terminal cancer. All the necessary protocols were followed.

OFFICIAL
10 (18/188)

OUR VOICE OUTCOMES REPORT

Ms Robinson presented the outcomes of the Our Voice survey and asked the Board to review the high-level results, agree the suggested recommendations for corporate action plans, and to support the drive for directorate responses to the survey outcomes.

Members commended the increased support for the survey this year with a significant improvement in the overall engagement score. There were improvements in a number of areas, but it was acknowledged that there were areas where corporate actions were required, particularly in relation to variances against benchmarks.

ACTION: Ms Robinson to adjust the corporate actions, taking into account comments from the Board, and present a 6-month update in May 2019.

KRo

11 (18/189) **INCREASE IN NORS TEAM CAPACITY**

Mr Clarkson and Prof Forsythe reported on the evaluation of the capacity of NORS teams to meet demand for organ retrieval, which had led to a recommendation that the number of abdominal NORS teams on call be increased in order to even out the workload across all teams.

OUTCOME: Members noted the capacity issues and the pressures on the busier teams and supported the NORS evaluation recommendation to increase the abdominal NORS capacity to eight abdominal teams available at any one time at a cost of £1.48m per annum from 2019/20.

It was proposed that the £1.2m ODT funding normally allocated to Behaviour Change would be used to support this increase in NORS capacity. This would leave a cost pressure of £280k which would be built into the ODT prioritisation process. A period of consultation with the NORS centres would take place and it was likely that the increase from seven to eight abdominal teams would be implemented in Q2/Q3 2019/20.

Mr Clarkson also advised of a potential future cost pressure highlighted by the review which was the need to consider the payment of unsocial hours for NORS teams.

12 (18/190) **ORGAN DONATION CONSENT LEGISLATION**

Prof Forsythe reported on the current situation re the legislation in Scotland, the Isle of Man and Guernsey. In Scotland the Bill was laid before Parliament and made publicly available in June and was currently at the Committee stage. Guernsey had announced that it would be introducing deemed consent legislation and the Isle of Man was progressing deemed consent legislation.

In England the Bill had cleared the House of Commons and was debated in the House of Lords on 23rd November, gaining very strong

OFFICIAL

support. Whilst it was anticipated that the Bill in England would be successful, there was still the risk that it may not be successful through future stages. There were three main workstreams associated with implementation of the changes across the UK. These were:

- Digital changes (faith declaration and NHS App integration)
- Communications
- Operational activity

Mr Rigg suggested further clarification of the costs shown for 2019/20 and questioned the figure of 54% awareness of the legislative change within the general public. Ms Rose stated that there were smaller respondent groups with awareness levels lower amongst younger and black and Asian groups. A tracker survey would take place at regular intervals throughout the campaign to continue to measure the level of understanding.

Members discussed the role of NHSBT in the communication of these changes, the methodology for spending the funding for communications and the governance around this. The three main work-streams, including communications governance would be overseen by a Programme Board within NHSBT with Prof Forsythe as the Senior Responsible Officer and with DH representation on the Board. A significant part of the funding would be directed to a mass media campaign to achieve 80% awareness of the legislation.

Outcome: Board Members endorsed the funding request to the DHSC and acknowledged that if confirmation of funding for 2019/20 was not provided by DHSC by the end of January 2019, the Board would be asked for approval to proceed at risk with the recruitment process. Board Members also stipulated that detailed proposals for the expenditure of the funding for communications must be submitted to the Board for sign off prior to expenditure.

13 (18/191) **2019/24 BUSINESS PLAN PREPARATION**

Members noted the paper on risk and strategic targets for 2019 – 2024. It was agreed that this would be submitted to the Finance Committee together with input from Executive and Non-Executive Directors to consider the best approach to generating the five-year strategic plan in March and report back to the Board. All contributions should be sent to Mr St John.

14 (18/192) **BARNSELY CENTRE: RE-APPROVAL OF BUSINESS CASE**

A paper explaining the changes to project costs, particularly the rationale for the increased costs of fitting out the new Barnsley Centre, was received, and members were asked to re-approve the business case. During design a number of material changes had been made to the original submission including the orientation of the building to enable an opportunity for future expansion; a larger fit out area; and the addition of a mezzanine floor to support an expanded clean room suite. Following approval of the original business case the lease for the

OFFICIAL

site/building had been secured at below market rates and lower than assumed in the business case, partly offsetting the extra costs of the fit out. In addition, the fit out had been tendered for the Leeds team base and a site selected for the Sheffield team base with the lease being negotiated with the landlord. Lease and fit out costs for the team bases would be in line with the original business case.

The Finance Committee would be considering the lessons learned from this project but in general it was felt that the changes had future-proofed services, particularly for CMT, which was part of the core strategy.

OUTCOME: The Board re-approved the business case, including the increase in capital expenditure of £2.8m for the fit out of the new Barnsley Centre.

15 (18/193) **ORGAN DONOR REGISTER SERVICE MAINTENANCE**

Mr Powell introduced a paper summarising the results of a recent procurement undertaken for the support and maintenance and development services for the NHS Organ Donor Register (ODR). Following this exercise, it was recommended that a new five year support and maintenance contract for the NHS Organ Donor Register be awarded to Northgate Public Services (NPS). A future option to transition and host the ODR into NPS Cloud infrastructure was offered. Since the beginning of the procurement process the in-house hosting performance of the ODR had improved significantly and it was recommended that this service be retained in house with the option to review if performance deteriorated. Whilst there would be a small increase in annual cost with this proposal, there would be a reduction in the development day rate for enhancements or improvements to the ODR.

OUTCOME: The Board approved both the request to proceed with the contract with NPS and the recommendation for NHSBT to retain hosting of the ODR.

16 (18/194) **ICT INFRASTRUCTURE RENEWAL**

Mr Powell presented a paper informing the Board of the substantial ICT infrastructure programmes which were required over the forthcoming 18 months and the significant commitment of internal ICT resources that this would require. The paper also advised of the approach being taken to define a new infrastructure hosting strategy. A procurement exercise was underway to commission a strategy development initiative to evaluate the benefits and challenges of each of the different options. The output of this work would be presented in an Outline Business Case seeking approval to go to market and undertake a procurement to implement the recommendation of this strategy and approach to delivery. This would be followed by a Detailed Business Case to enact the recommendation of the procurement exercise and to undertake delivery. It was anticipated that the Outline Business Case would be presented in March 2019 with the Detailed Business Case to follow in May/July 2019.

OFFICIAL

OUTCOME: The Board noted the substantial ICT infrastructure programme requirements for the next 18 months and the approach being taken to define the data centre hosting strategy and review of approaches to its delivery. Ms Banerjee emphasised the need to focus on the ability of NHSBT to manage this work ensuring that the necessary skills and capacity were in place.

17 (18/195) **OFFICE 365**

Mr Powell outlined a proposal to renew NHSBT's Microsoft Office 365 Agreement for a further three years at a cost of £3.66m. This involved engaging in an early renewal of the existing online service agreement which was being driven by planned Microsoft price increases in January 2019 and the high level of discount being offered.

OUTCOME: The Board approved the renewal of NHSBT's Microsoft Agreement from July 2019 for a period of three years up until June 2022 at a cost of £1.22M per annum +/- 5% tolerance which was to accommodate any price changes due to finalisation of the contract with Microsoft. The need to exercise this tolerance was deemed highly unlikely.

18 (18/196) **REPORTS FROM THE UK HEALTH DEPARTMENTS**

The reports from the Health Departments in England, Scotland, and Wales were noted.

19 **ANY OTHER BUSINESS**

There were no further items of business.

20 **DATE OF NEXT MEETING**

The next Board meeting was scheduled to take place on Thursday, 31st January 2019 at the Royal College of Nursing, 20 Cavendish Square, London.

Post meeting note: The Board Development Day scheduled for Wednesday, 30th January 2019 has been cancelled.

21 (18/197) **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution was noted.

FOR INFORMATION22 (18/198) **UPDATED BUSINESS CASE – ODT HUB PROGRAMME**

Paper 18/198 was noted.

MINUTES FROM BOARD SUB-COMMITTEES23 (18/199) **TRANSPLANT POLICY REVIEW COMMITTEE MINUTES & TERMS OF REFERENCE**

Paper 18/199 was noted.

OFFICIAL

24 (18/200) **GOVERNANCE & AUDIT COMMITTEE**

Paper 18/200 was noted.

25 (18/201) **NATIONAL ADMINISTRATIONS COMMITTEE**

Paper 18/201 was noted.

26 (18/202) **FORWARD AGENDA PLAN**

Paper 18/202 was noted.

27 (18/187) **DIVERSITY & INCLUSION MID-YEAR REPORT**

Dr Colin Brown and Mr Luke Foster joined the meeting to give presentations on the BAME Network and the LGBT Network respectively.

BAME

- There were 753 BAME colleagues within NHSBT; 13.6% of the workforce
- BAME representation needed to improve in some directorates with BAME colleagues under-represented in senior NHSBT roles
- 45% of BAME colleagues believed that NHSBT provided equal opportunities for career progress.
- BAME colleagues were less likely to be appointed from shortlisting. Actions undertaken included BAME representation on interview panels and support for a BAME careers masterclass.
- BAME Network activities were aligned to the NHSBT Strategy
- BAME Network planned activities included a Donor Ambassador Workshop; Yammer Groups; strategy development; and Our Voice analysis

The Board congratulated Dr Brown on the achievements of the BAME network and supported future initiatives of the network.

LGBT+

- Visibility of the Network throughout the organisation including Network pages on People First, Facebook, and Yammer; producing video blogs of the work of the Network
- Specialised training events in LGBT+ inclusion for both the Network and People Directorate
- In February 2018 weekly blogs were released in recognition of LGBT History Month
- The International Day Against Homophobia, Transphobia and Biphobia would be observed on 17th May and recognised by the LGBT+ Ally campaign
- MSM blood donation – working on a steering group to look at the introduction of individualised risk assessments
- The past year had seen a shift in normalising conversations and behaviours around LGBT+, monitoring of which will be via Our Voice and Stonewall Workplace Equality Index (WEI)

OFFICIAL

- Further work included training; promotion via Senior Leadership; addressing unacceptable behaviour; Stonewall WEI; LGBT+ Network 2019 Strategic Plan

Dr Miflin mentioned the UK Blood Services review on risk assessments on men who have sex with men and asked Mr Foster for his input into a working group looking at this.

28

ANY OTHER BUSINESS

There were no further items of business.

The Chair thanked three colleagues for whom this would be their final NHSBT Board meeting, R Griffins, L Fullwood and A Powell.