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The Minutes of the Eighty Ninth Public Board Meeting of NHS Blood and Transplant held at 9.30 am on Thursday 31st January 2019 at the Royal College of Nursing, 20 Cavendish Square, London

Present: Ms M Banerjee Mr J Monroe
 Mr R Bradburn Lord J Oates
 Mr A Clarkson Mr K Rigg
 Ms S Johnson Mr C St John
 Mr G Methven Dr H Williams

In Attendance: Mr I Bateman Ms S Baker
 Mr B Henry Prof J Forsythe (item 12)
 Dr S Morley Ms C Lewis
 Ms K Robinson Ms K Lloyd
 Ms C Rose Mr J Mean
 Mr M Stredder Mrs K Zalewska

Observer: Dr C Ash

1 **APOLOGIES AND ANNOUNCEMENTS**

Ms Banerjee welcomed Mr Brian Henry, Interim Technology Director, to his first Board meeting and Dr Sarah Morley who was deputising for Dr Gail Miflin who had tendered her apologies. Apologies were also received from Prof Paresh Vyas.

The Board welcomed Mr Jeremy Mean from the Department of Health and Social Care, Ms Caroline Lewis from the Welsh Government, Ms Sam Baker from the Scottish Government and Ms Kiera Lloyd from the Department of Health Northern Ireland. Dr Carol Ash was also in attendance to present on item 11 and as an observer for the remainder of the meeting.

Ms Banerjee presented Mr Bateman with the Manager of the Month Award as part of NHSBT's Recognition of Excellence Scheme.

2 **DECLARATION OF CONFLICT OF INTEREST**

There were no conflicts of interest.

3 (19/01) **BOARD 'WAYS OF WORKING'**

The 'Ways of Working' were noted. Ms Robinson asked members to note what they felt had gone well or could be improved over the course of the meeting and these comments would be collected at the end of the meeting for discussion.

OFFICIAL
4 (19/02)

MINUTES OF THE LAST MEETING

The minutes of the November meeting were approved subject to a change to the following sentence within minute 12 on Organ Donation Consent to read '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.'

5 (19/03)

MATTERS ARISING

The Board noted progress on the Matters Arising:

- Board Performance Report: A presentation on actions underway to reactivate O neg and Ro donors and the improvement in pre/post donation processes was scheduled for submission to the March Board meeting. A root cause analysis on the reasons for the blood stock situation would also be presented at the March Board meeting. The modelling of the risks and benefits of Hemocue introduction had been completed and the process rolled out. **ACTION: Dr Williams was asked to convey the Board's thanks to all those involved in significantly improving the blood stock situation.**
- Our Voice Outcomes Report: The corporate actions had been adjusted and the report circulated. A 6-month update was scheduled to be presented at the May Board meeting.

HW

6 (19/04)

PATIENT STORY

Dr Morley presented the story of a patient with myeloma who was nearing the point where autologous transplant was indicated and the decision to proceed required further consideration due to their beliefs as a Jehovah's Witness. The vast majority of Jehovah's Witnesses would refuse donor blood components, and most would also refuse to be transfused their own (autologous) blood, although many Jehovah's Witnesses would accept fractionated blood products which included human albumin solution.

In this case, an NHSBT consultant arranged a meeting with the patient and the Jehovah's Witness hospital liaison team at which the patient agreed for stem cell collection using human albumin solution as an alternative to the normal technique using the patient's own plasma. Stems cells were successfully collected on the Therapeutic Apheresis Services unit where the standard practice of cryopreserving was altered to use human albumin solution. The transplant went well, using stem cell growth factors to prevent the need for blood components, and the patient had sustained a partial response with no further cancer treatment needed.

The learning through this patient had informed a national policy written with the Jehovah's Witness hospital liaison team regarding stem cell transplantation. NHS Blood & Transplant had subsequently used this protocol to support further Jehovah's Witness patients to receive

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autologous stem cell transplants at both St George's Hospital, Tooting and Musgrove Park Hospital, Taunton.

Board members acknowledged the role played by the Jehovah's Witness hospital liaison committees in these situations and noted that, had the patient not been willing to accept stem cell collection, there may have been the potential to try other very experimental processes but with limited prospect of success.

7 (19/05) CHIEF EXECUTIVE'S BOARD REPORT

Ms Johnson presented the Chief Executive's Report as detailed in paper 19/05. Other key points discussed were:

- a) The Committee stage of the Organ Donation Deemed Consent Bill for England was due to take place on 1st February in the House of Lords. Preparations continued for a public information campaign in readiness for a launch in April.
- b) Infected Blood Inquiry: A tour of Filton had been arranged for NHSBT's legal advisors to ensure they were familiar with modern blood safety practices. A further visit would take place by representatives of the Inquiry team with consultation taking place on the best approach to providing information on modern blood safety practices to those infected and affected.
- c) The number of registrants on the Organ Donor Register was now over 26 million for the first time. A faith declaration was added to the online organ donation registration process in December, allowing donors to record the fact that faith was an important consideration in their decision to donate.
- d) Arising from the Senior Leadership Awards last week it was worth considering the environment external to NHSBT and how the organisation fitted within the wider NHS in the future.
- e) Significant media interest had been generated on the cancellation of blood donation sessions in the area of potential congestion around channel ports as a result of no-deal Brexit preparations. These sessions had, in fact, been moved to other venues within 23 miles of the original venue. Although clearance had been given to implement these changes, the timing of the public communication was a key point. Members discussed the sensitivity in briefing Ministers on future time critical operational decisions. An internal process was now in place with learning from this issue embedded into NHSBT procedures for the next few weeks.

8 (19/06) BOARD PERFORMANCE REPORT

Mr Bradburn provided a presentation in support of the Board Performance Report (paper 19/06) and highlighted key issues and risks:

- a) Blood entered the Christmas period at target levels leaving NHSBT much better placed to manage adverse weather over the Winter than last year. Collection performance had been strong

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through January and projections through to March were positive with red cell stock in total, and at blood group level, expected to stay at target levels.

- b) The only concern was that demand for O negative had been unusually high, reaching the highest level since August 2016 (as a percentage of total demand) and remaining high through January. If this had continued O negative stocks would decrease below 5 days. Demand appeared to have now stabilised but close monitoring would continue.
- c) Mr Bradburn also noted the ongoing growth in O negative and Ro blood donors due to the refocus on reactivation and retention and the positive impact this was having on collection. It was also reducing the pressure that new recruits had been causing on session and was partly reflected in higher donor satisfaction and a sharp reduction in donor complaints.
- d) Within ODT the ongoing trend remained the same with the moving annual total flat for deceased donors and declining with regard to transplants. These trends would be exacerbated in January given the record activity last year and hence the MATs would drop further in January month reporting. The financial position in ODT had sharpened quickly due to underlying cost increases and uncertainty over the funding expected for Agenda for Change. There were also significant ongoing risks around opt-out accountabilities and its funding (in England).
- e) DTS continued to see ongoing growth with income 8% higher than last year in the year to date. There was a slight pickup in cord blood issues in the month although the underlying trend remained highly adverse. ACT was underperforming with regard to project activity and income, but this was offset by positive CBC performance.
- f) Mr Bradburn noted that the budget build process was mostly complete and that the outcome was broadly in line with the estimate that was described in September. In particular this reflected a significant increase in blood supply chain costs, especially in blood donation, as a result of the planned 150 increase in headcount.

The Finance Committee had suggested that the Board undertake a strategic review with stakeholders on the implications of reductions of issues from the cord blood bank due to increased use of haploidentical transplants with the result that this division had moved into a persistent deficit. This would need to be added to the Board agenda later in the year.

The Finance Committee had also discussed the level of expenditure required to maintain the blood stock situation for the future.

It was noted that despite a strong collection month for O neg there had been an increase in demand, which could not be attributed to any one specific cause. If this level of demand was to continue this would be a serious challenge.

OFFICIAL
9 (19/07)

CLINICAL GOVERNANCE REPORT

Dr Morley presented the Clinical Governance Report as detailed in paper 19/07. Key discussion points were:

- a) There was one new Serious Incident (SI) in Diagnostic and Therapeutic Services where a donor who believed they had been on the British Bone Marrow Registry (BBMR) since trying to register as a 17-year-old blood donor in 1999 found they were not and were concerned that other donors might be similarly affected. The key factor appears to have been poor communication as NHSBT did not communicate clearly with the donor about the need to register once they reached 18 years of age. An apology was given to the donor and DHSC advised.
- b) A probable case of transfusion transmitted Hepatitis B Virus (HBV) infection had been reported to a hospital. The donor had an unusual form of HBV infection where a very low level of virus circulates (termed occult infection). No error was made by NHSBT, the virus was circulating at around 250 times lower than was usually detected. This was NHSBT's first case of HBV transmission since 2012 and the first case from an occult infection. The current risk calculation was that HBV could be transmitted once in every 2 million donations

Members noted that all SABRE reporting should be processed via the CARE Committee if it had a clinical impact, otherwise these incidents should be managed at operational level. **ACTION: Dr Morley to liaise with Dr Mifflin to harmonise SABRE reporting.**

SM

Members noted the breakdown of complaints by Directorate which would be included in the report on an annual basis.

In response to a query on the BMA report on pregnancy and organ donation, Members noted the recommendation that, in the context of DCD donation, all potential donors should be tested for pregnancy. In relation to DBD donation, legal opinion should be sought at the time for female potential donors with a viable foetus. Subject to agreement with the devolved administrations, this would be the policy adopted by NHSBT. The Faculty of Intensive Care Medicine had recommended mandatory pregnancy testing for eligible patients admitted to ICU and NHSBT was encouraging this approach together with, in the situation of organ donation, speaking with the donor family.

Freedom to Speak Up Guardian: An appointment to this role had yet to be made. It was emphasised that this appointment was being made to ensure that an additional channel would be available to staff. Members were assured that the function would be adequately staffed and supported.

OFFICIAL
10 (19/08)

RECRUITMENT AND RETENTION IN BLOOD DONATION

Ms Robinson gave a presentation covering the perception of Blood Donation workforce issues, in particular those highlighted in the response to the recent stock recovery. Other considerations were Brexit; NHS-wide nurse recruitment challenges; and development of the Blood Supply strategy alongside these actions.

In a response to a query on the high level of turnover in London and the South East, Ms Robinson stated that, in speaking to the team, there appeared to be many reasons for this including the fact that some joined the team whilst at University or were staying in London for a short time. Ms Robinson stated that some consideration of increased flexible working in this area could also help and this would form part of the action plan going forward.

Members felt that items on the action plan should be prioritised and should take into account the staff comments in the Our Voice Survey regarding leadership in order to demonstrate that the organisation was listening to staff and was working to adapt practices in order to improve staff retention. This should include sharing the learning from the root cause analysis on blood stocks and feeding in to Director Roadshows and out to mobile teams.

The actions from this work would form part of the Blood Strategy and therefore part of the business plan. These included looking at the optimum amount of training needed and a review of the process flow within donor centres.

11 (19/09)

CLINICAL BIOTECHNOLOGY CENTRE AT FILTON – PROGRESS UPDATE

Dr Williams & Dr Ash presented a paper giving a progress update on the construction of a dedicated facility for the Clinical Biotechnology Centre at Filton. Since approval of the original business case in January 2018 the Affordability Cost to construct and fit-out the centre had risen and Members were asked to support the continuation of the project to Guaranteed Maximum Price (GMP) at a further cost of £0.63m. Members were assured that despite the reduced Net Present Value and extended payback period the project remained financially viable. **ACTION: On receipt of the GMP in April 2019 Dr Williams to submit a revised business case to the Board in May 2019.**

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OUTCOME: The Board approved the additional expenditure whilst recognising the need to monitor the situation with the principal supply chain partner, Kier construction and sub-contractors involved.

OFFICIAL
12 (19/10)

ORGAN DONATION CONSENT LEGISLATION – PROGRESS REPORT AND PRESENTATION

Prof J Forsythe presented a progress report on UK Organ Donation Consent Legislation:

- Two amendments to the English Bill had been tabled and would be considered at the All House Committee
- If enacted, the English Bill would be implemented in April 2020.
- Jersey may implement their legislation in Summer 2019 and Scotland in Autumn 2020
- The new faith declaration on the Organ Donor Register (ODR) was launched in December 2018
- Work on integration with the NHS App was continuing, along with the development of communications campaigns to raise awareness of the new legislation
- Project plans were being developed to support the operational implementation
- Some funding had already been confirmed/released regarding changes to the ODR and communication plan. Timescales for implementation meant that some work would proceed at risk, using ODT baseline funding until confirmation was received.

C Rose outlined the Communications Plan with planning now well advanced to ensure the launch activity from April 2019. Third-party contracts were in place to deliver the content of the communications plan and recruitment of additional resource was progressing, although no appointments would be made until funding was confirmed. Members expressed concern about the capacity of the National Call Centre (NCC) to deal with opt-out enquiries in addition to dealing with blood donation calls as organ donation enquiries currently form a small percentage of the calls taken. The need to take this into account in planning was highlighted.

In addition, there would need to be significant development in technology and capacity within transplant centres to meet the anticipated increase in donors and transplants arising from the change in legislation. In terms of accountability, this would not be the responsibility of NHSBT.

The Board:

- Noted the challenges arising from the implementation timescales
- Agreed that operational implementation should proceed at risk using £218k baseline funding, until the UK Government funding was confirmed
- Noted the progress made in developing a campaign to inform the public of the law change

ACTION: Mr Clarkson to submit a progress report on this work as a standing item at each Board meeting.

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OFFICIAL
13 (19/11)

REPORTS FROM THE UK HEALTH DEPARTMENTS

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

The following additional comments were also noted:

WALES

- As from the end of December 2018 there was no statutory obligation to carry out any further monitoring of the effects of the Welsh opt-out legislation and focus would, instead, be directed at marketing spend for the coming financial year.
- The Welsh Government had formally recognised the large amount of work undertaken by organ donation teams in Wales, particularly during the last year, and this was echoed by the NHSBT Board.

SCOTLAND

- The Scottish Government was currently preparing regulations on pre-mortem procedures.

NORTHERN IRELAND

- The NI Assembly decided in 2016 not to proceed with opt-out legislation but instead placed a statutory duty on the Department of Health to promote organ donation and transplantation as a means of increasing organ donor numbers. In December 2018 a policy was launched giving effect to the statutory duty and the Taking Organ Donation to 2020 strategy. An implementation group was in the process of being established. The policy launch was successful with good social media engagement. Ms Lloyd thanked NHSBT for guidance in policy development, marketing & communications insights, and for its contribution to the public consultation.

14

ANY OTHER BUSINESS

- A full strategic review of the Ro and O neg strategy would be presented at the next Board meeting in March together with an update on the blood strategy.
- It was hoped to announce the appointment of two new Non-Executive Directors within the next few days.

15

DATE OF NEXT MEETING

The next Board meeting was scheduled to take place on Thursday, 28th March 2019 at the Royal College of Anaesthetists, London.

16 (19/12)

RESOLUTION ON CONFIDENTIAL BUSINESS

The resolution was noted.

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FOR INFORMATION

- 17 **MINUTES FROM BOARD SUB-COMMITTEES**
- 18 (19/13) **GOVERNANCE & AUDIT COMMITTEE**
The minutes of the GAC meetings on 23rd November 2018 and 15th January 2019 were noted.
- 19 (19/14) **RESEARCH & DEVELOPMENT COMMITTEE**
The minutes of the R & D Committee meeting on 12th June 2018 were noted.
- 20 (19/15) **TRUST FUND COMMITTEE**
The minutes of the Trust Fund Committee meeting held during November 2018 were noted.
- 21 (19/16) **FORWARD AGENDA PLAN**
Paper 19/16 was noted.