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**The Minutes of the Ninetieth Public Board Meeting of NHS Blood and Transplant
held at 10.00 am on Thursday 28th March 2019 at the
Royal College of Anaesthetists, Churchill House, 35 Red Lion Square London**

Present:	Ms M Banerjee Ms B Bassis Mr R Bradburn Mr A Clarkson Ms H Fridell Ms S Johnson Mr G Methven Dr G Miflin	Mr J Monroe Lord J Oates Mr K Rigg Mr C St John Prof P Vyas Mr P White Dr H Williams
In Attendance:	Mr B Henry Ms F Murphy Ms K Robinson Ms C Rose Mr M Stredder	Ms L Hontorio del Hoya Mr B Hume (item 14) Mr R Rackham Ms J Hardy Mr J Mean Ms P Vernon Mrs K Zalewska
Observers:	Mr M Jones	

- 1 **APOLOGIES AND ANNOUNCEMENTS**

Ms Banerjee announced that this would be Ms Sally Johnson's last Board meeting as Interim Chief Executive and welcomed the incoming Chief Executive, Ms Betsy Bassis, together with Ms Helen Fridell and Mr Piers White, two new Non-Executive Directors, to their first Board meeting. Also welcomed were Ms Fidelma Murphy who was deputising for Mr Ian Bateman who had tendered his apologies, and Mr Jeremy Mean from the Department of Health and Social Care, Ms Joan Hardy from the Northern Irish Government, and Ms Patricia Vernon from the Welsh Government. Apologies were received from the Scottish Government.

Mr Matthew Jones was also in attendance as an observer.
- 2 **DECLARATION OF CONFLICT OF INTEREST**

There were no conflicts of interest.
- 3 (19/17) **BOARD 'WAYS OF WORKING'**

The 'Ways of Working' were noted.

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4 (19/18)

MINUTES OF THE LAST MEETING

The minutes of the January 2019 meeting were approved subject to a change to the following sentence within minute 9 Clinical Governance Report: BMA report on pregnancy to read 'In relation to DBD donation, legal opinion should be sought at the time for female potential donors with a viable foetus.'

5 (19/19)

MATTERS ARISING

The Board noted progress on the Matters Arising. All items were either completed, in hand, or included on the agenda for update.

6 (19/20)

PATIENT STORY

Mr Clarkson presented the story of Corinne Hutton, a limb transplant recipient who had lost her hands and legs to sepsis in 2013. She was accepted onto the hand transplant list in September 2014 and received a double hand transplant in January 2019.

The main constraint to this type of transplant was not a lack of donors but a lack of suitably matched recipients, taking into account the need for psychological support.

Members noted that the new opt out legislation did not cover vascular composite allografts such as face and limb transplants. These would be included in secondary legislation during the summer.

7 (19/21)

CHIEF EXECUTIVE'S BOARD REPORT

Ms Johnson presented the Chief Executive's Report as detailed in paper 19/21. Key points highlighted were:

- Continuing preparations for EU Exit
- Granting of Royal Assent for the Organ Donation 'Deemed Consent' Bill on 15th March
- Preparing for integration of the NHS App with the NHS Organ Donor Register
- Collaborative working on projects promoting organ donation aimed at black and Asian people
- Launch of the 'What's Your Type' campaign

This was Ms Johnson's final Board meeting prior to retirement and she thanked everyone for their support both during her time in the role of Interim Chief Executive and her previous role of Director of Organ Donation and Transplantation and wished everyone well for the future.

8 (19/22)

CLINICAL GOVERNANCE REPORT

Dr Mifflin presented the Clinical Governance Report as detailed in paper 19/22. Two key discussion points were:

- One new Serious Incident in Organ Donation and Transplantation where a heart was delayed leaving theatre and the transplant centre made the decision to stand down the transplant. The intended recipient remains on the urgent heart transplant list.

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- A confirmed case of Hepatitis E Virus (HEV) transmission which was detected after an apheresis donor tested positive for HEV RNA. The recipient was in remission after chemotherapy and was currently well and being monitored. HEV is not routinely tested for and SaBTO is considering whether to recommend that some individuals undergo selective screening. NHSBT currently undertakes NAT testing in pools of 24. **ACTION: In light of the existing infected blood inquiry, Dr Mifflin agreed to report back to a future Board meeting on the decision as to whether to move to individual testing.**

GMi

9 (19/23)

BOARD PERFORMANCE REPORT

Mr Bradburn provided a presentation in support of the Board Performance Report (paper 19/23) and highlighted key issues and risks:

- Broadly overall stocks were robust but as a result of the change in O neg demand there may be a need to adjust plans in terms of demand for O neg and the number of O neg donors.
- OTIF increased to 98.6% in the month with the number of timing only fails reducing to 9.42%. This reflected improved pick, pack and issue performance across all sites, particularly Manchester.
- There was much less variation in collection performance which was closer to plan
- BBMR donor numbers worsened this month and were now 20 below plan in the year to date. Prof Vyas highlighted that cord blood was still being used for paediatric indications and there was a re-evaluation taking place of adult bone marrow transplantation. **ACTION: As this was a fast-moving and fluid situation Prof Vyas and Dr Williams would meet separately to discuss the need for a standing committee on the issue.**
- The moving annual total trend in deceased organ donors was declining although it was anticipated that the number of deceased donors in 2018/19 would be around 2% higher than 2017/18.
- The overall consent rate trend was flat.
- It is anticipated that deceased donor transplants in 2018/19 will be around 2% lower than in 2017/18. Hearts and lungs in particular were not being transplanted, possibly due to matching. There is variation in practice across centres in the acceptance of organs for transplantation, but the acceptance of cardiothoracic organs is sensitive to size. Additionally, the data may reflect that more organs are marginal. **ACTION: Mr Clarkson to report to the next Board on transplantation numbers.**
- Quality system overdues saw further significant reductions with only 4 items more than 30 days overdue.

PV/HW

AC

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10 (19/24)

2019/20 BUDGET AND BUSINESS PLAN

Mr Bradburn reported on the NHSBT budget for 2019/20 (paper 19/24). Detailed cost budgets for 2019/20 had been generated and would result in an overall deficit of £11.3m for NHSBT. Members were asked to approve the NHSBT Budget for 2019/20 as currently presented and to note the uncertainties, especially with regard to confirmation of DHSC funding, and the need to reflect these in a revised budget. Mr St John added that the budget plan had been considered in detail by the Finance Committee and approved subject to four potential late adjustments.

OUTCOME: Board members approved the budget subject to clarification on the outstanding items by the end of April.

11 (19/25)

ADDRESSING DEMAND FOR RO KELL NEGATIVE

Members received a presentation on how NHSBT was delivering a clinically acceptable supply of Ro kell negative for patients with sickle cell disease and changes to improve this for some patients. It was acknowledged that current practices, whilst within clinical guidelines, were not ideal and 10% of sickle cell patients had significant needs and required optimal matching of minor antigens. Ideally, in the longer term, the aim would be to provide personalised matching for those patients with extended genotype matching.

Ms Rose presented data on the importance of recruiting and retaining black donors who are more likely to provide a better match for these patients and therefore reduce the gap in the Ro kell negative donor base.

Members gave the following feedback on the presentation:

- It would be crucial to know the level of detailed qualitative research on those donors who donated but did not return.
- Donors should be asked what process they would like rather than asking what they like or dislike about the current process
- The gap in the donor base may simply be too large. Consider whether this should be ‘revolution’ rather than ‘evolution’.
- Consider the differences in the Black African and Black Caribbean socio-economic groups
- Consider the needs of the individual donors rather than the needs of NHSBT (based on segmentation of the journey around locality, socio-economics etc. Also, need to look at the barriers to donation.
Provision of a better service for multi-transfused patients is a strategic, long-term problem
- Consider who these donor groups trust as there is sometimes a reluctance to engage with the NHS

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- Consider as an area where NHSBT could work more closely with the wider NHS at a strategic level.

Ms Rose thanked Members for their input which would be used to help to build a future strategy. The comments echoed existing concerns around availability of information and understanding the donor journey. **Action: Mr Stredder/Ms Rose to prepare an updated presentation for a future Board meeting to address the points raised.**

MS/CR

12 (19/26) **BLOOD STRATEGY**

Ms Hontorio del Hoya presented a summary of the key points of the strategy.

Members commented on the strategy as follows:

- The need to take into account the human impact of any future changes and to guard against the one size fits all approach
- Consider changes in demand well ahead of time and be better sighted on medical research. Address alternative strategies such as importing items readily available elsewhere in the world as in the case of plasma. The model of cost plus rather than cost recovery may not be sustainable.
- Consider what is both within and beyond the control of the organisation and the touch points; what can be changed and what are fixed variables.
- Understand the segmentation of the donor base in the future. Consider the organisation's relationship with both stakeholder groups and the wider NHS and whether there should be a stakeholder strategy within the blood strategy.
- The need to separate the day to day business as usual activities from planning for the future.
- Define the strategy to take into account emerging research and development in medicine in the next 5 – 10 years.
- Recognise that research on behaviours, socio-economics for different populations and what they respond to in terms of motivation is different to work with focus groups.

13 (19/27) **ODT STRATEGIC DISCUSSION PAPER**

Mr Clarkson presented a strategic discussion document describing the key strategic areas which would need to be addressed if the UK was to continue to save and improve more lives through organ donation and transplantation. The document would provide the basis for widespread engagement with the intention of developing a strategy that had widespread support by January 2020.

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Members fed back the following comments:

- The financial implications for ODT were key. There needed to be clarity on how the strategy ties in with Government policy. As the change in legislation for deemed consent was predicted to result in extra transplants there needed to be considerable investment in technology to achieve this.
- An increasing amount of the pathway was outside the control of NHSBT and with other organisations facing financial constraints.
- There was a strategic issue of preventative health within certain populations in order to prevent them from needing to enter the transplant pathway.

OUTCOME: The Board approved the document as the basis for discussion with all stakeholders in the organ donation and transplantation pathway.

A detailed plan would now be developed ascribing actions and accountabilities for each element. Further work would take place on assessing whether the current Oversight Group was the correct mechanism for scrutinising progress in the future.

14 (19/28)

ODT HUB PROGRAMME – 2019/20 PROPOSAL

Mr Hume joined the meeting to present the proposal for the ODT Hub Programme for 2019/20. The programme was initiated in 2015 to meet future challenges and provide a new ODT Hub service for the UK. Benefits had continued to be delivered since that time but the Programme was impacted by the closure of the CSM programme and the urgent introduction of the work required to integrate the Organ Donor Register and the NHS App. Additionally, ICT had struggled to find and keep resources due to the market in which NHSBT competes. The programme's scope had been reduced for 2019/20 with focus now on the highest clinical priorities. In order to continue the transformational activities from April 2019 and deliver benefits during 2019/20 the Board was asked to approve non-recurrent expenditure of £1.2m and recurrent expenditure of £0.7m

OUTCOME: The expenditure was approved. The Board to have oversight and responsibility for tracking the spend and outcome for the programme.

A progress update on the programme would also be submitted to the Governance and Audit Committee.

15 (19/29)

ICT WAY FORWARD

Mr Henry presented a paper setting out a proposed way forward for ICT following the halting of CSM and completion of his first 60 days as Interim Technology Director. The paper set out several working assumptions being used to drive ICT activity in the short term; a set of immediate ICT priorities agreed with the Executive Team; and several key questions which needed to be answered beyond these immediate priorities. There were a significant number of upgrades required across

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the infrastructure together with current and existing systems which would need to be safeguarded, ie Pulse.

OUTCOME: Paper approved - following discussion on the detail within the paper the Board confirmed the working assumptions and immediate ICT priorities developed with the Executive Team and gave feedback on the key application questions; and confirmed the proposed approach to develop the broader technology strategy, direction and road map.

16 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

16.1 **ENGLAND**

- Mr Mean thanked NHSBT for its impressive work in relation to preparedness for the EU exit and for its support in work on the secondary legislation to underpin the Organ Donation Consent Act 2019.

16.2 **NORTHERN IRELAND**

- Preparation work was taking place on the EU exit.
- Work was underway on statutory processes for donation and transplantation.
- Consideration of opt out in NI would not take place within the next 5 years.

16.3 (19/30) **SCOTLAND**

- Report noted

16.4 (19/31) **WALES**

- Report noted

17 **ANY OTHER BUSINESS**

The opening ceremony for the British Transplant Games would take place on the evening of Thursday, 25th July 2019 in Newport, Wales. The Board meeting in July would be held in Cardiff on that date and Board representatives would be attending the ceremony.

18 **MINUTES FROM BOARD SUB-COMMITTEES**

18.1 (19/32) **Trust Fund Committee**

The minutes of the February 2019 meeting were noted.

18.2 (19/33) **Transplant Policy Review Committee**

The minutes of the meeting held on 27th February 2019 were noted. A process was now in place whereby transplant centres would inform patients in circumstances where a donated organ, allocated to them by the national scheme had been declined by the clinical team at their transplant centre solely for reasons of resource. The final wording for this would be communicated to the Transplant Commissioners

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Additionally, the issues around the status of Group 1 and Group 2 recipient should the UK leave the EU without a deal were discussed. TPRC had agreed not to propose any change to the current guidance at this time.

19 (19/34) FORWARD AGENDA PLAN

The Forward Agenda Plan was noted.

20 FOR INFORMATION**20.1 (19/35) Update on Opt-Out**

The update was noted. A regular update on Opt-Out would be included in the CEO report going forward.

21 DATE OF NEXT MEETING

The next Board meeting was scheduled to take place on Thursday, 30th May 2019 in London at the Royal College of Anaesthetists

22 (19/36) RESOLUTION ON CONFIDENTIAL BUSINESS

The resolution was noted.

Meeting Close