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The Minutes of the Ninety-Second Public Board Meeting of NHS Blood and Transplant held at 9 am on Thursday 25th July 2019 at the Voco St David's Hotel, Havannah Street, Cardiff CF10 5SD

Present: Ms M Banerjee Mr J Monroe
 Ms B Bassis Mr C St John
 Mr R Bradburn Prof P Vyas
 Mr A Clarkson Mr P White
 Ms H Fridell Dr H Williams
 Mr G Methven
 Dr G Miflin

In Attendance: Mr I Bateman Ms S Baker
 Mr B Henry Ms A Jones (Observer)
 Ms C Rose Mr J Mean
 Mr M Stredder Mr A O'Connor (Observer)
 Ms A Rashid
 Ms P Vernon
 Mrs K Zalewska

1 **APOLOGIES AND ANNOUNCEMENTS**

Ms Banerjee welcomed Ms Alexandra Jones, who had been appointed as Interim Company Secretary from 22nd July 2019 and who was attending as an observer. Ms Jones would be helping to identify opportunities to improve Governance within NHSBT.

Also welcomed were Mr Jeremy Mean from the Department of Health and Social Care, Ms Sam Baker from the Scottish Government, and Ms Patricia Vernon from the Welsh Government.

Apologies were received from Lord Jonny Oates, Mr Keith Rigg, Ms Katherine Robinson, and the Department of Health in Northern Ireland.

Mr Andrew O'Connor was also in attendance as an observer.

2 **DECLARATION OF CONFLICT OF INTEREST**

There were no conflicts of interest.

3 (19/54) **BOARD 'WAYS OF WORKING'**

The 'Ways of Working' were noted.

4 (19/55) **MINUTES OF THE LAST MEETING**

The minutes of the May 2019 meeting were approved as a correct record.

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5 (19/56) **MATTERS ARISING**

The Board noted progress on the Matters Arising:

1 – *Clinical Governance Report – report on any changes required to testing as a result of the HEV transmission, e.g. move to individual testing:* This would be carried forward to the September Board meeting

2 – *Addressing demand for Ro Kell Negative: Various new initiatives had been identified and prioritised and actions had been taken.* Progress would be reported at a future Board.

3 – *Work on the financial and milestone metrics for the project for inclusion in future updates:* This work was in development – carried forward.

6 (19/57) **PATIENT STORY**

Kathy Rumbelow, Specialist Requester, joined the meeting to present the story of Lilly Kendall who was diagnosed with dilated cardiomyopathy, left heart syndrome and pulmonary hypertension; conditions which required her to undergo immediate surgery. Following surgery Lilly's life returned to normal but in the summer of 2017, she was assessed for a heart transplant due to changes in her cardiac and lung function. Lily collapsed and need resuscitation during this process and was subsequently diagnosed with restrictive cardiomyopathy, meaning she could not be placed on the transplant waiting list as the pressure in her heart was too high. In January 2018, Lilly was also diagnosed with interstitial lung disease meaning that she now needed a Heart and Lung Transplant but still could not be listed due to high pulmonary pressures. Due to her declining health, Lilly was placed onto a palliative care pathway. During this time Lilly asked if she could join the Organ Donor Register and, following a conversation with Kathy, she joined the Register. In December 2018 Lilly's condition had improved sufficiently to be listed and in March 2019 she underwent a heart and lung transplant and was now back home enjoying life as a regular 11-year-old.

Board members thanked Kathy for this moving story and were advised of the support networks/practices in place within Organ Donation Teams to avoid burnout whilst dealing with these complex and emotionally taxing situations. It was noted that research was also taking place with Organ Retrieval Teams, looking at the types of reflective and supportive practices to put in place, similar to those adopted by the Organ Donation Teams.

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7 (19/58)

CHIEF EXECUTIVE'S BOARD REPORT

Ms Bassis presented the Chief Executive's Report as detailed in paper 19/58. The development of a new organisational strategy for NHSBT was underway and work on strengthening a number of key areas was noted:

- Appointments to strengthen the approach to risk management and to lead a parallel review of governance
- Commissioning of an external review of the approach to project and programme management
- The introduction of quarterly performance reviews
- Looking to improve assurance to the Board by refreshing the Board Performance Report.

Updates from the various Directorates and key activities were noted with specific reference to:

- DTS – There was a need to maintain the UK's focus on cord blood transplantation in light of changing medical practice towards haploidentical transplantation as a way of providing more patients (including BAME patients) with a well-matched transplant. A revised strategy for stem cell transplantation would be presented to the NHSBT Board in January 2020.
- Maintenance of O Neg Blood Stocks – Actions had already been taken to increase the O Neg and Ro donor bases and to reactivate existing donors. The plan was to keep stocks of 5 to 6 days during August and September then build up stocks further in October in light of the UK's exit from the EU and any possible supply chain disruption. The results from the National Comparative Audit undertaken in 2018 on the use of O neg red cells would also be used in discussions with hospitals on their policies on blood use. Seminars were planned for October to formulate a medium-term strategy approach but focus in the short-term would be to collect enough donations to meet demand. **ACTION: Submit a report to the next Board meeting on how NHSBT could work with the wider NHS to manage demand.**

**GMe/
BOLT**

8 (19/59)

CLINICAL GOVERNANCE REPORT

Dr Mifflin presented the Clinical Governance Report as detailed in paper 19/59. Members were asked to feedback their views on the new format of the report which stated five key themes which appeared repeatedly in policy documents about healthcare quality and which covered the key areas of NHSBT Clinical Governance. Each report would have a single area of focus to give the Board a deeper understanding in that area. The focus of this month's report was haemovigilance.

ACTION: Submit a paper to the Governance & Audit Committee setting out what assurance NHSBT undertook on each of the five themes of clinical governance.

GMi

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Members noted:

- An overview of relevant events during the reporting period. There were no new Serious Incidents and all previously reported incidents had now been closed.
- BSCARE granted approval for the main STRategies to Improve Donor ExperienceS (STRIDES) trial.
- NHSBT was acting as a contract manufacturing organisation for Cerus in the SCient study.
- Two serious adverse incidents relating to ODT
- The appointment of NHSBT's local Freedom to Speak Up Guardian.
- SaBTO had held the first meeting of the risk tolerability working group, the primary focus of which would be blood risk with the hope that some general principles could be extended to tissues and organs.
- NHSBT would be submitting a review of Hepatitis E testing since implementation of the universal screening policy.
- A review of Occult Hepatitis B Infection (OBI) in donors was ongoing

Report focus: Serious Hazards of Transfusion (SHOT) Report 2018

- Of the 20 deaths probably or possibly attributed to transfusion, eight were due to pulmonary complications, the second most important cause was delays to transfusion. These were consistent with reports from previous years. **ACTION: Provide further information on how the SHOT report was used within NHSBT and what actions NHSBT would be taking to help reduce delays to transfusion.**

GMi

9 (19/60)

BOARD PERFORMANCE REPORT

Mr Bradburn presented a summary of performance for June 2019 focusing on the following key points:

- ODT: Trends had been adverse for a number of months, although June activity indicated that the decline may have plateaued. In terms of strategic risks for ODT it was acknowledged that NHSBT, whilst not directly accountable for some areas of donation and transplantation, did have an important leadership role in influencing behaviours.
- Blood stocks: The increase and variability of O neg demand continued through June and July. In addition, blood donation had recently been under collecting versus plan and the forward collection forecast was significantly reduced mid-July. As a result, there was some concern regarding the forward level of O negative stocks and a letter had gone to hospitals to ask for appropriate ordering of O negative and hence constrain short term demand.
- Blood collection: An increase in donor deferrals was a contributor to the recent under collection driven by an increase in low Hb

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deferrals (which had now increased beyond expected levels). Total deferrals were now above 18%.

- NHSBT was forecasting a deficit of £5m for 2019/20 versus a planned deficit of £11.3m. This was due to lower spending in Blood and the transformation programme.
- Overdue payments: **ACTION: As the Finance Committee was not scheduled to meet before the next Board meeting Mr Bradburn was asked to review the number of overdue debtor payments with a view to reducing them.**

RB

Part of the wider work on the operational strategy would include a review of the resource invested in blood collection. **ACTION: Ms Bassis to report back to the September Board meeting with a view of the timescale for the review.**

BB

10 (19/61) **ODT STRATEGY**

Mr Clarkson gave a presentation on the development of the ten-year Organ Donation & Transplantation Strategy which would involve 3 steps:

- **Plan:** set up governance, approach and scope, map stakeholders and identify events, lay out how the data will be gathered, analysed and shared.
- **Engage:** deliver stakeholder workshops, based around key strategic questions.
- **Consult:** feedback on emerging themes, strategy and approaches, agree oversight of delivery and understand the capabilities and capacity required (including within ODT), and build towards formal approvals / endorsements.

As part of the strategy planning events a Board Development Day was scheduled for 10th October 2019.

Members fed back comments on the strategy:

- Waiting list lengths should be included as a performance measure
- Certain elements of the strategy, eg organ perfusion, could take NHSBT into a new regulatory environment and hence create a new risk profile where organs could be classed as ATMPs (Advance Therapy Medicinal Products). At least one potential partner was asking NHSBT to work with them on regulatory and governance oversight in this potential new area.
- Consider incorporating within the vision statement 'working in partnership to secure the best transplantation outcome'. This particularly related to reperfusion and reconditioning of organs and the involvement of other stakeholders, ecosystems, etc.
- Recognise the importance of NHSBT leading on this strategy and holding some of the assets and decisions in order to hold responsibility.
- Consider patient aftercare

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In response to a query on the review of data, members were assured that a horizon scanning piece of work would take place including population trends data and geographical data as well as data on the clinical aspects of transplantation. Public Health England data would also be used to support this as well as an international peer review of the strategy.

11 (19/62)

PRICING PROPOSALS FOR BLOOD AND DTS

Dr Williams presented a paper summarising the pricing proposal for NHSBT's blood components and Diagnostic and Therapeutic Services for 2020-21 and proposing a potential adjustment to the prices already agreed with the National Commissioning Group (NCG) for 2019-20.

The pricing proposals for 2020/21 would result in an increase in the NHS's expenditure on blood, driven by a combination of higher costs across the blood supply chain, pay inflation, an increase in employers' pension contribution and further lost contribution from reducing demand. The Board was asked to approve:

- a) The final red cell pricing proposal - a proposed increase in NHS expenditure on blood of 6.8%.
- b) Potential amendments to plasma and platelet pricing for 2019/20 in light of the revised guidance expected in late 2019 which was likely to alter demand for plasma products and require an associated change in pricing.

OUTCOME: The Board approved both the final red cell pricing proposal of a 6.8% increase and potential amendments to plasma and platelet pricing for 2019/20.

Following approval by the Board these proposals would be discussed with NCG in September with view to implementation in 2020-21.

12 (19/63)

DATA CENTRE UPDATE

An updated paper on progress with replacing the NHSBT Data Centres and Infrastructure was received. The paper set out:

- the position in January 2019
- progress made, and actions taken, since then
- forward plans for presentation of the overall Detailed Business Case (DBC)
- forward plans for the replacement infrastructure for the Pulse Core Blood System (Pulse) and National Transplant Database (NTxD)

NHSBT was currently sitting on several major Data Centre and Infrastructure risks and good progress had been made towards establishing the way forward and building consensus on how to

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mitigate those risks. The forward plan, with anticipated dates, was also outlined for members.

Work to date had focused on developing and assessing a list of options and the Board was asked to approve the proposed options to take forward to the Outline Business Case (OBC).

ACTION: Arising from discussion on the various options, Mr Henry agreed to submit to the September Board meeting a clear and understandable paper which:

BH

- Shows the current IT performance issues, and work underway to address, including timelines
- Draws out the linkage between the data centre approach/ programme and the technology strategy work
- Provides an understanding of changes in capability and processes that will be required to deliver the data centre programme successfully

OUTCOME: Subject to the action above, the Board approved the options and plans proposed in the paper.

13 REPORTS FROM THE UK HEALTH DEPARTMENTS

13.1 England

- Mr Mean reported that the consultation on those tissues and cells to be excluded from the new system of deemed consent in England had now closed. The 3,280 responses received would help to inform on secondary legislation.
- The Human Tissue Authority had gone out to consultation on its Code of Practice on consent which had been amended to reflect the changes in legislation. The consultation would run to September 2019 with the timetable for legislation likely to be towards the end of May 2020.

13.2 (19/64) Northern Ireland

The report from the Department of Health in Northern Ireland was noted. Key points:

- In December 2018 the Department of Health in Northern Ireland launched a policy statement providing guidance on the Department's statutory duty to promote organ donation and transplantation.
- An Organ Donation Steering Group would be established to oversee the implementation of the policy.

13.3 (19/65) Scotland

The report from the Scottish Government was noted. Key points:

- The Human Tissue (Authorisation) (Scotland) Bill was passed by the Scottish Parliament on 11 June and Royal Assent was granted on 18 July. Work was now taking place towards implementation in Autumn 2020.

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- Work had commenced on the post 2020 Organ and Tissue Donation and Transplantation Plan for Scotland with early themes identified by the Scottish Donation and Transplant Group. This would co-ordinate with the ODT strategy to increase donation and transplantation and improve outcomes and aftercare.
- An event for Imams was held on 1st July which was attended by between 20 and 25 Imams to discuss the new fatwah on organ donation.

13.4 (19/66) **Wales**

The report from the Welsh Government was noted. Ms Vernon welcomed the Board to Cardiff and thanked those members who were able to also attend the British Transplant Games in Newport. Key points:

- The Welsh data contained within the publication of the UK Organ Donation and Transplantation Activity Report 2018-2019 published on 18 July 2019 was very positive.
- Assistance continued to be provided to colleagues in the Department of Health and Social Care, Scottish Government and Human Tissue Authority in relation to the new opt out systems proposed, including on draft regulations and the Code of Practice. Discussions on the new law in England had highlighted issues that hadn't previously arisen in Wales, so work was taking place to look at the excluded materials regulations to ensure consistency.
- Continuing to work with NHSBT on developing the organ donation communication strategy for the next two years.

14 **MINUTES FROM BOARD SUB-COMMITTEES**

14.1 (19/67) **Research & Development Committee**

The minutes of the meeting held on 10th December 2018 were noted.

14.2 (19/68) **Trust Fund Committee**

The minutes of the meeting held in May 2019 were noted.

14.3 (19/69) **Governance & Audit Committee**

The minutes of the meeting held on 11th June 2019 were noted. Colleagues were thanked for their input in reviewing the Annual Report and Accounts.

15 **ANY OTHER BUSINESS**

There were no further items of business.

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16 FOR INFORMATION

16.1 Annual Reports from Board Sub- Committees

The Annual Reports for the following Board Sub-Committees were noted for information:

- (19/70) • Remuneration Committee
- (19/71) • Research & Development Committee
- (19/72) • Trust Fund Committee
- (19/73) • National Administrations Committee
- (19/74) • Transplant Policy Review Committee
- (19/75) • Governance & Audit Committee

16.2 Board Forward Plan

The plan was noted for information.

17 DATE OF NEXT MEETING

The next meeting of the Board would be held on Thursday, 26th September 2019 in London

Post meeting note:

The venue for this meeting would be CI Arb, 12 Bloomsbury Square, Holborn, London WC1A 2LP

18 RESOLUTION ON CONFIDENTIAL BUSINESS

The resolution was noted.

Meeting Close