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The Minutes of the Ninety-Third Public Board Meeting of NHS Blood and Transplant held at 10 am on Thursday 26th September 2019 at the Chartered Institute of Arbitrators, 12 Bloomsbury Square, Holborn, London WC1A 2LP

Present: Ms M Banerjee Mr J Monroe
Ms B Bassis Lord J Oates (item 12 onwards)
Mr R Bradburn Mr K Rigg
Mr A Clarkson Mr C St John
Ms H Fridell Mr P White
Mr G Methven
Dr G Miflin

In Attendance: Mr I Bateman Ms C Ash (Observer)
Mr B Henry Dr C Ash (Observer)
Ms K Robinson Ms L Hontoria del Hoyo (item 10)
Ms C Rose Ms C Howell (Deputising)
Mr M Stredder Ms A Jones (Observer)
Mr J Mean (item 12 onwards)
Ms M Pappa
Ms A Rashid
Ms J Rowley (Observer)
Mr M Taylor (Observer)
Mr P Taylor (item 13)
Ms P Vernon
Mrs K Zalewska

1 **APOLOGIES AND ANNOUNCEMENTS**

Ms Banerjee welcomed those attending as Observers to the meeting together with Ms Catherine Howell who was deputising for Dr Huw Williams.

Also welcomed were Ms Marina Pappa from the Department of Health and Social Care, and Ms Patricia Vernon from the Welsh Government. Mr Jeremy Mean from the Department of Health and Social Care was expected to join the meeting later.

Apologies were received from Prof Paresh Vyas, Dr Huw Williams and representatives from both the Department of Health in Northern Ireland, and the Scottish Government.

2 **DECLARATION OF CONFLICT OF INTEREST**

Mr White advised the meeting of a change to his non-executive portfolio as he would be standing down as Chair of the Board at Ploughshare Innovations and taking on a role at BRE Group Ltd.

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3 (19/77)

BOARD 'WAYS OF WORKING'

The 'Ways of Working' were noted.

4 (19/78)

MINUTES OF THE LAST MEETING

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

5 (19/79)

MATTERS ARISING

The Board noted progress on the Matters Arising. All actions were either closed or included on the agenda.

6 (19/80)

PATIENT STORY

Dr Mifflin outlined the story of a young woman who was diagnosed with Acute Lymphoblastic Leukaemia at the age of 16 and following chemotherapy was referred for Allogeneic Stem Cell transplant. She was found to be a full match with her sister who donated stem cells at the Therapeutic Apheresis Services (TAS) unit in Bristol. These were processed and some stored at the Cellular and Molecular Therapies (CMT) laboratory, Filton. The initial transplant proceeded without too many problems, but, unfortunately, she relapsed soon after.

Until CAR-T cells became available, there were no curative treatment options for a patient in this position and Nitya would have entered palliative care at this point. The Eliana trial of CAR-T cells showed an approximate 50% cure rate; Nitya was referred to the national panel and accepted as one of the first NHS commissioned patients to receive this treatment. The NHSBT TAS unit collected her T cells which were made into CAR-T cells. Following infusion of these she was discharged from hospital. The CAR-T cell therapy appeared to have cured her leukaemia, but she then developed graft versus host disease (GvHD) from the CAR-T therapy. The TAS unit gave her extracorporeal phototherapy at TAS Bristol alongside three other treatments to control the GvHD but she had ongoing persistent liver impairment. Despite all of this she had started university this autumn.

Nitya would not be alive today without the services she received from NHSBT via diagnostic services (H&I) with TAS and CMT providing therapeutic interventions alongside other colleagues in the NHS in Bristol. Nitya was the first NHS CAR-T patient whom NHSBT were involved with but many more have and will continue to follow.

Board members noted that psychological support for these patients was the responsibility of the individual bone marrow transplant units, although the Anthony Nolan charity was carrying out a programme of work on supporting patients.

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7 (19/81)

CHIEF EXECUTIVE'S BOARD REPORT

Ms Bassis thanked members for their help during her first 6-months in the role. The report detailed updates from the various Directorates and key activities were noted with specific reference to:

- The default legal position was that the UK would leave the EU with no deal on 31st October. No-deal preparations had been ramped up with deep dives across each directorate and representatives attending each of NHS England's regional workshops. An overall readiness stock-take also took place on 25th September.
- Performance in blood & organ donation and transplantation: Underlying factors and strategies would be discussed later on the agenda, including a fundamental review of the marketing and collections model for blood.
- Themes from the Board Development Day: Board members felt this was a good summary of the discussion emphasising the forward-looking outlook.

8 (19/82)

CLINICAL GOVERNANCE REPORT

Dr Mifflin presented the Clinical Governance Report as detailed in paper 19/82. The following events were highlighted:

- A second case of occult Hepatitis B (OBI) had occurred, which couldn't be picked up through normal screening. This matter had been referred to the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) with a recommendation that this be considered as an emerging risk and to consider whether, in light of this, there should be changes to policy. Additionally, a paper was submitted on the prevalence of HEV testing and near miss events following the implementation of UK wide HEV testing in 2016.
- Following the recent launch of the new planned kidney and pancreas allocation scheme, a liver transplant centre queried a reduction in the number of liver offers made to their centre. Preliminary examinations identified that a piece of code in development for a future release had been inadvertently released into the live environment resulting in some patients being omitted from the liver matching run. A fix was immediately put in place to rectify the issue and the National Liver Offering Scheme recommenced. It was also suggested that regression testing be reviewed. The number of patients affected was being assessed by the statistics team.
- An incident was reported whereby a kidney transplant unit closed to kidney offers and kidney transplantation on two consecutive weekends due to resource issues. During the first weekend contingency cover arrangements for their patients was put in place with another transplant centre with the expectation that their patients would be transplanted at that centre if a suitable offer was received. During the second weekend ODT was informed that similar contingency arrangements were being put in place, however this was not the case. Two patients registered at

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Liverpool appeared on a matching run for that time; one had been waiting for five years and the other was highly sensitised. In both cases the kidneys were accepted and transplanted at other centres. These two patients would continue to be prioritised on subsequent matching runs. The Board noted a recent agreement at the Transplant Policy Review Committee that patients should be informed when there was a resource constraint issue. However, this was not always clear as the reasons given by centres for declining organs were not always accurate. The importance of NHSBT formalising a clear escalation process for this type of occurrence was emphasised.

- As requested at a previous meeting, the report now included information on delays to transfusions as detailed in the 2018 SHOT report. It was noted that, of the eight deaths due to delay described in the SHOT report, none were related to delays in provision by a blood transfusion service such as NHSBT. Both internal and national guidance existed in relation to the supply of blood for transfusion and the complaints and incidences described were used to inform changes to that guidance.

9 (19/83) **BOARD PERFORMANCE REPORT**

Mr Bradburn presented a summary of performance for August 2019 focusing on the following:

- The July report noted serious concerns regarding the impact of high demand for O neg red cells on projected stock levels. However, almost immediately following issue of the report, demand fell back to, and had since remained at, plan levels. Assuming that demand remained at plan levels, O neg stocks should now remain at or above target levels in the run up to Christmas.
- There is an emerging financial issue as a result of the investment requirements that were now being suggested by the Data Centre Hosting Project, and which were much higher than previously indicated. This was suggesting a capital requirement of £25m and ca £20m for migrating to Crown Hosting. The capital requirement was far higher than previously indicated with much of the impact in 2020/21. Capital of ca £5m would, however, be required in 2019/20 for replacement of Pulse hardware (versus £1.5m previously indicated). The £20m revenue cost was potentially more serious as it would soak up much of the cash reserves in 2020/21 and require significant further price increases in 2021/22 to restore reserves.
- During October the forecast for 2019/20 would be formally updated, along with an indicative budget for 2020/21 and revised 5-year financial projections. This would be submitted to the Executive Team in October, the Finance Committee in late October and the Board in November and would include the potential impact of the Data Centre Hosting Project and other investments (primarily the post-CSM / Pulse replacement strategy).

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BLOOD SUPPLY UPDATE

Ms Hontoria del Hoyo joined the meeting to give a presentation on the main blood supply challenges and the drivers for these challenges, together with the short-term, tactical actions in place to ensure supply continuity over the next 12 months. In addition, approval was being sought to engage external support to re-imagine the blood donor engagement model so that priority blood types were collected whilst collecting the rest of the donations at the lowest possible cost to the NHS.

Members commented on the growing demand from sickle cell patients which was driving growth in requests for Ro sub-type group and NHSBT's efforts to meet this demand. Patients from black ethnicity were being disproportionately impacted given the higher prevalence of sickle cell disease and Ro sub-type. An automated exchange programme within hospitals had been established and research was taking place on which sub-section of the sickle cell population benefited from treatment. In future the National Haemoglobin Registry would give more information on specific blood requirements to enable matching. Work was also taking place evidencing the age of blood and on the supply section of the pathway.

Ms Rose outlined the business case for outsourcing the design of an end to end process for blood supply. A procurement exercise to select a partner to bring the required skills and experience had been conducted, which identified the preferred supplier as McKinsey & Co at a cost of up to £850k. The benefits of outsourcing were:

- Availability of skills to design an end to end process
- A fresh perspective
- Speed – a 12-week timeline

Members commented that the scope of this work was on blood supply and there was an opportunity to learn from McKinsey's approach for use in demonstrating to hospitals how they could affect the increasing levels of demand for blood.

Plans were in place in terms of recognising the internal workload around this piece of work and there was strong support from the Executive Team. The work would be co-sponsored by Ms Rose and Mr Stredder and a project team would be established to provide governance, agree milestones, and regularly review outputs, as well as advising the Board on progress.

OUTCOME: The business case for outsourcing to McKinsey was approved. It was, however, recommended that whilst McKinsey appeared to have the knowledge and skills to carry out this breadth of work in the given timeline, it would be prudent to contact previous clients for reference purposes. Following approval by the Board, the business case would be submitted, with the support of the Department of Health, for ministerial approval.

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11 (19/85)

ODT ACTIVITY UPDATE

Mr Clarkson presented a paper detailing a series of initiatives which had been and were being actioned to address both the reduction in deceased organ donors and the reduction in transplant numbers. Work on why the eligible donor pool was diminishing included a review of the Intensive Care National Audit and Research Centre (ICNARC) data to further explore any changes in Intensive Care practice; together with a snapshot review of all deaths within a number of hospitals.

Actions to maximise the number of organ donors from the eligible donor pool included:

- Increasing focus within the clinical community.
- Inclusion of specific organ donation quality measures within the Care Quality Commission (CQC) Core Service Frameworks: CQC would audit against the NICE Guidance for Organ Donation.
- Introduction of a pilot utilising Datix Reporting (hospital level clinical incident reporting) across two regions whereby missed opportunities were reported enabling further Trust / Board actions to prevent recurrence.
- Facilitation of Performance Deep Dives across regions with the intention of checking the performance of each collaborative.
- Appointment of a performance-focused Clinical Lead enabling continued focus and performance leadership.
- Key focus on consent, inclusive of specific review of Specialist Requestors (SRs).

Additional initiatives to increase the number of transplants were:

- A review of cases where organ(s) were accepted but not transplanted.
- The appointment of two Medical Clinical Governance Leads to provide additional clinical resource into the investigation of incidents and missed transplant opportunities.
- ODT Audits of centre decline rates.
- The use of organ perfusion techniques.
- The launch of a project on imaging of organs to enable transplant surgeons to receive photographs of the organ at the time of retrieval to assist in the decision on whether to accept and transplant an organ.
- A joint NHSBT & British Transplantation Society (BTS) initiative to review the current processes relating to Communicating Risk and Consent in Organ Transplantation.
- The establishment of Transplant Collaboratives between local transplant centres.
- Supporting the use of Organs from Hepatitis C Viraemic Donors in Hepatitis C Negative Recipients.
- Establishment of a Lung Transplant Summit, working with the BTS to examine lung utilisation in order to see whether changes in structure could make for a more robust system increasing transplantation rates.

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Members noted the appointment of a performance management consultant looking specifically at ODT performance and interrogating the available data.

Members also noted that despite the reduction in organ donor numbers the number of conversions from the reduced donor pool had increased and consent/authorisation was seen to be the key to improving the number of organs available for transplant.

OUTCOME: The Board supported the actions outlined in the paper and the ongoing work with Healthcare partners to optimise the safe use of organs donated for transplant.

12 (19/86) **FILTON CBC BUSINESS CASE**

Members received a paper outlining a proposal to relocate the clinical Biotechnology Centre (CBC) from its current base at Langford near Bristol to the NHSBT site at Filton. The current business model for the CBC would not be sustainable long term due to capacity restraints and the need for refurbishment at the current site. Without investment in a new facility, NHSBT would have to cease manufacturing and decommission Langford, and exiting the market would be misaligned with the Government's Life Sciences Industrial Strategy to address the UK's shortage of manufacturing capacity for DNA-based therapeutics.

In January 2018 the Board approved a £7.63m investment to construct a new and expanded facility at Filton. Since receiving DHSC approval in 2018 the focus had been on the development of the detailed design for the new facility resulting in a Guaranteed Maximum Price based on final design of £8.16m. The increase in costs was reviewed by the Finance Committee which had concluded that the original business case should have been based on a Guaranteed Maximum Price rather than an early design or included a higher level of optimism bias and contingency. The Committee also stated that the Project Team should have visited a greater number of recently constructed and similar builds to establish a benchmark for both cost and complexity.

The strategic case for this proposal was strong as it was designed to address market failure to ensure UK patients were not disadvantaged and the fact that there was a strong resource base at Filton.

Members queried whether lessons learned from previous major project work had been taken into account. It was noted that this was a unique build for NHSBT and the original cost was based on a concept design. Since then expertise had been invested in the final design, significantly de-risking the possibility of further change. There was also a sales and marketing risk to the project with contingency built in around income assumptions based on activity, which were variable dependent on how quickly the unit moved to manufacturing capacity.

Members commented on the risk associated with potential Brexit-related cost increases from Kier if the UK left the EU without a deal and queried how this would be assessed and the level of contingency involved. No allowance had been made for this specific risk although

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there was felt to be sufficient flexibility within the business case to manage this risk.

ACTION: Mr Bradburn agreed to check the exact wording of the Brexit clause in the contract with Kier.

RB

In response to a query on potential strategic partnerships it was stated that these were being explored with a view to mutual benefit strings in the future.

The importance of ensuring robust governance of the project was emphasised together with incorporating lessons learned from other large projects.

OUTCOME: Subject to assurances on a full-time, dedicated team overseeing the project and the make-up of the overarching steering committee, the Board approved the construction of the CBC facility at Filton at a total cost of £10.58m (£9.43m of Department of Health and Social Care (DHSC) capital funding and £1.15m of NHSBT revenue transformation funding).

13 (19/87)

LIVERIED VEHICLE LEASE PROVIDER CONTRACT

Mr P Taylor joined the meeting to explain that the current agreement with Automotive Leasing and Hitachi Capital Leasing had ended on 31st August 2019 after utilising the one-year extension (three years + one optional year extension). NHSBT had no requirement for contract hire services until 1st December 2019 and the new contract award would be from 1st November 2019 to 31st October 2023 which would allow NHSBT to order the first of the bi-annual replacement tranche for 2020 in December 2019. The Board noted that the delay to contract tender was due to Crown Commercial Services (CCS) removing the old framework on 1 April 2019 and delaying the release of the new framework being released on 1 May 2019.

Following a tender exercise, the proposal was to award to one supplier, Hitachi Capital Leasing for lot 2 (LGV/vans above 3.5 tonnes) framework vehicles at an expected cost of £3,100,000 for the duration of the contract with payments stretching out in a phased basis up until 2030 as the vehicle leases ranged over a seven-year period. This was a saving against the current two-supplier contract.

OUTCOME: The Board approved the award of contract NHSBT1243 for four years to Hitachi Capital Leasing for £3,100,000.

14 (19/88)

DIVERSITY & INCLUSION UPDATE

The interim Diversity & Inclusion report was delivered by Ms Robinson who highlighted the initiatives taking place to increase the diversity of the workforce and create an inclusive environment where all colleagues felt they belonged. Despite NHSBT working to improve the diversity of its colleagues for many years this had not significantly improved the diversity of the organisation.

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The report focused on interventions designed to make a demonstrable difference in increasing diversity and inclusion for BAME colleagues as this was the area requiring most improvement and it was evidenced that acting to increase diversity and inclusion for one protected group should have an impact on the wider diversity and inclusion for others. In particular, to save and improve more lives, NHSBT needed to attract more BAME donors for both blood and organs and without a more representative workforce this would continue to be a challenge. Members noted that both ODT and Blood Donation were developing action plans to increase the diversity of front-line colleagues. Other initiatives were:

- Maximising the opportunity for more BAME colleagues to progress in the organisation.
- A review of the recruitment process to identify changes to increase the number of applications and the retention of BAME candidates.
- A new triage process to review each potential BAME disciplinary case to ensure that proper scrutiny and consistency had been applied.
- A review of how posts were advertised within the organisation
- Establishment of a BAME Taskforce at Colindale where known issues existed.
- Development of an action plan to look at the entire employee lifecycle to determine where else action could be taken.

Board members acknowledged that this was a cultural journey for the organisation and a key priority was increasing representation of BAME colleagues at Bands 8a and above. In addition, one of the objectives of the Executive Team would be to demonstrate how each Directorate would deliver greater inclusivity within their team and, for Organ Donation and Blood, increase diversity in front line teams.

OUTCOME: The Board noted the actions being taken to improve diversity and inclusion at NHSBT and gave their full support to the initiatives.

15 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

15.1 **England**

- Mr Mean reported that he had recently met with the new Department sponsor and Minister of State for Social Care, Caroline Dinenage MP and discussed her engagement with the work of the DHSC. The Minister had also expressed an interest in chairing the DHSC/ NHSBT Annual Accountability meeting.

15.2 (19/89) **Scotland**

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

- Oversight of implementation of the Human Tissue (Authorisation) (Scotland) Act 2019 would be monitored by a Programme Board. The first meeting of the Board was due to take place on 30 September and then every two months thereafter.

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- Work had commenced on the post 2020 Organ and Tissue Donation and Transplantation Plan for Scotland.
- Working closely with National Services Division on their successor to the '[Commissioning Transplantation to 2020](#)' document.
- Looking forward to welcoming the Board to Edinburgh for the next Board meeting in November which would also include a visit to the Scottish National Blood Transfusion Service.

15.3 (19/90) **Wales**

The report from the Welsh Government was noted. Ms Vernon summarised the key points from the report:

- First quarter 2019/20 organ donation and transplantation data for Wales was shared for information.
- The Welsh Government continued to provide assistance 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.
- Cardiff Transplant Unit was believed to be the first unit in the UK to successfully transplant a Hepatitis C kidney and a press release was recently issued highlighting the new programme.
- The British Transplant Games was held in Newport from 25th – 28th July 2019 and the Games opening ceremony was attended by representatives of the Board of NHSBT.

15.4 (19/91) **Northern Ireland**

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

- Work continued on implementation of the policy statement, *Promoting Human Organ Donation and Transplantation in Northern Ireland*, which was launched in December 2018 and provided guidance on the Department's statutory duty to promote organ donation and transplantation.
- The recently established Organ Donation Steering Group had met in shadow format on two occasions, with work focusing on identifying members to establish a sub-committee for charities to help inform the work of the Steering Group.
- Work was ongoing to recruit a NI Regional Organ Donation Promotion Manager.

16 **MINUTES FROM BOARD SUB-COMMITTEES**

16.1 (19/92) **Governance & Audit Committee**

Mr White gave a verbal report from the meeting held on 16th September 2019. Key points:

- There were no additional incidences in terms of clinical risk although a 'deep dive' would take place in November regarding the switching of blood samples in order to learn lessons from the incident.

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- Overdue actions: There was a reverse in the trend in August highlighting an increased need to understand the nature of what was overdue
- Legal compliance: The Committee was looking at the number of requested contract extensions and considering the need to justify these in a legal context.
- The Committee was encouraged with the recruitment of staff in relation to the cyber risk.
- Discussion took place on risk management and on strategic risks in particular.
- Internal audit: The Committee revisited the internal audit programme of activity for this financial year which was heavily back-end loaded. Directors were encouraged to scope each internal audit before they started and to be available to the PWC team at the end of each audit to react quickly to the management actions arising.
- Internal audit contract: After this year the contract with PWC would expire and consideration would need to be given to using the Government Internal Audit Agency instead. This would be decided following interviews for the Head of Internal Audit.
- External auditors: The Mazars contract with the National Audit Office (NAO) was due to expire at the end of the year. The NAO had retendered the contract and the outcome was awaited. It had been suggested to NAO that the next period of contracting should have an option to extend.
- IFRS16 Lease accounting: A presentation was given on the changes that would come into effect in 2021 and for which NHSBT would need to prepare.
- Governance review: It was hoped to have a model for the Board to consider at its November meeting.
- Private session with internal and external auditors: NAO had commented on the wording in the report section of the NHSBT accounts and advised that as the organisational strategy evolved it would be helpful to update the narrative.

16.2 (19/93) Transplant Policy Review Committee

The minutes of both the meeting held on 27th February 2019 and the telecon held on 9th July 2019 were noted.

Mr Monroe highlighted that it was, as yet, not clear whether EU citizens would be defined as Group 1 or Group 2 citizens following Brexit.

Post meeting note: following the meeting, DHSC re-sent to NHSBT the text of the amended Directions that reflect the changes in EU law for NHSBT.

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17 ANY OTHER BUSINESS

There were no further items of business.

18 FOR INFORMATION

18.1 (19/94) Board Forward Plan

The plan was noted for information.

19 DATE OF NEXT MEETING

The next meeting of the Board would be held on Thursday, 28th November 2019 at the Courtyard by Marriott, Edinburgh West Hotel.

This meeting would be preceded by a visit by the Board to the SNBTS Jack Copland Centre in Edinburgh on Wednesday, 27th November 2019.

20 RESOLUTION ON CONFIDENTIAL BUSINESS

The resolution was noted.

Meeting Close