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**The Minutes of the Ninety-Fifth Public Board Meeting of
NHS Blood and Transplant held at 09:30 on Thursday 30th January 2020
at the Chartered Institute of Arbitrators,
12 Bloomsbury Square, Holborn, London WC1A 2LP**

Present:	Ms M Banerjee Ms B Bassis Mr R Bradburn Mr A Clarkson Ms H Fridell 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
In Attendance:	Mr I Bateman Ms W Clark Ms K Robinson Mr M Stredder	Ms S Baker Ms J Hardy Mr B Hume (item 13) Ms M Pappa Ms A Rashid Ms K Smith (Observer) Ms P Vernon Dr N Watkins (item 10) Mrs K Zalewska

- 1 **APOLOGIES AND ANNOUNCEMENTS**
Ms Banerjee welcomed Ms Sam Baker from the Scottish Government, Ms Joan Hardy from the Department of Health in Northern Ireland, Ms Marina Pappa from the Department of Health and Social Care, and Ms Patricia Vernon from the Welsh Government.

Also welcomed was Ms Katrina Smith who was attending as an observer.

Apologies were received from Mr Jeremy Mean from the Department of Health & Social Care.
- 2 **DECLARATION OF CONFLICT OF INTEREST**
Ms Banerjee reported that she had resigned from her role as Chair of the College of Policing to take on the chairmanship of the South West London Health & Care Partnership.

Mr St John reported that he would be taking up another non-executive role within the next few weeks and would make a formal declaration of interest at the next meeting.
- 3 (20/01) **BOARD 'WAYS OF WORKING'**
The 'Ways of Working' were noted.

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4 (20/02)

MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 28th November 2019 were agreed as a correct record.

5 (20/03)

MATTERS ARISING

The Board noted progress on the Matters Arising. All actions were now closed.

Review of capacity: Mr St John clarified that the Finance Committee had only commented on an early draft with a view to offering input into the approach, as opposed to having reviewed the paper being submitted at today's meeting.

6 (20/04)

PATIENT STORY

Dr Miflin reported on a young patient in the USA who was diagnosed with neuroblastoma and who also had one of the rarest blood types in the world. Her blood was missing an antigen known as 'Indian B' and the only donors likely to be a match were people of exclusively Pakistani, Indian or Iranian decent with the blood type O or A and who were also Indian B negative. She had also developed antibodies to the Rh E antigen and so E negative units would also be required. In an attempt to find a suitable donor, the American Rare Donor Programme contacted the International Blood Group Reference Laboratory (IBGRL) based at NHSBT Filton. Two matched blood donors were found within the UK and donated blood was then shipped to the USA. The patient subsequently underwent surgery and two bone marrow transplants, with multiple red cell transfusions.

The Board acknowledged the significant team effort from NHSBT in finding a suitable donor, arranging individual appointments for testing and collection, then processing the units and sending the blood around the world, the logistics of which were bespoke and therefore complicated. Additionally, as a result of this programme, NHSBT had contacted all the UK residents who had registered to participate in America's OneBlood Drive and new blood donors were recruited in England. This case highlighted the international, collaborative nature of work between blood donation and specialist testing and the real difference it could make in combining to match up donors and recipients in rare cases.

Some of the rare blood group donors become known to NHSBT through extended screening of those with BAME backgrounds and others via referrals from maternity services. NHSBT nurses would discuss with them the possibility of asking relatives who may also have the rare blood group to be screened.

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7 (20/05)

CHIEF EXECUTIVE'S BOARD REPORT

Ms Bassis drew members' attention to the following key areas within the report:

- **Operating Model review:** Interim management arrangements were now in place from 1st January with the changes to reporting lines for the new directorate structures. Directors had worked with their Assistant Director teams on new ways of working and to help design the next layer of their structures in line with the agreed design principles. It was planned to begin formal consultation with staff side on Blood Supply and Clinical Services in February. Concern was expressed at the length of time taken to reach this stage and members were advised that in order to speed up the time to implementation and decrease the period of uncertainty the aim was to implement changes within both Directorates at the same time. Consultation work undertaken to date had been around design and where each activity would sit in the structure; work now needed to be carried out on the job roles within those activities. The Board noted an early draft of the NHSBT Strategic Review document which was designed to give an overview of the strategic context and ambition together with the desired 'future state' for each layer of the operating model. Some layers of the document had yet to be incorporated as work was continuing, and the challenge would be to continue to perform whilst transforming the operation. Some members felt the first draft was inward-focused and should include what was being undertaken for customers. Members were asked to comment off-line on the draft strategy document as this was an early draft only.
- **IT Testing and Assurance:** Following discussion on an IT-related Serious Incident at the previous Board meeting an immediate hold was put on further code releases into the live environment pending an assurance review of testing procedures on each of the 27 systems which directly impacted on patient safety. Seven reviews had been completed, with the remainder scheduled to complete in February. No single system issue had been identified although the review had revealed inconsistencies in practice across the organisation and these would be considered when looking at improvements to tooling, automation, documentation and training. It was noted that no operational consequences had arisen from the test assurance process. The Governance & Audit Committee (GAC) were content with the rigour of the review process.
- **Organ Donation and Transplantation:** Awareness of the law change across England was now 54%, however awareness amongst the BAME communities was behind plan. It was noted that whilst having the same target as the non-BAME communities, the base point was lower. The 60% target for awareness was an aspiration shared with the DHSC and NHSBT would need to demonstrate how it had reached out to these communities.
- **Imported plasma:** Members noted that the last delivery of imported plasma was expected at the end of January.

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- Data centre programme: SCC had advised that Lyndon Place was no longer part of their long-term strategy and had asked NHSBT to consider an alternative site. A response was awaited on whether SCC would support Lyndon Place for a further year to allow NHSBT time to build new hardware and undertake a procurement exercise for new hosting and migration services. Members noted that the loss of this site would be inconvenient for NHSBT as well as having implications for capacity and funding. Whilst there was always a risk of having two data centres in close proximity, there was now the opposing risk of having data centres too far apart, and a simulation on the latency of this would be carried out.

The HTA had confirmed that they were happy with the actions taken to prevent recurrence of the breach of licence in Colindale in 2019 and would, therefore, not be taking any further action in the matter.

8 (20/06)

BOARD PERFORMANCE REPORT

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

Blood supply

- Blood collection was less than plan during December as a result of staff absence and donor non-attendance and stocks fell to amber levels at the start of January. Collection performance had been strong during January, however, with stocks recovering to green levels. O neg stocks remained good throughout and were currently at 6.1 days.
- The trend in the growth of demand for O neg blood continues. Further growth of the O neg donor base would be needed, resulting in pressure on collection and marketing costs for 2020/21. Influencing clinical practice was key to managing demand down and NHSBT needed to extend its relationships within hospitals in order to be more proactive in engaging with hospital colleagues. When appointed, the new Associate Medical Director for Blood Transfusion would be leading on this. Mr Methven reassured members that the recruitment and retention of O neg donors for the next year should be attainable whilst a long-term strategy was being developed. In addition, 40% of the O neg blood collected was not being used for its original purpose and it was planned to recover stocks from some of the hospitals with larger stocks for redistribution.
- The Ro Kell neg donor base fell below plan for the second month in a row, with growth now flattening. The McKinsey project would be focusing on this trend and members asked if any other initiatives were planned. Extra funding had been approved for the recruitment of 12 new ambassadors to work with community groups to recruit suitable donors. Work was also taking place on closing the gap by reviewing whether to extend the number of days on which the blood could be issued.

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- Mr White asked whether there was a need for a wider understanding within NHSBT of specific health-related issues within the BAME community. **ACTION: Ms Banerjee advised that Public Health England was looking into this issue but that she would give some thought to what would be helpful for NHSBT to consider.**

MB

Organ Donation & Transplantation and Tissue & Eye Services

- The moving annual total for deceased organ donors continued to improve although the number of donors was 4.9% lower than the TOT2020 strategic target. The moving annual total of organ transplants from deceased donors remained broadly flat and around 20% lower than the TOT2020 target. Organ utilisation continued to be the key performance issue and was a major focus of the new strategy.
- Stocks of corneas dropped back at the end of December. Plans were now focused on maintaining a consistent stock level.

Diagnostics, Therapeutic Apheresis and Stem Cells

- Performance overall continued to be good with laboratory service performance remaining strong.
- An adverse trend continued to be seen in reduced hospital referrals for stem cell investigations in H & I.
- It was acknowledged that some pre-existing customers would inevitably be lost when the Clinical Biotechnology Centre relocated to Filton, but marketing was planned to address this when manufacturing resumed.

Finance

- NHSBT continued to report a large positive variance to budget due to lower spending on transformation projects than planned and positive cost variances in blood donation and manufacturing & logistics.
- The final budget would be submitted to the Finance Committee in February followed by the Executive Committee and on to the March Board meeting for approval.

9 (20/07)

CLINICAL GOVERNANCE REPORT

Dr Mifflin presented the Clinical Governance Report as detailed in paper 20/07. The following events were highlighted:

Serious Incidents

- SI 4397: The three patients prioritised as a result of this incident had now been transplanted.
- SI 4278: This incident, previously reported to the Board, related to an IT release which resulted in three patients not receiving an offer of a liver transplant. New processes for IT releases were now in place and the incident had been reported to the Information Commissioner's Office as a data availability breach. NHSBT had offered support to the transplant centres in communicating with the recipients.

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- Major QI 6007: An immunosuppressed patient with pre-existing liver disease had died after receiving a confirmed Hepatitis E transmission from an apheresis platelet donation. The Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) was considering what further action needed to be taken.
- Coronavirus: NHSBT was reviewing the implications of this virus on the supply lines for blood, tissues, stem cells and organs. A 28-day referral was already in place for donors returning from China and additional measures were being put in place to reduce the risk further. Advice was also being given to staff on how to deal with donors who presented at session. Discussions would be taking place with SaBTO on policy changes to be implemented and NHSBT was benchmarking itself with other members of the Alliance of Blood Operators. Members noted that the appropriate point at which to invoke the pandemic flu plan would be when the first case was confirmed in the UK. **ACTION: Dr Miflin agreed to liaise with Public Health England on whether there was any sense, at this stage, of whether transmission was other than via the airways.**
- The GAC had discussed an interim document on the five themes of clinical governance which arose from a discussion at the Board. Although the committee was assured that clinical governance processes in NHSBT were good, a point was made questioning how NHSBT could obtain data on the outcomes of patients who were in receipt of blood components and other products from NHSBT. This data was not readily available as it would need to be downloaded from Trust IT systems. GAC felt this should be considered as part of the future blood strategy.

GMi

The Board also noted the report focus for this Board meeting which was on surveillance and reporting of transfusion transmitted infections.

10 (20/08)

CLINICAL TRIAL OF MANUFACTURED RED BLOOD CELLS

Dr Watkins joined the meeting to present, together with Dr Miflin, an update on the progress of the RESTORE clinical trial. Research scientists in Filton had developed a method of culturing red blood cells in the laboratory from donated, whole blood derived, stem cells and these offered potential advantages over standard donated cells, particularly for those patients for whom it was difficult to provide blood. The trial was approved as the flagship project of the 2015 - 2020 Research and Development strategy and the first volunteers were scheduled to receive red cells in March 2020. This was a collaborative piece of work with a number of external partners and an important part of the UK Life Sciences Industrial Strategy. An extension to the project to March 2022 would be sought but expenditure was expected to remain within the 10% agreed tolerance level.

Members discussed the potential uses for these manufactured red blood cells which included:

- For difficult to match patients
- For more generic rarer blood cells

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- As enzyme delivery vehicles for missing enzymes
- As delivery vehicles for other drugs in a commercial market. The commercial opportunities would be more realisable upon completion of the clinical trial.

The question of intellectual property was raised as this highlighted the need to consider contractual arrangements with universities in relation to any income derived from NHSBT's involvement in clinical trials.

ACTION: This discussion would be taken off-line, following which clarification on NHSBT's IP arrangements would be provided.

GMi

11 (20/09)

GOVERNANCE AND RISK REVIEW

The Board received a progress update on the Governance and Strategic Risk Management reviews which had previously been considered at GAC.

The governance review had been undertaken in response to audit recommendations for governance and related direction and oversight to be centralised within NHSBT under the leadership of a Company Secretary, and to replace the current fragmented servicing of NHSBT's governance committees.

Governance

- The Executive Team had completed a governance workshop where proposed committee structures were reviewed. The Board approved the proposals for change and agreed that Quality and Clinical activities should continue to be reviewed at GAC. It was noted that the responsibilities of the Transplant Policy Review Committee would transfer to the ODT CARE Committee with significant decisions being referred to the National Care Committee. In addition, it was proposed to amend the terms of reference for the Advisory Group Chairs Committee to include a review of the aims and achievements of the policies under consideration.
- When finalised, further details on all committee changes would be submitted to the March Board meeting.
- A new Company Secretary (Ms K Smith) had been appointed and would take up the role on 3rd February 2020.
- Plans had been developed to take forward the implementation of various elements of the governance review following the departure of the interim Company Secretary on completion of her contract. These plans would align with the current operating model work.
- A Board effectiveness review was due to be conducted which would take the form of a skills audit, a review of the effectiveness of the revised governance arrangements and a review of Board behaviours. Further Board information sessions would be added to the calendar together with an additional day in September on either Board effectiveness or the strategy.

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Members noted the establishment of an Investment Committee and a People Committee. These would report on areas not currently covered by existing committees and would report into the Executive Committee. The Investment Committee would provide greater review and scrutiny of programmes. Ms Fridell suggested that, in time, this committee should also be responsible for ventures, to help with decisions on contracts with different organisations. The People Committee would be responsible for the experience of colleagues working at NHSBT. It was suggested that, as part of its role, this committee looked at facilitating communication from those areas of the workforce which had concerns around culture.

Strategic Risk Management

The restructuring of the risk register had been agreed and the current strategic risk discussed with each of the Executive Directors, each of whom had been identified as the risk owner for at least one strategic risk. The Board noted that the GAC had already reviewed the first three strategic risks with a further two to be revised in March. Risk Management training was being developed in four tiers:

- Board level
- Risk Leads and Senior Management
- Risk Owners and Action Owners
- General Awareness Training

12 (20/10)

BLOOD SUPPLY: COSTS & PRODUCTIVITY

Members received a summary of the blood productivity and capacity review undertaken at the December Finance Committee. The review identified that there was sufficient blood collection capacity for the coming year, the challenge being to mobilise donors by the right blood groups. The plan was to build stocks above seven days at the end of November/beginning of December to ensure sufficient stocks over the Christmas period. Considerations for the longer term included modernising the session environment and improving the donor experience with the implementation of session solution, online donor health checks, and automated check-in. Other options were a review of the session footprint, particularly in areas of London with BAME communities; and looking at more flexible working and staffing arrangements to reduce donor cancellations. The staffing issue was broader than simply recruitment and retention with the need for a review of the processes around training new starters and with different offerings for different demographic and employee areas.

In response to a query on variability in collections by team it was noted that this could be anything up to 20% from week to week. Management of the sessions was key to reducing this figure. Members also discussed the importance of defining productivity on blood and drawing on international experience.

OUTCOME: It was agreed that for the next year, work should continue on better articulating the short-term goals and developing the long-term plan as well as rewriting the blood strategy. The

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relationship between Blood Supply and Clinical Services would be crucial to this work.

13 (20/11) **ODT STRATEGY UPDATE**

Mr Clarkson presented the first draft of the ODT Strategy together with a paper giving an update on progress and Mr Hume joined the meeting for the discussion. The first draft of the strategy was the result of extensive engagement with stakeholders. Further engagement would take place with the Health Departments and the wider NHS prior to the strategy being updated and resubmitted to the Board.

Members offered the following comments:

- Add detail to the strategy on why progress was being made in reducing numbers on the waiting list for certain organs but not for others.
- Ensure sign-up from commissioners in addition to the Health Departments.
- Consider introducing an element of contingency in the targets to make them more manageable.
- Include the rationale of why transplantation was better than the alternatives.
- When describing expansion of the donor pool outside of ICU and ED, explain where and from what groups this would take place.
- Consider the health economics to support the strategy. Include clinical trials, information on perfusion, regeneration and the research and development strategy for ODT.
- Explore the modelling of future demand and supply issues and the range of possible outcomes that could arise.
- Clarify accountabilities within the strategy.

Members recognised that the role of NHSBT was primarily to provide leadership across the donation and transplantation pathway as it did not have all the resources to deliver the strategy. A significant part of its success was reliant on other organisations to resolve issues around capacity, culture and skills. The Board requested a sense of the response the strategy would need to generate from the healthcare delivery bodies as the strategic intent and actions to increase donor numbers and transplants were increasingly challenging.

Mr Hume confirmed that a sensitivity analysis would take place on accountabilities within the process including delivery bodies.

14 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

14.1 **England**

Ms Pappa reported that the Minister had given clearance to go ahead with the Organ Donation (Deemed Consent) Bill and the documents would be laid before Parliament on 24th February 2020.

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14.2

Northern Ireland

Ms Hardy reported:

- The appointment of Mr Robin Swann as the new Health Minister and whose position on organ donation and transplantation was not yet known.
- Interviews were currently taking place for the post of NI Organ Donation Promotion Manager.
- A 5 – 6 week multi-media campaign was taking place on organ donation with local publicity.

Ms Hardy also thanked Ms O McGowan from NHSBT for keeping her informed on the recent liver offering serious incident.

14.3 (20/13) **Scotland**

The report from the Scottish Government was noted. Ms Baker summarised the key points from the report:

- Publication of the Donation and Transplantation Plan for Scotland 2020 – 2025 was now likely to take place in May/June, giving the opportunity to discuss the plan with the Scottish Donation and Transplant Group and enabling alignment with the UK strategy and the NSD commissioning plans.
- Plans for opt out in Scotland were progressing well and over the coming months CLODs, SNODs and Specialist Requestors would receive training on the new processes. Both social media and TV advertising on the changes would also be put in place.
- Pre-death procedures regulations for specified Type A procedures would be laid before Parliament in early February and Ms Baker thanked NHSBT colleagues for their support on this work. Work on Type B procedures would be consulted on separately in due course.
- The Excepted Body Parts regulations had been drafted and would be consulted on during February 2020.

14.4 (20/14) **Wales**

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

- The consent rate for organ donation in quarter three was 81% although this was not matched by a corresponding increase in proceeding donors.
- Regulations listing those materials to be excluded from deemed consent had been the subject of recent consultation between the Welsh Government and the Department of Health and Social Care. Similar consultation would take place on any changes needed to The Human Transplantation (Excluded Relevant Material) (Wales) Regulations 2015 to ensure that there was parity with the England regulations.

An update from the Welsh Blood Services was also noted.

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REPORTS FROM BOARD SUB-COMMITTEES15.1 (20/15) **Trust Fund Committee**

The minutes of the meeting held on 29th November 2019 were noted. Mr St John confirmed that this was the final year for long service awards and the Christmas meal.

15.2

Research & Development Committee

Prof Vyas reported from the meeting held on 2nd December 2019. Key points:

- The Committee was continuing its ongoing reviews of National Institute for Health Research (NIHR) Blood and Transplant Research Units (BTRUs). NIHR would also be working with NHSBT to set out the scope for the renewal of BTRUs.
- A number of conversations were also taking place on how research and development should sit within each area of the new operating model.

15.3

Governance & Audit Committee

Mr White reported from the meeting held on 20th January 2020. Key points:

- Clinical governance: The Committee reviewed the progress of the clinical governance internal audit programme and a paper on the 2020/21 programme would be requested for the next meeting.
- The Committee had commended the Royal College of Nursing five themes report.
- Upcoming changes to regulatory compliance and planning for medical devices regulations from Europe were reviewed.
- The status of the outstanding actions from the management quality review was noted. The Executive Team were asked to focus attention on major items, which represented 10% of the total, many of which were significantly overdue.
- The number of data incidents being reported was increasing as a result of heightened awareness of incident reporting. The Committee was continuing to push on information governance, and this was linked to business ownership of IT systems.
- Risk management: The PWC internal audit programme was back-end loaded with very little room for slippage; however, the Committee was confident this would be completed. Other risks included the return of the data security protection toolkit by the end of the financial year; more effort required on cyber; and rapid closedown of actions from internal audit reports.
- The internal audit service was due to transfer from PWC to the Government Internal Audit Agency and work was taking place with PWC on the handover.
- The Finance team were congratulated on the IFRS16 accounting policy changes, all of which had been approved.
- On review of insurances a considerable increase in premiums was noted, not least by NHS resolution.

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- The Committee was enthusiastic about the redrafting of the Annual Report and Accounts, the draft wording for which would be available in March.

16 ANY OTHER BUSINESS

It was Lord Oates final Board meeting as he would be leaving his role as Non-Executive Director on 29th February. Ms Banerjee extended her sincere thanks to Lord Oates on behalf of the Board for his commitment to the work of NHSBT during his time as a Board member.

17 FOR INFORMATION**17.1 (20/17) Board Forward Plan**

The plan was noted for information.

18 DATE OF NEXT MEETING

The next meeting of the Board would be held on Thursday, 26th March 2020 at a London venue to be confirmed.

19 RESOLUTION ON CONFIDENTIAL BUSINESS

The resolution was noted.

Meeting Close