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**The Minutes of the Ninety-Sixth Public Board Meeting of
NHS Blood and Transplant held at 10:00 on Thursday 26th March 2020
via video conference**

Present:	Ms M Banerjee	Dr G Miflin
	Ms B Bassis	Mr J Monroe
	Mr R Bradburn	Mr K Rigg
	Mr A Clarkson	Mr C St John
	Ms H Fridell	Prof P Vyas
	Mr G Methven	Mr P White
In Attendance:	Mr I Bateman	Ms S Baker
	Ms W Clark	Mr G Gogarty (item 9)
	Ms A Rashid	Mr J Lomas (item 11)
	Ms K Robinson	Mr R Rackham (item 9)
	Ms K Smith	Prof D Roberts (Observer)
	Mr M Stredder	Mr D Rose (Observer)
	Mrs K Zalewska	

- 1 **APOLOGIES AND ANNOUNCEMENTS**

Ms Banerjee welcomed Ms Sam Baker from the Scottish Government, Also welcomed were Professor David Roberts and Mr David Rose who were attending as observers. Mr Rose would be taking up the role of Director of Donor Experience at NHSBT on 3rd August.

Apologies were received from 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.
- 2 **DECLARATION OF CONFLICT OF INTEREST**

There were no declarations of interest.
- 3 (20/18) **BOARD 'WAYS OF WORKING'**

The 'Ways of Working' were noted.
- 4 (20/19) **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 30th January 2020 were agreed as a correct record.
- 5 (20/20) **MATTERS ARISING**

The Board noted progress on the Matters Arising. Two of the three actions were closed; the remaining item to be followed up with Public Health England as part of the 'Reducing health inequalities' programmes.

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6 (20/21)

PATIENT STORY

Dr Miflin reported on the case of a patient who, following a stab injury, lost a significant amount of blood and was administered three units of Red Cell and Plasma by London's Air Ambulance team. The availability of red cells and plasma in one bag allowed the emergency team to rapidly administer the blood components needed through one intravenous access point, enabling the patient to be resuscitated quickly and reducing the time on scene.

Approximately 200 people each year in London suffer traumatic injuries resulting in serious bleeding, meaning they may die before reaching hospital. A landmark study was launched in October 2018 by Barts Health NHS Trust (London Air Ambulance), NHSBT and Queen Mary University of London to assess the benefits of transfusing Red Cells and Plasma in one bag, at the roadside, to critically injured patients in London. This product contains essential clotting ingredients to help form stronger blood clots quickly, and in turn helping to improve the chances of survival to hospital for this group of patients.

This study was the next step in the journey towards delivering a 'Whole Blood' transfusion at the roadside where red blood cells, plasma and platelets were all in one bag. It was anticipated that, following the trial with the London Ambulance Service, the results of the study would be extended across the UK to other providers in order to deliver an outstanding transfusion service to all critically injured patients in the country.

7 (20/22)

CHIEF EXECUTIVE'S BOARD REPORT

Members noted the report and Ms Bassis drew members' attention to the following key areas:

- It was disappointing to note a significant increase in QA overdue events as at the end of February. The majority of these were less than 30 days old, indicating an improvement in the age profile. Plans were being developed to address the underlying reasons preventing a reduction in these events on a sustainable basis. It was, however, noted that there was little likelihood of being able to implement these plans currently due to coronavirus-related activity. Ms Bassis acknowledged that action should have been taken earlier in order to address this issue.
- The Care Quality Commission (CQC) had suspended routine regulatory inspections and delayed a planned engagement meeting with Ms Bassis until July. They were, however, looking to undertake a 'well-led' review sometime in the near future. Other governance initiatives included a Board skills audit being planned for April, and a Board maturity diagnostic. Mr Bateman added that the Medicines & Healthcare products Regulatory Agency (MHRA) had confirmed they would only conduct essential inspections due to coronavirus whilst the Human Tissue Authority (HTA) had also suspended inspections over at least the first quarter of 2020/21.

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- In order to free up operational resource to support the emergency response, some major projects and programmes had been paused or postponed, including Session Solution and the transfer of services to the new Barnsley centre. Work on the Clinical Biotechnology Centre (CBC) at Filton was continuing, and progress was on track to conclude the consultation for the Blood Supply directorate. The consultation for Clinical Services had been paused as more time was needed to engage with colleagues and staff side representatives as well as allowing clinical colleagues to focus on the evolving coronavirus situation. **ACTION: Ms Robinson would consider what criteria should be assessed in order to exit the pause status for Clinical Services.**
- The safety of plasma for fractionation was currently under consideration by MHRA. The last delivery of imported plasma was received at the end of January and, from April, hospitals would begin to order generic FFP and Cryo, with NHSBT issuing a mix of UK and imported plasma components whilst non-UK stocks ramped down.

KR

With reference to the external review of Pulse testing practices, Ms Clark clarified that work was focusing initially on how to reduce the lifecycle for Pulse down from 24 months to accelerating the first release earlier than planned and then moving to a 6-month lifecycle. Investment in some additional tools would be needed to improve processes.

8 (20/23)

CLINICAL GOVERNANCE REPORT

Dr Mifflin presented the report as detailed in paper 20/23. The following points were highlighted:

- ODT INC 4576 – A new serious incident was reported relating to the UK Living Kidney Sharing Scheme Matching Run where a donor was incorrectly suspended, resulting in neither the donor nor the recipient appearing on the matching run. During investigation a further two errors were identified, leading to the matching run being declared null and void. Following review, further checks were instituted, and the matching run confirmed with all transplant centres before being issued. A root cause analysis of both recent matching run events was undertaken, and a rapid improvement event initiated. The Board noted that action timelines would be extended due to the evolving coronavirus situation and the April matching run had also been suspended for the same reason.
- Major Q138153 - A probable blood component transmission of Hepatitis E virus had been reported to the SHOT (Serious Hazards of Transfusion) haemovigilance scheme. Further testing had identified the donor, but the low viral load had prevented a more definitive sequence comparison between the virus in the patient and that in the donor.
- A High Court settlement of over £25m on behalf of NHSBT and a Trust had been made for a baby born with severe anaemia due to haemolytic disease of the foetus and new-born. An important report from NHSBT had not been copied to an antenatal clinic as requested and action advised in NHSBT's report was not taken. NHSBT and

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the Trust accepted joint liability for deficiencies in the management of the child's mother's antenatal care and unreserved apologies for the tragic incident had been offered to child and family. NHSBT had since improved the processes governing copies of paper reports, reducing the likelihood of recurrence. However, the ability to provide electronic reports direct into hospital laboratory systems would be a much more robust solution.

- The Report Focus for this report was on the UK Kidney Offering Scheme changes and early outcomes. The percentage of those patients receiving a transplant who were either difficult to match, BAME, or highly sensitised had increased over the year prior to the scheme release, highlighting that the new scheme was working well.
- Although the Infected Blood Inquiry hearing scheduled for June/July had been postponed, work was continuing in the background and with extended timeframes.

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CORONAVIRUS UPDATE

Mr Rackham and Mr Gogarty joined the meeting to update the Board on developments since the previous week's telecon and to supplement the information in the CEO's report. Key points:

- Situation Reports were being produced daily.
- The Executive Team was meeting daily as a strategic National Emergency Team (NET) chaired by Ms Bassis. This was supported by an operational NET, chaired by Mr Rackham, which met three times per week to operationalise decisions made by the strategic NET.
- NHSBT was involved in daily calls with Public Health England, NHS England, NHS Improvement, and the Department of Health & Social Care (DHSC) as well as liaising with other UK blood services to ensure co-ordinated responses.
- Despite a decrease in blood donation, blood stocks remained healthy due to an even larger decrease in hospital demand.
- In line with government guidance, appointments for donors over 70 had been cancelled, which NHSBT was looking to fill with new donors. Following the PM's statement on coronavirus restrictions, it had been made clear that blood donation activity was exempt, and this would be followed up by messaging from the Department of Health & Social Care.
- Public health guidance was unclear on the use of personal protective equipment within blood donation. Although keen not to divert resources from front line NHS hospitals there was a need for equipment to increase the confidence of both NHSBT colleagues and donors. The decision had, therefore, been made to distribute masks within blood donation centres, together with training on how to use them.
- New scenario planning was taking place looking at the disparity of supply and demand and how this would affect blood stocks. Details would be included within the daily Situation Report.
- NHSBT was liaising with NHSE, PHE and other clinical groups to ensure readiness to collect convalescent plasma for patient treatment when requested.

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- NHSBT was providing a high throughput NAT analyser to Porton Down to assist with coronavirus testing as well as providing donor testing to the Welsh Blood Service (WBS) out of Filton, in order for them to free up an additional machine. Mutual contingency arrangements would be put in place with the Scottish blood service to mitigate the risk of a reduction in NHSBT's testing capacity.
- NHSBT was working with the Wellcome Trust, collecting samples from blood donors for use in a seroprevalence study on coronavirus. The possibility of extending the study to include NHSBT colleagues was being explored. Additionally, donor samples were being collected on a rolling schedule to build up stratified seroprevalence data over time looking at how many in each age group were building immunity.
- The increasing demand for intensive care beds was likely to have a significant impact on organ donation and transplantation with around ten transplant centres having suspended their transplant programmes. Criteria had been agreed for prioritising urgent liver and urgent heart transplants. Where appropriate, organ donation staff were being released to work in other areas of the NHS. NHSBT was linked into any changes to ethical considerations for admission to ICUs as well as modified guidance on post-death rituals from an organ and tissue perspective.
- The People Directorate had set up dedicated lines for colleagues to raise concerns together with regular updates on internal comms. A process of redeployment of colleagues to key areas of the business was also taking place.
- External communications – major campaigns had been halted and colleagues released to focus on the pandemic. Clear messaging had been issued to blood donors not to attend if displaying any symptoms and a triage system was now being rolled out. New processes were in place in the tea and waiting areas around social distancing. Information on testing kits was awaited.
- Following this week's announcement by the PM, some external blood donor venues had cancelled bookings, but these had been successfully addressed.
- Building blood stocks was being modelled on the impact of 30% absenteeism being experienced in operational areas, particularly microbiology laboratories. An assessment process for colleagues considering self-isolation and returning to work after self-isolation had been established in conjunction with NHSBT's occupational health provider.
- NHSBT was following all testing and safety guidance being issued by the European Centre for Disease Prevention and Control.

Board members noted that the Executive Team had started to look at the longer-term strategic implications of the pandemic for the NHS and NHSBT specifically. There were both risks and opportunities related to interactions with blood donors; pausing of projects whilst wanting to accelerate digital transformation; shifts in supply chain/security of supply; and future diagnostic capability.

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10.1 (20/24) **FINANCIAL Board Performance Report**

Mr Bradburn presented a summary of performance for February 2020 noting that it preceded coronavirus and that the impact of coronavirus on current performance was covered under the previous agenda item. With regard to February, the trends were consistent with performance as previously reported.

- Diagnostics, Therapeutic Apheresis and Stem Cells continued to perform well overall although the adverse trend in reduced hospital referrals for stem cell investigations in H & I continued.
- The moving annual total of deceased organ donors remained flat and lower than the TOT2020 strategic target, although still on track for another record year for deceased organ donors in the UK. The moving annual total for deceased organ donor transplants increased slightly, although it was lower than the outcome for 2018/19 and lower than the TOT2020 target. Cornea demand continued to be high, whilst donation rates were lower than plan, resulting in a stock level 4.4% behind target.
- Blood stocks, overall and at group level, remained stable and on plan during the month. The key issue remained the continuing growth in O negative red cells but with the O negative donor base now flattening. This was not an issue in the short term (and pre coronavirus), with sufficient donors to meet current demand. Longer term, however, it was unlikely that donor recruitment alone would be enough with action required to manage demand / reduce any inappropriate use.
- Sickness levels in Logistics fell to 7% in February with root causes being actively managed.
- NHSBT was reporting a surplus of £9.5m YTD, £16.3m ahead of plan, suggesting a full year forecast outturn of £2.5m surplus versus a planned deficit of £11.3m

Members noted that the insights from the work being undertaken on the Ro Kell negative donor base could also be relevant to the O negative donor base where a significant increase in donors was required.

Members also recognised the importance of establishing the senior leadership within Clinical Services on a sustainable basis in order to determine the clinical drivers and address the demand from hospitals for O negative blood. It was acknowledged that whilst coronavirus-related activity was being prioritised it would be difficult to benchmark this, but alternative models could be considered for the longer term.

In light of the impact that coronavirus was having on the construction industry, Mr St John asked about the exposure of NHSBT in the construction of the CBC at Filton. Mr Bradburn reported that Keir was the primary contractor for both Barnsley and CBC. The new Barnsley Centre was very close to completion. Work continued, with social distancing in place, and NHSBT expecting that the work could continue with the building handed over within the next few weeks. The exposure of the CBC was more problematic, although if construction had to be halted, for whatever reason, it was a strategic investment and would not impact current clinical needs.

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10.2 (20/25) **Budget 2020/21 Review**

Mr Bradburn introduced a summary of the budget, noting that he would take the paper and presentation as read and focus on the overview and pre/post coronavirus positions:

- Organ & Tissue Donation and Transplantation (OTDT): Pre-coronavirus the budget was in line with expectations and implied a £1.7m deficit in 2020/21 and with only ringfenced funding for transformational activity. The deficit would grow in future years and require additional funding from the four UK governments. This should apply to 2020/21 also but at this level NHSBT could cover with its cash reserves. As a result of coronavirus, however, activity was expected to reduce, hence a small surplus was likely to emerge in 2020/21 as a result of lower activity related costs.
- Specialist Services (as in the Diagnostics, Therapeutic Apheresis and Stem Cells services): Service income growth of 4.2% with a direct operational cost growth of 3.0% and a planned project spend of £2.7m
- Blood/Group: The budget outcome was adverse compared to the expectations described to the Board in November as a result of increased investment in cyber security, additional blood donor marketing (in support of the O negative donor base) and some increased resourcing in group services. The forecast transformation programme during 2020/21 in Blood/Group was currently at £20.6m with £24m also implied for 2021/22 – both very high in historical terms and would require an increase in the current run-rate and require recruitment and on-boarding of partners.

Taking the budget and transformation spend together would imply an increase in blood prices of 10-12% in order to maintain a safe cash position in Blood. Planning options that would enable lower price increase scenarios were being reviewed.

As a result of coronavirus, a 20-30% reduction in demand and income in Blood was already being seen, which would generate cash losses for NHSBT of around £5m per month. In the private section of the meeting, there would also be an opportunity to discuss alternative contracting arrangements during the coronavirus lock down period (consistent with that recently announced by NHS England to protect providers' income from the negative impact of coronavirus).

The Board was asked to approve the budget as detailed in paper 20/25, subject to:

- Finalising the level of transformation funding
- And hence confirming the target level of price increases that would be sought in 2021/22.
- Confirming whether a block commissioning approach would be applied during the first half of 2020/21 and hence protect NHSBT income.

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OUTCOME: The Board recognised that, despite coronavirus, a baseline was required for the return to normality and against which the impact of coronavirus could be measured. The budget was therefore adopted subject to confirming the income arrangements for 2020/21, and the level of transformation funding to be discussed in the private section of the meeting.

11 (20/26) **FREEDOM TO SPEAK UP UPDATE**

Mr Lomas joined the meeting to present an update to the Board on the Freedom to Speak Up initiative to promote an open, safe culture to contribute ideas and raise concerns. The initiative launched in September 2019 and a survey of colleagues on speaking up was undertaken with 615 responses. The majority of colleagues who responded indicated that they would raise a concern; however, the two main reasons given for not raising a concern were a fear of negative consequences or that nothing would be done. Thirty-one concerns were raised in the first six months; 26 of which were People issues and 5 of which were Organisation issues. It was apparent that there was a level of trust from those who were aware of the initiative, however work was continuing in order to reach large tranches of staff not based in centres or not using Yammer or other internal communications. It was suggested that these results be calibrated with other mechanisms in order to obtain a fuller picture and enable an assessment of confidence levels.

ACTION: Ms Robinson agreed to ensure this data was included for the next Board update. **KR**

12 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

12.1 (20/27) **England**

The report was noted.

12.2 (20/28) **Northern Ireland**

The report was noted

12.3 (20/29) **Scotland**

The report was noted. The question of whether to delay the Donation and Transplantation Plan for Scotland 2020 – 2025 would be considered at a virtual meeting of the Scottish Donation and Transplant Group on 9th April.

12.4 (20/30) **Wales**

The report was noted.

13 **REPORTS FROM BOARD SUB-COMMITTEES**

13.1 **Governance & Audit Committee (GAC)**

Mr White summarised the main discussion points from the meeting held on 19th March 2020.

- Due to the volume of papers to review for the meeting it had been agreed that a further meeting of the Committee would be held at the end of April to consider the new format for the Annual Report and Accounts, some aspects of risk management, and matters relating to the Board Assurance Framework.

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- Strategic risk re loss of key facilities: The GAC considered a report on whether business resumption plans were in place in the event of one of the 20 key NHSBT facilities becoming unavailable. Whilst blood and organ donation arrangements were well covered, unique specialist services were provided from many of those locations and for these there were either no plans in place, or those plans had not been tested. There was a strategic risk to key products and/or services based at these locations.
- Clinical Audit Plan 2020/21: The Committee discussed and agreed the clinical audit plan, noting that it had yet to be considered by the Executive Team.
- Information Governance: Responsibility was transferring from Clinical Services to ICT and a report was to be provided identifying the work and resource needed to improve capability in this area over the next three years.
- Quality: The committee reviewed the audit programme for critical external suppliers and whether the appropriate level of progress was being made on those audits.
- Internal audit: The Committee discussed the likely report from PWC on NHSBT's capabilities in the areas of systems of governance, risk management and internal controls. This would be included within the Annual Accounts. The internal audit programme for the first quarter of 2020/21 had been agreed although this could be impacted by activity on coronavirus. The Executive Team would be considering the programme for the remainder of the year as well as a five-year rolling view on a risk adjusted basis.
- External audit: The National Audit Office and Mazars had yet to decide how they would conduct the audits, particularly the re-valuation of NHSBT properties.
- Governance Review: The Terms of Reference for GAC were reviewed. These included the change of name from Governance & Audit Committee to Audit, Risk and Governance Committee.
- GAC reviewed changes to the Scheme of Delegation and agreed some revised financial delegations in relation to project spend and procurement.
- Reporting of Annual Reports for hospital Trusts had been delayed; however, it was not yet clear if this would apply to NHSBT.

14 ANY OTHER BUSINESS

There were no further items of business.

15 FOR INFORMATION**15.1 (20/31) Board Forward Plan**

The plan was noted for information.

16 DATE OF NEXT MEETING

The next meeting of the Board would be held on Thursday, 28th May 2020.

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RESOLUTION ON CONFIDENTIAL BUSINESS

The resolution was noted.

Meeting Close