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The Minutes of the Ninety-Seventh Public Board Meeting of NHS Blood and Transplant held at 10:00 on Thursday 28th May 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 P White
In Attendance:	Mr I Bateman	Ms S Baker
	Ms W Clark	Ms H Duggan (item 12)
	Ms K Robinson	Ms N Eaton (item 11)
	Ms Ka Robinson	Prof J Forsythe (item 12)
	Mr D Rose	Mr G Gogarty (item 10)
	Ms K Smith	Ms J Hardy (item 12 onwards)
	Mr M Stredder	Ms C Howell (item 6)
	Mrs K Zalewska	Ms F Menager (item 6)
		Ms M Pappa
		Mr R Rackham (item 7)
		Ms M Thermidor (Observer)
		Dr S Thomas (Deputy for Mr G Methven)
		Ms H Toor (item 11)
		Ms P Vernon
		Ms C Williment (item 12)

1 **APOLOGIES AND ANNOUNCEMENTS**

Ms Banerjee welcomed Ms Sam Baker from the Scottish Government, Ms M Pappa from DHSC, and Ms Patricia Vernon from the Welsh Government. Also welcomed were Dr Stephen Thomas who was deputising for Mr Greg Methven; and Ms Melissa Thermidor who was attending as an observer.

Attending as participating members of the Board for the first time were two new Directors; Ms Katie Robinson, new Director of Strategy & Transformation, and Mr David Rose, new Director of Donor Experience. Both Directors gave a brief insight into their background and their ambitions in their new role.

Apologies were received from Mr Greg Methven and Ms Alia Rashid.

2 **DECLARATION OF CONFLICT OF INTEREST**

There were no declarations of interest.

3 (20/32) **BOARD 'WAYS OF WORKING'**

The 'Ways of Working' were noted.

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4 (20/33) **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 26th March 2020 were agreed as a correct record.

5 (20/34) **MATTERS ARISING**

The Board noted progress on the matters arising. Two actions were closed. The remaining action on achieving a wider understanding within NHSBT of specific health-related issues within the BAME community would be followed up with Public Health England as part of the 'Reducing health inequalities' programmes. The outcome of discussions would be reported to a future Board meeting.

6 (20/35) **PATIENT STORY**

Ms Catherine Howell joined the meeting to introduce the patient story which documented the Covid-19 journey of Flora Menager, a nurse on the Therapeutic Apheresis Team within NHSBT. Ms Menager also joined the meeting to talk through how she worked in this incredibly challenging situation providing hands-on patient care to Covid positive patients in need of apheresis services. This involved working away from home for a time whilst staying in hotel accommodation. Ms Menager reported that she had felt well supported in the form of telecon briefs, updates on the latest government guidelines, and advice on following Trust guidelines when moving between Trusts.

The Board acknowledged the courage and commitment of all staff within the organisation during the pandemic, and thanked Ms Menager and her colleagues for their dedication and commitment in providing these crucial services over the past eight weeks.

7 (20/36) **CHIEF EXECUTIVE'S BOARD REPORT**

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

- Safety & wellbeing: Work had taken place to update policies, train staff and introduce new safety measures across NHSBT's operations. These included triage, social distancing, appropriate PPE and increased cleaning of facilities, in addition to a move to home working for around a third of staff. Risk assessments with BAME colleagues were being undertaken in recognition of the disproportionate impact of the virus on this section of the population. Additional levels of mental health and wellbeing support were also being put in place for staff at all levels in recognition of the increased level of stress and anxiety created by the pandemic. Tailored risk assessments were being carried out on staff to bring them back into the workplace, taking into account the impact of the virus on BAME colleagues.
- Continuity of supply: Blood stocks remained at or above target with service levels continuing to be strong. Although an increase in demand was being seen as hospitals looked to resume normal services, work was taking place with Trusts to monitor the situation. There were additional constraints to restoring stocks to pre-pandemic collection volumes, such as staff absences and social distancing

measures on session, and work was taking place to address these issues. Organ and tissue donation and transplantation activity had significantly reduced over the past 2 months with many Specialist Nurses volunteering to return to the clinical front line. Within Clinical Services the PBM team provided transfusion advice and support to the set-up of the Nightingale Hospitals and the Therapeutic Apheresis Service had supported several acute NHS Trusts which were unable to provide in-house services due to staff absence.

- Support to the wider national emergency response effort: NHSBT was leading a major programme to collect convalescent plasma from those who had recovered from Covid-19 as well as working to scale up collection capacity to be in a position to deliver large scale volumes to hospitals should the trials prove successful. Support was also being provided for various pillars of the Government's testing programme.
- Building our donor base for the future: The aim was to bring together various workstreams into a refreshed integrated portfolio over the next few months. This was covered in further detail at item 11 below.

Members discussed the constraints to restoring blood supply stocks post-Covid 19 and the steps being taken to address these such as securing larger venues and consideration of how best to deploy staff resource. An integrated supply planning process was already in place, into which convalescent plasma had been incorporated, and this had enabled an understanding of the changing environments resulting in good stock levels over the duration of the pandemic. A view of projected capacity and information on venues would be included within the next CEOs report.

The next few months were likely to be more challenging as demand increased and a paper on meeting demand post-Covid19, including learnings and flexibility in the system, would be submitted to the July Board meeting. In addition, a paper on plans for managing O negative blood stocks would give an insight into blood supply, demand, and wastage.

8 (20/37) **CLINICAL GOVERNANCE REPORT**

Dr Miflin presented the report as detailed in paper 20/37. There were no new Serious Incidents (SI) within the reporting period of February and March and all SIs had been closed. Two incidents required formal assessment calls during April and May. These were:

- INC 79914 – A hospital requested eight units of red cells for a RHD negative female patient with sickle cell disease. Five units of RHD negative were available so the remaining three units were substituted with RHD positive. This decision was made by a technical member of NHSBT staff out of hours and the transfusion error was not realised until the next time the patient gave a blood sample for a follow up transfusion. Although all NHSBT processes were correctly followed, the process of communicating with hospitals was being reassessed together with how decisions made out of hours could be avoided wherever possible in order to avoid this happening again.

- QI 80019 – This was a near-miss bacterial platelet event, the first since 2015. The visual abnormality was identified, and the pack returned by the issuing hospital. The associated pack was withdrawn as was the donor. Ongoing discussions were taking place on the risks and benefits of introducing pathogen reduction in a future strategy.

9 **FINANCIAL**

9.1 (20/38) **Board Performance Report**

The report was accepted, and the Board noted that NHSBT had finished the 2019/20 financial year with a surplus of £6.3m subject to audit. The Blood rebate for 2019/20 was being held against the impact of Covid-19 and further discussions would be taking place on this.

The Annual Report and Accounts were being prepared and it was noted that there was no requirement to lay the accounts before Parliament before the recess. As part of the lead up to this the draft Annual Report would be submitted to a pre-meeting of the Governance and Audit Committee (GAC), Non-Executive Directors and auditors on 8th June prior to being finalised at the GAC meeting on 18th June and signed by the CEO the following day.

9.2 (20/39) **Budget update 2020/21**

Mr Bradburn provided an update on the 2020/21 budget. As a result of the block contracting arrangements for Blood, variances to the budget were relatively limited with the largest variance relating to the loss of specialist services income. As a result, NHSBT should be able to retain its cash reserves through the Covid period. Verbal confirmation had now been received that the block contracting arrangements were agreed with a formal note to confirm this expected from NCG. Monitoring of component demand was being undertaken to ensure there were no discrepancies in hospitals ordering higher priced components within the block contracting arrangement.

Other key points to note were:

- ODT and Stem Cell programme funding and NHSBT capital funding should continue at budget level
- The costs of the Convalescent Plasma project were being separately funded
- An emergency fund had been created through retention of blood rebates
- The additional (new money) costs of managing Covid-19 had been small to date

The next step would be to consider future commissioning arrangements which would be outlined in a paper on transformation due to be submitted to the July Board meeting.

Mr Bradburn noted a request for a RAG rating on the contribution report.

10 (20/40) **CONVALESCENT PLASMA**

Ms Bassis introduced the presentation on the Convalescent Plasma Programme which had involved every Directorate within NHSBT. At the time of the March Board this programme had not existed and its growth and importance during this time was due to the hard work and dedication of many people within the organisation but in particular Dr Miflin and Mr Gogarty.

The business case was submitted to DHSC on 8th April, and funding of £17.9m approved. Mobilisation and programme delivery had been undertaken at pace with the business case scaling up by the end of May to up to 5,000 donors per week, collecting 85,000 units of plasma. This was a UK wide initiative and NHSBT was working with the other blood services to ensure equity of access across the UK.

The presentation summarised what had been achieved so far in the trial. Over 300 new staff were being recruited and trained and the programme was being launched in all donor centres, including 3 new collection centres in London. However, there was an unexpectedly high attrition rate of donors on the pathway with higher than expected deferral rates. A change to the parameters for haematology screening had improved this rate and just over 200 high titre donors had been identified. The number of people being admitted to ITU had now dropped resulting in lower numbers of people being recruited to the trial. The strategy had therefore been changed to start RECOVERY earlier than originally planned.

The current headline Programme risks and mitigations were noted. A huge amount had been achieved since the programme was launched with ongoing support from the Chief Medical Officer's team, despite the numbers recruited not being as expected. It was important to consider the impact of this work on the strategic direction of the organisation as a whole, with assumptions being made on the length of time for which NHSBT may be asked to provide convalescent plasma.

The results from the Remap Cap trial would be available in July. Similar issues in terms of recruiting suitable donors for trials were being experienced elsewhere in Europe but it was possible that results from other countries would be published earlier. There were not many randomised trials similar to that in the UK so if this programme proved to be successful this would be very beneficial. If the study proved not to be of benefit for coronavirus there were other clinical scenarios in which it might prove useful for vulnerable groups unable to mount an antibody response.

In terms of governance of the programme, NHSBT had standard project governance with a steering group including the Chair of NHSBT and representation from both DHSC and the National Institute for health Research (NIHR). There would be a standing item on the Board agenda to keep the Board informed of the progress and financial situation relating to the programme together with regular updates between

meetings. The cost of the programme would appear in the Annual Report and Accounts but NHSBT would be billing DHSC for this on a monthly basis.

On behalf of the Board Ms Banerjee acknowledged the time and effort spent in establishing this programme and added that this was a huge opportunity to consider how much of this work could be built into business as usual.

11 (20/41) **BUILDING OUR DONOR DATABASE FOR THE FUTURE**

Mr Stredder outlined the background to the work involving a 12-week engagement with McKinsey to help re-imagine the donor engagement process with a focus on closing the supply/demand gap for black Ro donors. In total, 34 different initiatives were identified to improve the donor experience and close the Ro kell negative gap. Mr Rose highlighted the particular relevance of closing the Ro gap in light of the pandemic and its impact on the BAME community. Maintaining momentum would involve integrating all of the different workstreams and creating a strategy roadmap involving updates to ways of working, improving the donor experience and improvements to the database. Ms Toor and Ms Eaton joined the meeting to report on the details of the future vision. There had been a significant increase in blood donor registrations as a result of the support for the NHS during the pandemic and digital development had been accelerated via a pro-bono offer from Bain & Coheasus in order to capture and nurture these new potential donors.

Members asked what was being done to address the problem of the high number of deferrals on session, often due to low haemoglobin levels. Various options were being considered such as providing information to donors on how to improve iron levels prior to donation and undertaking clinical work on post-donation testing in order to assess people's capacity to donate based on previous donation levels. There was also work planned to understand the different haemoglobin levels of donors from different ethnicities and to use this data to work around the regulations more sensitively to remove the constraints currently in place. Changes in technology were needed to allow information on lifestyle behaviours to be collected to predict the best time for donations to take place. Some of the current donor communications should also be reviewed empathetically and rewritten.

Delivery of the initiatives involved significant challenges for both the Executive Team and the organisation as a whole and there was concern that this did not represent transformation but rather a digital project. The organisation was already aware of many of the initiatives contained within the proposal and some were within its control and ability to change. It was acknowledged that there was no 'silver bullet' but a long list of ideas, some of which were already being executed. The ongoing hypothesis was that the execution and integration of these initiatives combined with the fundamental change in leadership and culture, would make the difference. Co-creation was the key, working with donors and

the community to make small cultural changes in an empathetic way which would make it transformational for the donors but not necessarily for the organisation. It would need to be resourced and funded from savings elsewhere to make it a net increase in the cost base as it was a key clinical priority.

Ms Bassis thanked the Board for their feedback which would be reflected on and incorporated into an updated transformation portfolio. New digital services were about to be launched, building on these insights and in line with the blood technology strategy. Work on the interactions would take place and an update provided for the July Board meeting.

12 (20/42) **ORGAN DONATION CONSENT LEGISLATION & PUBLIC AWARENESS CAMPAIGN UPDATE**

The legislation on Max and Keira's Law went live on 20th May 2020. Mr Clarkson outlined the phased approach to implementing the legislation, which had been shared with DHSC and the Human Tissue Authority (HTA). Prof Forsythe, Ms Duggan and Ms Williment joined the meeting to answer questions and provide clarification. Ms Williment also thanked Ms Pappa for her assistance in communicating with Ministers during progression of the legislation through Parliament.

Key points:

- Following cancellation of the engagement roadshows to allow clinicians to focus on the Covid-19 response, plans were in place to provide online awareness briefing sessions for the tissue and organ donation and transplantation clinical community.
- 95% of the Specialist Nurses in Organ Donation (SNODs) had been trained on the new legislation and the conversation with families. Refresher training would be provided once the SNODs returned from providing front-line support.
- Research conducted in April showed that awareness of the law change had dipped slightly to 58% from 62% in January (2019/20 target was 60%). Radio advertising communicating that the law was changing recommenced from Thursday 7 May.

The Board supported the recommendation to complete the training and implementation on a phased approach during Covid-19 recovery and noted the revised plans for communicating the law change. News coverage on the launch day was extremely positive with slots on BBC Breakfast and the One Show as well as positive dialogue on social media. Hits on the website went from 17,000 to 200,000 on launch day with 4,500 opt-in requests and a peak in opt-outs of 67,000, which have been steadily declining since. Original opt-out estimates had been 3 million at the time of launch, but these were 1.3 million in England and 1.6 overall in the UK.

Although there had been some anxiety about going ahead with the law change in the midst of the pandemic, Prof Forsythe reported that the collaborative relationship with DHSC had been key to its success in

creating a positive news story in the midst of the negativity of the pandemic.

Prof Forsythe reported on recovery plans for organ donation and transplantation services. During the pandemic, services had continued for liver and cardiothoracic urgent and super-urgent patients. On the back of guidance for clinical commissioners, letters had been sent to the Medical Directors of every hospital with a transplant unit encouraging a return to normality. The system was under constant review with meetings taking place on a regular basis with commissioners and clinical teams. All liver and cardiothoracic centres had now reopened and 10 of the 23 renal centres were also open. Pancreas centres had yet to reopen.

13 **REPORTS FROM THE UK HEALTH DEPARTMENTS**

13.1 **England**

Ms Pappa reported that a communication from the Secretary of State was being sent to thank the organisation for rising to the challenge during the pandemic and the ongoing work on convalescent plasma and recovery with NHSBT being seen as ahead of the curve in comparison to other services.

13.2 **Northern Ireland**

Ms Hardy reported that today the paediatric live donor kidney transplant programme was restarting with surgery planned for 2nd June. In the past 5 weeks, 53 deceased donor kidney transplants had taken place. The appointment of a NI Regional Organ Donation Promotion Manager had paused due to the pandemic but had since restarted and it was hoped that a start date for the successful candidate would shortly be secured.

13.3 (20/43) **Scotland**

The report was noted. Ms Baker highlighted that a recovery plan had been developed for organ transplantation in Scotland with the aim of reopening and increasing transplant services over the coming weeks and months. Ms Baker also extended her thanks to Mr Rigg for his work and support in his role as a NED.

13.4 (20/44) **Wales**

The report was noted. Very few transplants had taken place in Cardiff since the start of the pandemic and the Cardiff Transplant unit was currently closed. Recovery plans were being considered for resumption of transplant services. The Welsh Blood Service was also looking at ways to contribute to the work on convalescent plasma as well as plans for recovery.

14 **ANY OTHER BUSINESS**

There were no further items of business.

As this would be their last NHSBT Board meeting, Mr Rigg and Mr Stredder reflected on their time in the organisation. Mr Rigg also highlighted the benefit of Board level experience for clinicians and encouraged their involvement in NED roles.

On behalf of the Board Ms Banerjee thanked both members for the support and dedication to the work of NHSBT over their time with the organisation. Particular thanks were expressed to Mr Stredder for continuing to cover in the donor experience role in the past few months.

15 **FOR INFORMATION**

15.1 (20/45) **Annual Management Quality Report**

The report was noted. In response to the PwC recommendation in 2019 this was a more comprehensive report giving additional information on trends and on the actions needed to make future improvements.

15.2 (20/46) **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, 23rd July 2020.

17 **RESOLUTION ON CONFIDENTIAL BUSINESS**

The resolution was noted.

Meeting Close