

## Blood and Transplant

### Minutes of the Ninety-Ninth Public Board Meeting of NHS Blood & Transplant held at 09:30 on Tuesday, 22<sup>nd</sup> September 2020 via Zoom

<b>Present</b>	Millie Banerjee (MB) Betsy Bassis (BB) Rob Bradburn (RB) Anthony Clarkson (AC) Helen Fridell (HF) Prof Deirdre Kelly (DK)	Greg Methven (GMe) Dr Gail Mifflin (GMi) Jeremy Monroe (JM) Charles St John (CSJ) Prof Paresh Vyas (PV) Piers White (PW)
<b>In attendance</b>	Ian Bateman (IB) Rosna Mortuza (RM) Alia Rashid (AR) Katherine Robinson (KR) Katie Robinson (KaR) David Rose (DR) Katrina Smith (KS) Kathy Zalewska (KZ)	Dr Shubha Allard (item 12) (SA) Kay Ellis (KE) Catherine Howell (item 12) (CH) Richard Rackham (item 10) (RR) Patricia Vernon (PVe) Ryan Wilson (part meeting) (RW)

		Action
1	<b>Apologies and announcements</b>	
	M Banerjee welcomed Rosna Mortuza, Chief Diversity & Inclusion Officer, together with Kay Ellis from DHSC, Patricia Vernon from the Welsh Government and Ryan Wilson from the Department of Health in Northern Ireland.  Apologies were received from Wendy Clark.	
2	<b>Declarations of conflict of interest</b>	
	No declarations were received.	
3 (20/68)	<b>Board ways of working</b>	
	The Board Ways of Working were noted.	
4 (20/69)	<b>Minutes of the previous meeting</b>	
	The minutes of the July Board meeting were agreed as a correct record.	
5	<b>Matters arising from previous meeting</b>	
	There were no actions arising.	

<p>6 (20/70)</p>	<p><b>Patient's Story</b></p>	
	<p>Dr Mifflin related an extract from the blog of a member of staff who was recruited as part of the drive to increase the number of staff employed on blood collection and for convalescent plasma collection. The blog highlighted the situation that new staff found themselves in during a time of rapid change in the way in which recruits were inducted and trained in order to meet the increased demands of the service. The story was very emotive and emphasised the dedication of both staff and donors in their efforts to meet the challenges presented by Covid-19.</p> <p>In terms of wellbeing of donors, Dr Mifflin was asked if staff received training to identify the physical signs of when a donor may feel unwell, specifically in those with darker skin where bruising, for example, may not be so easy to spot. It was stated that bruising and colour change to the skin was still recognisable in even those with dark skin and the training included looking at the psychological aspects of donation and the use of distraction techniques to overcome their fears.</p>	
<p>7 (20/71)</p>	<p><b>Chief Executive Officer's report</b></p>	
	<p>B Bassis highlighted the continuing priorities of the organisation and the impact that the arrival of a second wave of Covid was starting to have on the business. This was anticipated in the winter planning paper and the emergency response operation was now restarting. During August blood stocks had declined as demand grew faster than collections due to a mix of staff absences, social distancing on session, and re-purposing capacity for convalescent plasma. A 'Back to Green' plan was in place and the convalescent plasma (CP) programme had loaned under-utilised collection capacity on a temporary basis over September and October,</p> <p>G Methven reported on the 'back to green' plan which was also being shared with the other UK blood services. Plans for recovery included a move to on-line triaging with a digital temperature check which would release WTEs; larger venues; extended working hours; new pop-up centres. Resilience was being added through further recruitment and the placement of staff would be determined by the priorities within the plan for platelets, whole blood and CP. The main challenge was to get fill rates and conversion factors back up to pre-Covid time.</p> <p>D Rose added that 80% of capacity was through mobile centres with the remaining 20% split between existing unchanged centres, those with additional capacity returning from CP, and new centres set up for CP. Focus would be on the latter two types of centre in order to increase the average fill rate. In the past six weeks the majority of appointments for new, lapsed and current donors originated from last minute calls for the following two weeks resulting in an extra 500 appointments per week. Efforts were continuing on registrations through hyper-local marketing using social media, email, and a new Facebook tool. Further work was also taking place to generate bookings by shifting donors to a different donor panel and moving some teams to mobile sessions in that area.</p>	

	<p>Members queried to what extent there was resilience in the plan if there was a repeat of the self-isolation of the workforce in a second lockdown. Likely donor behaviour for all four of the impacts of winter (Covid/flu/EU exit/severe weather) was being modelled and this would feed into the winter planning scenario. An 18% contingency had also been built into the overall recruitment plans with redeployment plans also in place. An integrated plan was being developed with a view to converting slots from whole blood to CP and vice versa. Discussions had taken place with commissioners and the transplant community to pull together guidance to enable organ transplantation to continue through a second Covid wave wherever possible.</p> <p>Despite the huge impact of Covid on the organisation, progress had been made on the wider transformation programme activity with the successful upgrade of the Pulse database, resulting in significant performance increases.</p>	
<p>8 (20/72)</p>	<p><b>Clinical Governance report</b></p>	
	<p>Dr Mifflin gave an overview of the incidents/events during the reporting period of June and July 2020.</p> <ul style="list-style-type: none"> <li>• OTDT INC 4791: Following a multi-organ donation in which the heart was deemed unsuitable for solid organ transplantation an enquiry was received from the local coroner’s office on whether the heart was retrieved and transplanted. At post-mortem it was documented that there was no heart present with the body. Due to the lapsed time since the donation the teams involved could not recall what happened but were confident that usual protocols were followed. The investigation concluded that there was no evidence to suggest that the heart was left outside of the body and in all probability had been placed into a different body cavity. Mr Clarkson confirmed that NHSBT representatives had met with the family who had requested access to the records of both NHSBT and the Trust involved. The investigation was nearing conclusion and a closure report was expected soon.</li> <li>• Three additional incidents within Clinical Services were also noted. These were being managed as Major Quality Incidents via the respective Directorate Clinical Audit Risk and Effectiveness groups and had been discussed at the Audit, Risk and Governance Committee.</li> </ul> <p>Members noted that the Infected Blood Inquiry was due to resume during September with representation from Lord Owen and Haemophilia Centre Directors.</p> <p>A decision was awaited from SaBTO on whether to change the eligibility criteria for MSM (men who have sex with men) to one of individual risk assessments.</p>	
<p>9 (20/73)</p>	<p><b>Board performance report</b></p>	
	<p>Members received the report for August noting that it demonstrated that activity continued to return to pre-covid levels across most areas. The two areas that continued to see a significant shortfall in activity were cornea</p>	

	<p>transplants and H&amp;I although, in the latter case, activity levels had been falling below plan prior to Covid-19.</p> <p>Blood Supply continued to be the area of greatest challenge with collections constrained by the impact of social distancing and staff availability. Stocks remained at amber level during the month, increasing to low green status by the end of the month. However, with demand 3.5% lower than plan, this was a lost opportunity to build stocks. Based on current performance/plans, and average demand over the last 4 weeks, stock should remain at 5.5 - 6 days (low green status) through October, although this would be at risk if demand returned to pre-Covid plan levels. Attention was also drawn to the risk around the possible impact of covid testing on the global genetic testing supply chain with some suppliers making increasing reference to supply difficulties.</p> <p>Recent guidance from NHS England indicated that the existing funding arrangements for Trusts would continue throughout the rest of the year. NHSBT therefore continues to assume that the application of its block contracting arrangements will also apply for the duration of the year. This, along with the utilisation of the blood price rebate as a contingency, continues to protect the NHSBT financial position. However, further additional capacity is planned to mitigate against social distancing on session and this is taking the cost of managing Covid-19 above the rebate contingency. In theory, these costs should be non-recurring, but there is a risk of all or part being recurring, at least over the foreseeable future. This could have an impact on blood pricing for 2021/22 with further upward pressure on an already significant likely price increase.</p> <p>The outcome of the spending review submission was awaited. The submission was aligned with that communicated to the Board with the primary items being the funding needed to support the ODT strategy, costs for the convalescent plasma (CP) project, and preparatory costs in support of what a plasma for fractionation programme might look like.</p> <p>Comments on the report were requested. C St John asked that a line be added to the contribution statement to show the budget.</p> <p>R Bradburn advised that the cost of Covid-19 were being offset against the rebate contingency and hence there was no net impact on the reported accounts. However, the latest forecast for the year was indicating that costs would exceed the rebate and would likely be confirmed as part of the Q2 re-forecast. The real issue, however, was to what extent such costs become recurring in nature and the impact this would have on pricing beyond 2020/21.</p> <p>P White commented that it would be useful to include headcount reporting given the significant level of recruitment for whole blood collection and the CP project that was underway. R Bradburn agreed, noting that the recruitment was a mix of permanent, short term contract and agency staff, and that visibility of that would be required. P Vyas added that data on diversity and inclusion, split by banding/protected characteristic, should also be included.</p> <p>R Bradburn noted that, although a review of the content of the Board Performance Report was on hold for the moment, a shorter written report</p>	<p><b>RB</b></p>
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	was being considered including a link to the charts and KPIs in the Pentana system.	
10 (20/74)	<b>Winter Planning</b>	
	<p>Members received a paper on winter planning, highlighting the impacts of the End of the Transition Period (EoTP) following the withdrawal of the UK from the EU, Covid-19 second wave, winter pressures including flu and severe weather all interacting to form a reasonable worst case scenario (RWCS) for winter 2020/21. This included considerations of the secondary effects of these events such as staffing implications arising from the delivery of convalescent plasma. R Rackham joined the meeting to highlight the risks identified to date and to discuss the plans for mitigation of the RWCS.</p> <p>Arising from a meeting of the DH incident management team it was deemed advisable for staff to receive the flu vaccine as early as possible in order to allow a delay of 28 days before being eligible to receive the Covid vaccine. The Covid vaccine will likely be distributed in order of age group and with the 50 – 65 years age group heavily represented in blood collection and transport teams it was key to get early messaging about vaccination to staff.</p> <p>R Rackham updated members on the situation with consumables stock. The increasing global demand for testing equipment and related consumables caused by the pandemic had led to certain supply lines being restricted. A 6-12 week stock of consumables with an EU touchpoint had been agreed by the Executive Team and NHSBT continued to take part in DHSC National Supply Chain Disruption assurance work, including a recent exercise on the transportation of blood, organs, tissues and cells across borders.</p> <p>The Board were advised that, as part of the mitigations for the RWCS, the People Directorate were considering different scenarios for cross training staff to cover key roles to introduce more flexibility to the system.</p> <p>In terms of lessons learned, an internal audit was commissioned to carry out a review of governance and processes and the general emergency response to Covid following lockdown in March. The overall outcome was good but with some recommendations which were being taken forward. Additionally, internal audits took place on the handling of PPE and on staff wellbeing, the outcomes of both of these being broadly positive.</p> <p><b>ACTION:</b> Further updates on the work in progress for winter planning would be submitted to the next Board meeting.</p>	<b>KaR</b>
11 (20/75)	<b>Convalescent Plasma</b>	
	The Board noted a paper and presentation outlining the key messages on the Convalescent Plasma (CP) programme. Within phase 1 of the programme sufficient CP had been collected to support both the Recovery trial and the Remap-Cap trial and 560 patients had been randomised to these trials.	

	<p>The objectives of phase 2 were to scale up capacity to collect up to ~7,500 units per week to increase the ability to treat patients during a potential second wave and to stockpile plasma. Agreement had been reached on 14 new plasma donor centre locations; 100 additional apheresis machines had now been secured; and additional collection staff were being recruited and trained. The short-term focus was on retaining medium/high titre donors and in the medium-term the acquisition, conversion and retention of donors, particularly high titre donors in the next wave. Next steps included:</p> <ul style="list-style-type: none"> <li>• The launch of a home-testing pilot to test for antibodies in advance of attending our sessions</li> <li>• Work on the optimal use of medium titre units</li> <li>• Working with others to understand the use of CP following the trial in the potential context of other antibody therapies also being available</li> </ul> <p>Modelling when the trials might finish against the scenario modelling prepared by the Sage scientific advisory group indicated they would be likely to finish in December. If successful and approved for wider clinical use, the organisation needed to think not only about managing operational issues but also consider the handling of communications. If the trials did not show a benefit then, dependent on the decision of the Commission on Human Medicines re plasma for fractionation, the plasma could potentially be used within the fractionation supply chain.</p> <p>Regular meetings were taking place between the Executive and the Minister and in response to discussions around the next stage of the programme and the need for access to all possible donors, it had been agreed that the steering group would be reviewed, but would continue to be chaired by M Banerjee. A letter was expected shortly from the Minister giving recognition at ministerial level of the need to formally strengthen the membership of the group.</p> <p>M Banerjee added that this was a very high-risk programme for the organisation and needed to be managed carefully to take account of the many scenarios that might reasonably be expected in order to deliver the requested outcome.</p>	
<p>12 (20/77)</p>	<p><b>Transfusion 2024 strategy</b></p>	
	<p>Dr Miflin introduced a briefing paper on Transfusion 2024, the next iteration of the Transfusion strategy for the NHS in England, and welcomed Dr Allard and C Howell to present on the detail of the strategy.</p> <p>Dr Allard outlined the strategy which was a five-year plan aimed at promoting safe clinical and laboratory transfusion practice for patient care across England, and which was a collaboration between the National Blood Transfusion Committee (NBTC) and NHSBT. It was emphasised that this was a direction of travel for transfusion practice with much of the activity in the recommendations already underway, both within NHSBT and stakeholders/hospital trusts.</p> <p>Members expressed concerns around how fragmentation within the NHS at all levels might affect the execution of the strategy. In response, C Howell explained that the proposed NHSBT Change Programme, which</p>	

	<p>would be established to pull together the NHSBT aspects of the work, would develop NHSBT’s leadership strategy and enable engagement with senior stakeholders, however, much of the programme would need to be delivered by the wider NHS and this would require collaborative working and influence. This would be monitored by the National Blood Transfusion Committee.</p> <p>The Board agreed that this was a good first step but that NHSBT also needed to be clear how this links with our wider blood strategy , how this would fit into our transformation programme and the scope of investment that this would require. It was, however, recognised that at this stage this was a direction of travel, would require more work within NHSBT to define this, and was a launchpad for dovetailing the ambitions of both NHSBT and the wider transfusion community through collaboration and partnership.</p> <p><b>OUTCOME :</b> The Board supported the planned publication of Transfusion 2024 as a collaboration between NHSBT and NBTC with the clear understanding that this was an iterative process and work was required to give more granularity. The establishment of an NHSBT Change Programme was noted which would pull together the NHSBT aspects of the work and provide further detail and delivery options.</p> <p><b>ACTION:</b> B Bassis and G Miflin to plan how and when the Board would receive updates.</p>	<p><b>BB/GMi</b></p>
<p>13 (20/78)</p>	<p><b>Closing the Ro gap through donor experience</b></p>	
	<p>D Rose updated the meeting on progress in implementing activities to close the gap on Ro Kell Neg demand through better engagement with target donor segments and identified changes in the donor experience. Actions resulting from the recommendation from the Donor Experience Lab and McKinsey’s engagement were progressing and the Board noted that Covid-19 had increased the barriers faced by target donors for initial and subsequent donation and reduced the capacity to progress improvements.</p> <p>A number of additional areas of investment were being implemented to compensate; these being increased hyper-local engagement, piloting new partnerships with target donor communities this year, and prioritising new ‘pop-up’ venue capacity in 2021 in key locations.</p> <p>Foundational changes were also being made which included changes to the organisational design of the Donor Experience Directorate; launching new programme management governance and processes; and starting the journey to becoming a more inclusive organisation. A further update would be submitted to the Board in January with a revised 3 – 5 year forecast of Ro Kell Neg substitutions.</p> <p>Members commented on the initiatives outlined within the paper, particularly on the focus on transformational change and investment in effectiveness improvement. <b>ACTION:</b> D Rose/Dr G Miflin to provide details on the rationale for needing more black donors and the clinical benefits of a more diverse donor base.</p>	<p><b>DR/GMi</b></p>

	<p>Partnerships with other organisations which could offer a different perspective should also be considered. Regardless of the organisational design changes it was important to recognise that there were partner organisations which could help to accelerate our efforts. D Rose added that new ways of looking at partnerships were being considered and engagement was where most of the improvement was likely to be seen. The placement of new venues was aimed at gaining a foothold in local communities and empowering them by giving voice to the front line.</p>	
<p>14 (20/79)</p>	<p><b>Diversity &amp; Inclusion</b></p>	
	<p>R Mortuza gave a summary of her high level observations and reflections on diversity and inclusion (D &amp; I) within NHSBT following her first few weeks as Chief Diversity and Inclusion Officer. There were several areas of strength in taking forward the D &amp; I agenda, particularly the level of engagement across the organisation. However, a focused programme of work to deliver change was needed to build on the momentum created by the publication of the Organisational Diagnostic Report and the goodwill and trust being built. Some areas of progress included:</p> <ul style="list-style-type: none"> <li>• Governance and accountability – Creation of an Equality, Diversity &amp; Inclusion Council; Executive Team champions for employee networks.</li> <li>• Supporting our leadership and culture – Focus on 'Compassionate Leadership' at the Senior Leadership Conference Sept 2020</li> <li>• Conversations that are taking place</li> <li>• Levels of information and education being shared including: Delivery of 'Let's talk about Race' workshops</li> </ul> <p>Areas for action include:</p> <ul style="list-style-type: none"> <li>• Recruitment and promotion practices – Establishment of a Programme Board with Executive sponsors to tackle specific areas of practice</li> <li>• Creating more opportunities for people to speak up</li> <li>• Developing a framework to join up Organisational Development, Culture and D &amp; I to facilitate change</li> </ul> <p>Executive Team sponsors gave insights on their work with the Employee Networks:</p> <p>I Bateman (LGBT+): Great engagement on understanding issues and challenges for both colleagues and the donor community. There was a clear message that the organisation must focus on all protected characteristics. A more pro-active approach was needed together with increased corporate ownership of the issues; networks had been shouldering this without support for a while.</p> <p>D Rose (BAME): The establishment of Terms of Reference for the network and identification of the key roles of the Chair. Gave advice on raising the profile of the network during events such as Black History Month. The networks were missing elements of empowerment, particularly around administrative support and project management, as well as suffering from a lack of funding.</p> <p>A Clarkson(Women's network): The network aimed to champion successful women as leaders within the organisation. It provided a</p>	

	<p>platform for colleagues to promote career development for women and supported women in NHSBT, understanding the issues faced and working to make career development more accessible.</p> <p>W Clark was the sponsor for the Disability &amp; Health Promotion network the role of which was to promote a disability confident culture and to heighten awareness of disability equality across the organisation.</p> <p>Webinars on D &amp; I were planned with both the Chair and members of the Executive Team; Non-Executive Directors would also be willing to participate in events such as focus groups if required.</p> <p><b>ACTION:</b> R Mortuza to provide an update at the next Board on the level of engagement on D &amp; I within teams and include more specificity, including dates, against the plans shown in the paper.</p>	<b>RM</b>
<b>15</b>	<b>Reports from the UK Health Departments</b>	
15.1	<p><b>England:</b> No significant updates to report other than to note that work on Convalescent Plasma was being prioritised.</p>	
15.2	<p><b>Northern Ireland:</b> The Health Minister recently announced his intention to launch a public consultation later this year on the introduction of a soft opt out system for organ donation in NI. This would be undertaken with the support of NHSBT with the aim of completing the consultation in early 2021 and moving to legislation by the end of the current NI Assembly mandate in 2022.</p> <p>NI had recently appointed its first full time regional co-ordinator for the promotion of organ donation and transplantation who oversaw a successful and varied programme of local and regional events for Organ Donation Week. The Second Dance video was viewed over 180,000 times on social media and the number of hits to the Northern Ireland information website, which is linked to the Organ Donor Register, had increased by over 500% during Organ Donation Week.</p> <p>The kidney transplant programme in Belfast had continued during lockdown by accessing theatre space at the Royal Victoria Hospital. Over 100 deceased donor kidney transplants took place during this time, exceeding the previous record for an entire year and reducing the waiting list by two-thirds. The team was now keen to resume the living kidney transplant programme. In the past week it was reported that the first DCD heart had been received from a donor in Northern Ireland for transplantation in England.</p>	
15.3 (S20/80)	<p><b>Scotland:</b> The report was noted.</p>	
15.4	<p><b>Wales:</b> The Welsh Blood Service was taking steps to increase donor rates with the constraints of social distancing and staffing. A number of restrictions were in place across six counties in South Wales but travel for blood donation was allowed .</p>	

	Programmes for deceased kidney, pancreas, and live kidney transplantation had recommenced and a deep dive was taking place into what lessons could be learned from the pandemic.	
16	<b>Any other business</b>	
	There were no further items of business	
17	<b>For information: ODT Strategy</b>	
	Members noted the change in approach and timeframe for publication of the strategy, the final version of which would be submitted to the Board meeting in November. Members were asked to let A Clarkson have an comments they may have on the document.	
18	<b>Reports from Board sub-committees</b>	
18.1	<b>Research &amp; Development Committee</b>	
	Prof Vyas reported from the recent meeting and advised that over the next few months the renewals for the NIHR BTRUs were due. It was felt that research and development should be an integral function of all aspects of NHSBT business and the intention was to publish the terms of reference of the Committee based on this view.	
19	<b>Date of next meeting</b>	
	The next meeting would be held on Thursday, 26th November 2020.	
20	<b>Resolution on Confidential business</b>	
	Noted.	