NHS
Blood and Transplant

Minutes of the One Hundredth Public Board Meeting of NHS Blood & Transplant

Zoom Videoconference
Thursday 26th November 2020 9:30 – 13:00

Present	Millie Banerjee (MB) Betsy Bassis (BB) Rob Bradburn (RB) Anthony Clarkson (AC) Helen Fridell (HF) Prof Deirdre Kelly (DK)	Greg Methven (GMe) Dr Gail Miflin (GMi) Jeremy Monroe (JM) Charles St John (CSJ) Prof Paresh Vyas (PV) Piers White (PW)
In attendance	Ian Bateman (IB) Wendy Clark (WC) Patricia Grealish (PG) Rosna Mortuza (RM) Alia Rashid (AR) Katie Robinson (KaR) Steve Park (DR) Katrina Smith (KS) Alice Williams (Minutes)	Joan Hardy (JH) Marina Pappa (MP) Patricia Vernon (PVe) Samantha Baker (SB) Nick Michael (NM – for item 10) Dan Hollyman (DH - for item 11) James Griffin (JG – for item 11) Karen Quinn (KQ – for item 12) John Forsythe (JF – for item 12) Gerry Gogarty (GG – for item 13)

		Action
1	Apologies and announcements	
	Apologies had been received from David Rose; Steve Park was in attendance as deputy. The Board welcomed Patricia Grealish, Interim Chief People Officer.	
2	Declarations of conflict of interest	
	No further declarations of interest were made.	
3	Board ways of working	
20-83	The Board ways of working were noted, and it was confirmed that PG would provide a review of the Board's performance at the end of the private meeting.	
4	Minutes of the previous meeting	
20-84	The minutes of the previous meeting were agreed as a true record.	
5	Matters arising from previous meeting	
20-85	It was confirmed that all matters from previous meetings had been closed.	
6	Patient Story	

20-86	G Miflin confirmed that the Patient Story paper had been withdrawn. The patient story had detailed the case of an individual awaiting a stem cell transplant. No matches had been found for the patient previously, but it had later been found that due to a transcription error in the HLA types, some potential matches/donors in the US had not originally been identified. It was confirmed that a serious incident call is being held today, that the patient will be informed of the incident and the potential donors contacted to identify if a match can be found. It was confirmed that GMi would be in touch with Board members with further details and confirmation of the mitigations in place in due course with the usual Board updates following a Serious Incident. Members were informed of the complex nature of HLA type matching, and how this complexity increases for BAME patients, and it was noted that there is an imperative to address the difference the inequalities in health outcomes. Board members queried whether there had been other examples of this nature and how the organisation can protect itself from such errors. It was commented that there are no known other examples, and where possible, colleagues are aiming to design the potential for such errors out of the system. It was noted that whilst there are not automated systems for every process there are opportunities to put dual checks in place to mitigate. It was confirmed that Board members would be updated on this in due course. **ACTION**: Members asked for information to understand in such situations, how many times a donor is identified, and how many mismatches occur in the process. The Board noted the update and it was agreed that any further questions would be taken during the presentation on the cellular therapies strategy item.	**GMi**
7	Chief Executive's Board Report	
20-87	B Bassis presented the CEO report, which covered a wide variety of organisational aspects setting the context for the Board agenda. Particular attention was drawn to the current state of Blood stocks, the ongoing winter response and preparations for the EU Exit: End of Transition Period and the concurrent risks that these issues pose in the short term. It was confirmed that operational planning and response activity has been re-escalated, and that whilst the focus remained on delivering against the four organisational priorities that set in March, the organisation is also looking ahead to the longer term priorities and that forward risk planning is underway. G Methven and S Park were invited to provide further detail on stock levels and the activity to date to mitigate the present challenges to blood collection. It was noted that demand has remained strong at almost pre-Covid-19 levels and that collection capacity has been increased through staff recruitment and larger venues. It was also highlighted that appointment fill rates were being driven by increased and responsive marketing to ensure the newly created collection capacity is available for booking. It was confirmed that following scenario modelling, plans have been put in place to ensure continuity of supply throughout the winter. It was noted that that impact of Covid-19 on teams within Blood Supply was worse than the first wave, but that there is more resilience in the system to accommodate for absence.	

	The Board noted the value of being able to create flexibility within the system and queried whether there should be a further discussion on how to make this more permanent. It was suggested that the main tool for creating flexibility is marketing, rather than capacity, as the lack of sessions is not usually the constraint. There was discussion on the potential for and the merit of flexing blood stocks held across the system, and whether there would be opportunity to flex this down in a more responsive way. The Board noted the lessons learned from the recent recruitment drive to support the Convalescent Plasma project, acknowledging that the challenge had been to onboard and train staff in the current environment and that for future recruitment, workforce management information and reporting will be used more effectively to understand any blockages or challenges. An additional update was provided on the Pulse system and it was also noted that the session solution has been delayed in order to prioritise other projects, piloting will commence early in the next financial year. Board members queried whether there were any considerations for the future ways of working in light of Covid-19, and it was noted that making NHSBT a great place to work for everyone is a key part of the new corporate strategy.	
8	Clinical Governance Report	
20-88	G Miflin highlighted that there were no open serious incidents (SIs) recorded during the reporting period of August and September, and that all potential SIs had been resolved. Regarding OTDT 4943 NHSBT has asked the Safety of Blood, Tissues and Organs (SaBTO) and Donor Organ Risk Assessment (DoRA) groups to review the guidance for accepting organ donors with a history of Malignant Melanoma. It was queried whether it would be possible / necessary to review past SaBTO recommendations for donors with cancer or a history of cancer. It was noted that DoRA have recently reviewed the SaBTO exclusion and restriction criteria however the need for a further review would be considered by GMi and AC. Members discussed the likely timing of a CQC Well Led inspection. It was noted that the CQC have moved to a new risk based approach to prioritise inspections, this means that NHSBT is not expecting an inspection to be announced for some time.	**GMi/AC**
9	Board Performance Report	
20-89	Members received the report for October, noting that collection performance had improved throughout November, that on time delivery had increased to 98.5% and that NHSBT had received positive feedback from the recent hospital Satisfaction survey with overall satisfaction increasing to 84% from 77%. RO collection levels were discussed, and it was queried what increase in RO donors is required to achieve the plan. It was noted that there had been a recent increase in donors and that the Board will be presented with an update at the January 2021 NHSBT Board meeting.	

	The Board discussed the impact of the first and second wave of Covid-19 on organ donation and transplant levels, noting that colleagues had not yet seen the same decline experienced in the first part of the pandemic but that there still had been challenges to operate in a Covid-19 secure way. It was queried whether organs had been refused on the basis of a lack of capacity in hospitals or staffed ICU beds, and it was agreed that the details would be provided. Members asked for comment on the welfare of the workforce, and it was noted that there is a significant challenge of facilitating organ donation in a difficult working environment for staff, but that support had been put in place and that the current situation had widened the appeal of NHSBT to many nurses in intensive care.	**AC**
10	Strategy Development	
20-90	K Robinson introduced a briefing paper which framed the work to restart the organisation's strategy development, building on the paper shared with the Board in January 2020. It was highlighted that the development of the corporate strategy builds on the work started 18 months ago, which included engagement across the organisation to build on the strengths of the organisation and plan for the future. The paper also outlined potential opportunities and challenges post-Covid 19 and key factors to enable delivery. N Michael also joined the meeting to answer any queries from the Board. The Board discussed timescales for the strategy development, noting the work currently being undertaken to lay the foundations for business planning to take place in 2021/22, with full implementation of the strategy from 2022/23. The Board agreed that 2021/22 is used to develop the strategy; the planning work will map out timelines, stakeholders and scope of the work to inform the Board. Members queried how the Executive plan to engage staff and encourage adoption of the strategy, and it was confirmed that the strategy team are working closely with each directorate and there is a willingness and enthusiasm to engage, which will be supported by the development of the multi-year plans. Board members recommended that the strategy should take a 10-year view, which will enable much broader view of what can be delivered for customers and patients. It was also suggested that the organisational dependencies should be mapped out and that expectations should be set with the Board. In addition, active engagement with different stakeholder groups to those worked with in the past was encouraged, and it was noted that a pre-requisite for formulating the strategy should be building relationships with those designing healthcare for the future. The Board noted the paper and confirmed their support for the ongoing strategy work.	
11	Cellular therapies strategy	
20-91	G Miflin introduced the update on the development of a new cellular therapies strategy and welcomed D Hollyman and J Griffin to the meeting to provide further context to the work. It was noted that work has been undertaken to understand the current state in the field, develop insights and	

	identify key themes and initiatives that NHSBT should pursue to develop its cellular therapy aspirations. It was also noted that the current landscape for stem cells and therapeutics is fragmented, has been established organically and that there is the potential for NHSBT to play a greater role and driving change that would be transformative for patients. The Board were asked to consider the approach, output to date and the proposed way forward to develop a new ambitious cellular therapies strategy. The Board were asked to provide feedback on the broad direction of travel and how they would prefer to be involved in the ongoing development of the strategy. Members recognised the potential opportunity cellular therapies may present for the organisation in the future, also noting that the organisation has the potential to play a unique role in the development of the market. The Board discussed the potential disparate and broad nature of the operations outlined within the strategy, noting that whilst there is merit in bringing the operations together in one strategy in time, they are currently treated differently from a business perspective to a clinical perspective. It was suggested that the strategy will be a series of steps, and that these will become clearer when the Board has a greater understanding of the future clinical environment. It was also noted that whilst there the strategy contains a wide scope, the establishment of the Barnsley Centre and the CBC Filton expansion provide practical first steps in realising the strategy. Board members welcomed the opportunity for informal, small workshop sessions to understand the subject in more detail including the range of patient need, the scope and scale of the strategy, and what NHSBT's part should be now and in the future. It was also suggested that the Non-Executive's skills are leveraged in the development of the strategy. **ACTION:** It was agreed that team will consider how best to deliver future workshops, either virtually or in person when possible. M Banerjee commented that the strategy had been brought to the Board in its early stages following feedback from the Board development sessions to see and comment on developing and unformed work. Members were thanked for engaging in a new way of working.	**GMi**
12	Organ Donation and Transplantation Strategy	
20-92	A Clarkson introduced the final draft of the Organ Donation and Transplantation Strategy, which had been updated following the September Board meeting to optimise engagement with traditionally excluded groups and to include the impact of Covid-19 upon the strategic objectives. It was noted that the strategy had been developed with extensive stakeholder engagement, and that there had been strong collaboration from across the four nations. Board members thanked AC and the team for the work done to deliver the final draft of the strategy and for involving the Board throughout, and welcomed K Quinn and J Forsythe to the meeting, noting their contribution to the work. Members discussed that whilst the strategy development had been led by NHSBT in collaboration with partners, that it will be the responsiblity of the	

	organ donation and transplantation community as a whole to deliver it. The Board was fully cognisant of the fact that, as the NHS Organ Donation Organisation for the UK, we have control over the donation pathway however with regards to the transplantation process, we can only seek to influence and guide the elements of the strategy that call for actions. The board felt that in order for progress to continue to be made across the next decade it would be essential that our partners responsible for, and working in, transplantation are fully engaged with the strategic ambitions. The Board noted that in commending the strategy to the Health Departments and the Secretary of State it would require assurance that it will be adopted and a mechanism put inplace to deliver the elements of the strategy outside NHSBT's control. It was noted that without a delivery mechanism and clear governance there would be a potential risks to its implementation. The expectation would be to work with the wider transplant community and the commissioning bodies to put a programme in place to deliver the transplant elements of the strategy and suggested the creation of an overarching group to set the clinical and operational standards for transplant services, but it was highlighted that the group must have clearly defined responsibility and budgetary responsibility to be effective. **OUTCOME:** The Board commended the work done to develop the strategy. Members expressed concern that whilst NHSBT can be held responsible for donation, this is not the case for transplantation despite NHSBT's influence and therefore the organisation will not be able to provide assurance to DHSC that the strategy will be fully delivered as a result. It was noted that to fully deliver on the ambitions for transplantation, the Board needs to see a mechanism in place which includes standards, workforce planning, infrastructure and investment, and that without this the strategy cannot be delivered. Therefore in commending the strategy to the Health Departments and the Secretary of State the Board would expect a mechanisum to be put in place to ensure the transplant elements of the strategy will be delivered. **ACTION:** MB, BB and AC agreed to meet following the Board to confirm the next steps for the strategy and how this would be delivered with the UK Health Departments.	**MB/BB/ AC**
13	Convalescent Plasma	
20-93	G Gogarty was welcomed to the meeting, and provided an update for the Board on Convalescent Plasma programme, to highlight the key risks and issues to the programme and to provide an update on discussions with DHSC on expanding capacity beyond phase two. It was highlighted that three scenarios had been planned for post trials; where the trials had been effective; not effective or effective for a small subset of patients, and that internal planning is underway for the operational impact of these scenarios. The date for the results of the RECOVERY and REMAP-CAP trials were still to be confirmed. The Board were informed that the Therapeutics Task Force is leading engagement with the RAPID C-19 group and other stakeholder groups to develop the clinical commissioning policy and governance systems for managing supply and demand. There was confirmation that the programme had resulted in strong collaboration between all four nations in the UK, and that following the completion of the trial, there is an imperative to ensure equitable distribution across all nations.	

	Board members discussed the incredible value of the clinical trial, irrespective of the outcomes as it has been designed to provide a definitive answer to the effectiveness of convalescent plasma as a treatment and the future potential for the infrastructure established for collection, following the completion of the trials. Members queried what antibody level or titre was needed from recovered patients in order to treat those with Covid-19, this will be answered by the trial. It was noted that the programme is leveraging existing NHSBT infrastructure to target donors who are most likely to be high titre donors. M Banerjee confirmed the membership and responsiblity of the Convalescent Plasma Steering Group, and their involvement in governing the programme. Non-executive Directors were encouraged to take up the invitations to visit the Convalescent Plasma sites.	
14	Reports from UK Health Departments	
14.1	England	
	M Pappa highlighted the publication of the Government's Winter Covid 19 plan and the Spending Review announcements from the Chancellor. It was noted that the impact of which on NHSBT/NHS will be confirmed in due course.	
14.2	Northern Ireland	
20-95a	J Hardy confirmed that DoH NI is working closely with NHSBT on the Opt out consultation confirmed the appointment of an NI Organ Donation promotion Manager, an update on the current challenges with transplant service, and confirmed NI's commitment to NHSBT's Live Kidney Sharing Scheme.	
14.3	Scotland	
20-95b	S Baker highlighted that Covid-19 had impacted living donation. It was also noted that colleagues had been grateful for NHSBT's support on the implementation of the Opt-out policy in Scotland.	
14.4	Wales	
20-95c	P Vernon highlighted that the Cardiff Transplant unit had recently closed for a number of days due to reported Covid-19 cases.	
14.4	R&D Terms of Reference	
20-96	The Board endorsed the revised Research & Development Committee terms of reference.	
15	Any Other Business	
	RB highlighted the forthcoming completion of the new Barnsley centre following the transfer from Leeds and upcoming transfer from Sheffield, and the CBC Filton extension which is on plan, with construction due to complete in February 2021, with validation due in July 2021.	
16	Date of next meeting	
	The date of the next meeting was confirmed as 28th January 2021 via video-conference.	
17	Resolution on Confidential Business	
	There was no resolution on confidential business.	