



Blood and Transplant

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

**Zoom Videoconference
Thursday 28th January, 9:30-12:15**

Present	Millie Banerjee (MB) (Chair) 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)
In attendance	Ian Bateman (IB) Wendy Clark (WC) Patricia Grealish (PG) Rosna Mortuza (RM) Katie Robinson (KaR) David Rose (DR)	Joan Hardy (JH) Patricia Vernon (PVe) Samantha Baker (SB) Alia Rashid (AR) Katrina Smith (KS) Alice Williams (Minutes)

		Action
1	Welcome & apologies	
	Apologies were received from Kay Ellis (DHSC) for the Public meeting and from Sam Baker (Department for Health, Scotland) for the Private meeting.	
2	Declarations of Conflict of Interest	
	No further declarations of interest were stated.	
3	Board ways of working	
21-01	The Board ways of working were noted.	
4	Minutes of the previous meeting	
21-02	The minutes of the previous meeting on 26 th November were approved as a true record.	
5	Matters arising from previous meeting	
21-03	All actions were confirmed as closed.	
6	Patient Story	
21-04	G Mifflin presented the story of a sickle cell patient who is the recipient of regular red cell exchanges and highlighted the challenges in supporting these exchanges and the impact on the patient.	

	<p>Board members discussed the patient’s eligibility for alternative therapies such as stem cell transplants and earlier interventions such as the use of prophylactic immunosuppressants, noting that some treatments are only suitable for younger patients and that there have been few clinical trials for the use of some treatments. The Board also acknowledged the scale of the challenge of alloimmunisation in treating sickle cell patients.</p> <p>Members noted that the patient story had demonstrated a clear health inequality issue, wherein there has been relatively little research and development, despite the recognition that the current treatment for is cost and resource intensive. The Board acknowledged that NHSBT and the wider NHS hold a duty of care to improve treatments for blood disorders such as sickle cell disease and that the next BTRU/NIHR funding round would be an opportunity for such research.</p> <p>The Board highlighted the need to collaborate with the wider NHS to understand the clinical outcomes of the products NHSBT provides, to improve outcomes for patients.</p> <p>The report was noted, and members thanked GMi for bringing the case to the Board and raising awareness of this issue.</p>	
7	Chief Executive’s Board Report	
21-05	<p>B Bassis provided an update on the organisational priorities and challenges following the last Board meeting, framing the context for the Board’s later discussions including the update on closing the Ro kell negative gap and the continued efforts to improve diversity and inclusion to make NHSBT a great place to work for everyone.</p> <p>BB highlighted the organisation’s strong winter response to Covid, winter weather and the end of the EU transition period, throughout which blood stocks have remained strong, and confidence that there are plans in place to recover the O negative position.</p> <p>Reflecting on the latest updates from the Convalescent Plasma Programme (CVP), it was noted that whilst the organisation has been planning for all scenarios, many teams were disappointed with the outcome of the RECOVERY trial but that there was still hope for some patient benefit following the resumption of collection and a potential third trial. Thanks were noted to Gerry Gogarty and GMi for their agile and inspirational leadership on the pace, scale and ambiguity around this programme.</p> <p>BB also emphasised the continued steadfast commitment of the organisation’s people, against the backdrop of a very worrying situation with the pandemic, especially those who continue to travel into work and engage with members of the public. It was reiterated that the health, safety and wellbeing of staff continues to be a top priority, and the Executive have been driving the introduction of regular asymptomatic testing and arrangements with hospitals around the country to get staff vaccinated.</p> <p>Reflecting on the highs and lows of the last period it was stressed that the organisation will have to an adopt an iterative and agile approach to the Strategy & Transformation plans, to respond accordingly to challenges and</p>	

	<p>opportunities in the future. Board members acknowledged this and remarked the notable shift in the organisation’s ability to run multiple major programmes concurrently in the last 12 months, and its increasing future focus.</p> <p>The Board noted the report and it was confirmed that the horizon scanning slides from Sally Davies from the Australian blood service from the recent NHSBT leadership conference would be shared with the Board.</p>	KaR
8	Clinical Governance Report	
21-06	<p>GMi presented the Clinical Governance report to the Board, summarising the discussions from the most recent CARE meeting. Within the reporting period of October and November 2020 one new SI had been recorded, and that the investigation had been completed. It was also reported that the FAIR recommendations had been accepted by Ministers with implementation planned for Summer 2021.</p> <p>Regarding the Serious Incident, it was confirmed that after re-running the related donor searches following the transcription error, whilst 3 donors were identified, none were found to be eligible and there was no harm to the patient. Letters of explanation had been sent to the patient and the medical team, and no similar errors had been identified whilst reviewing all previous donor/recipient matches. GMi referenced potential mitigating activity for future incidents including the Automated Transfer Results programme, which will automate future matching. Board members queried whether the complex activity could be resolved using a system solution, and WC agreed to advise the Board.</p> <p>Board members reflected on success of the FAIR announcement noting there was a good press coverage in the UK and Internationally and positive reactions from staff. Board members also acknowledged that whilst the announcement had been an exciting demonstration of NHSBT’s commitment to making blood donation more inclusive, there was still more work to do on working with other excluded groups.</p> <p>The Board noted the report and reiterated their thanks to all involved in supporting the FAIR outcome including those committed groups who had lobbied for the outcome.</p>	WC
9	Board Performance Report	
21-07	<p>R Bradburn presented the December 2020 Board Performance Report and highlighted two trends for the Board’s attention regarding blood collection performance with particular reference to the supply of O negative blood and the in major quality incidents over the period.</p> <p>Regarding blood collection performance, RB highlighted that whilst collection of red cell stocks rose to around 35k through December and had remained in excess of demand, the collection of O negative red cells were 17% lower than planned during December and under collection had continued through January with demand remaining constant. It was added that to meet the demand, 18% of current collections would need to be O negative.</p> <p>Board members discussed the need for a wider strategy to recruit and retain donors as part of a longer-term programme to redress the O negative supply challenge. It was commented that the recruitment of new</p>	

	<p>donors is at present less cost effective than focusing on retaining current O negative donors, as it donor's blood groups are unknown until their first donation. It was noted that learnings from the CVP programme may be applicable to this area in the future, as off session sampling had been successful and may unlock opportunities to sample potential donors before they donate to target O negative donors and that this would be discussed during the later agenda item. It was also suggested that there is some further work to do on understanding the demand, and whether all of this is clinically appropriate.</p> <p>It was highlighted that the rate of Major QI's had increased to 43 in the month and that this is being investigated by the QA team. Board members were cautioned against assuming that the incidents were as a result of the Convalescent Plasma Programme.</p> <p>RB outlined the full year outturn position, the impact of Covid on the results, and how plans for the surplus. It was highlighted that the impact of Covid-19 is tracked through different lines in the income and expenditure accounts and that blood income had been protected during the year due to the implementation of block contracts. Losses from specialist services had been offset by the contingency resulting from the blood service rebates. No material impact is expected on Q4 financial performance.</p> <p>It was additionally highlighted that Covid-19 is current limiting factor on the supply of eye donations, but that there is also a longer-term trend of increasing end of life care at home, which may also impact on the organisation's ability to transplant in the future.</p> <p>The current surplus in ODT was cited as the result of reduced activity and lower costs. Members were informed that the surplus could be utilised to fund non-recurring revenue investments, such as those included for the Board's consideration on the private agenda.</p>	
10	Convalescent Plasma Update	
21-08	<p>GMI provided an update on the Convalescent Plasma (CVP) Programme, highlighting the completion of the Phase II objectives, the outcomes of the REMAP-CAP and RECOVERY clinical trials and the remaining key areas of challenge and mitigation activities within the programme.</p> <p>GMI reported that plasma collection had recommenced on the 23 January, following discussion with DHSC. The decision had been made due to remaining uncertainty of the potential benefit from plasma for earlier disease treatment or for patients who may not respond to vaccination. It was also reported that NHSBT and partners are being asked to consider how a third trial may be designed.</p> <p>Board members queried whether the pause in collection had resulted in significant donor disengagement and whether this is having any impact. It was confirmed that there had been a resumed effort on the collection of high titre (HT) plasma, including the reactivation of related initiatives including a pilot for off-session sampling to help protect donation capacity for HT donations, and that as part of the recruitment for the project 14 plasma donor recruiters are operation within hospitals to reach patients as they are discharged. Those patients involved in the trials have also been contacted by NHSBT and were updated on the trial outcomes.</p>	

	<p>Board members also discussed the complexity involved in collecting high titre plasma and administering it within the period where the effects are likely to be most beneficial. It was noted that higher titre donations provide better results, but that this also increases the operational challenge. It was noted that although dependant on the design and results of the proposed third trial, there have been some initial discussions with potentially appropriate healthcare settings where treatment could be safely administered, such as renal wards where blood transfusions are routinely carried out.</p> <p>Lastly, it was confirmed that discussions are ongoing regarding the potential repurposing of the plasma and CVP capacity, and that this decision will be taken by DHSC.</p> <p>The Board noted the report and requested that members are kept advised of progress in the coming weeks.</p>	
11	Update on closing the Ro Kell Neg Gap	
21-09	<p>D Rose introduced a paper updating the board on the latest position in meeting the Ro Kell Neg demand, and an update on the organisation's progress in implementing short term activities to close the gap as well as a longer-term view on the initiatives and change that will be implemented. Board members were invited to comment and challenge the updated plans to close the Ro Kell Neg gap.</p> <p>DR outlined the identified donor experience initiatives which will close the majority of the supply gap for Ro kell neg in the next 2 years, but also advised Board that the longer-term plan will make the sustained and required change to the donor base.</p> <p>Board members welcomed the holistic view of initiatives being delivered to drive a different donor experience. There was a query on the extent to which the initiatives will achieve the predicted scale of impact and it was acknowledged that whilst the modelling from McKinsey was high-level and business case light, there is confidence that the majority can be achieved and that they will have the desired impact on the donor base as the design of the initiative, how it is implemented and aligned with other donor experience are just as important as the initiative itself.</p> <p>Members raised the opportunity of off-site sampling to assess a donor blood groups which had been utilised during the Convalescent Plasma programme, and it was queried whether this could reduce the costs of donor acquisition and therefore help grow the Ro kell neg supply in a targeted and cost effective way.</p> <p>It was highlighted that consideration is being given to the introduction of further steps in the donor process to achieve a greater scale of O neg donors, of which off-site sampling could be an option. Discussions are ongoing with finance and QA colleagues to determine the commercial case for this. There may also be opportunities in the future for the organisation to do such testing 'in-house' which may overcome some of the limitations of the current off-site sampling.</p> <p>Board members acknowledged the potential benefits and opportunities of the proposed national genotyping project for reducing the Ro kell negative gap, and it was noted a paper will be brought to the next Board meeting.</p>	

	<p>It was noted that there have been other learnings from the CVP programme which could benefit donor experience as the programme reached a diverse set of donors and the deliberate approach to recruit diverse staff brought in a new energy and a level of good practice that is making a refreshed impact on our donors.</p> <p>There was discussion on the total investment for the programme and how this is will be deployed across donor recruitment, retention and reactivation. It was noted that funding is being targeted in a reactive way to reach donors in the most cost efficient way and that there have been other opportunities such as through the CVP programme to target potential donors.</p> <p>Lastly, the Board queried how the organisation planned to convert the new audience of potential donors, and it was commented that improvements to the donor experience will have its limitations as the knowledge about prospective donors is still relatively limited. The team are therefore focusing on different methods of engagement, using technology and customer segmentation and working within communities to understand which are the most effective at recruiting these new donors.</p> <p>Board members reflected on the emerging evidence of the lack of trust in the Health Service in some communities, which has been demonstrated by some of the negativity around the Covid-19 vaccine, and the Board noted the importance of keeping aware of future initiatives or research in this area.</p> <p>The Board noted the report and welcomed a progress update in May 2021.</p>	
12	Diversity & Inclusion Update	
21-10	<p>R Mortuza provided an update for Board members on the Diversity and Inclusion programme of work, highlighting progress so far, the work underway and priorities going forward. The Board were asked to note progress, levels of activity and continued challenges around D&I and to also consider whether the actions proposed are proportionate to addressing the key issues and challenges identified.</p> <p>P Grealish also shared highlights from the 'Re-imagining Recruitment' programme, and referenced the initiatives and lessons learned so far to make recruitment more inclusive.</p> <p>Board members acknowledged the progress on the programme to date and asked how success will be measured, noting that it is a complex issue. It was reported that a comprehensive range of metrics are being developed, comprising a mix of qualitative and quantitative measures from many aspects of staff engagement. KaR also highlighted that this framework will be designed to provide early warning signs for the Executive to consider, as well as ultimately being able to demonstrate longer term trends. It was noted that the revised Board Performance Report will also include D&I metrics. The Board requested that the metrics, starting from the next financial year, are shared at the meeting in May, in order for Board members to begin to track the outcomes of the programme. The Board also requested information on the the current diversity of the workforce, broken down by geography.</p>	

	<p>Board members noted the progress made in response to the Organisational Diagnostic Report and the activity underway with the Manufacturing team within Colindale. There was a query over the number of staff working at Colindale, and what percentage of staff work within manufacturing. G Methven agreed to share this data.</p> <p>There was also a query as to whether the same amount of engagement has taken place with other staff in Colindale, and it was reiterated that the lessons learned would be rolled out to other teams in order of priority.</p> <p>Board members also commented that whilst there are tactical things to address, there needs to be a conscious shift in the culture to drive longer term inclusive leadership and fundamental change.</p> <p>Action: It was agreed that the metrics would be shared at the May Board meeting and the Board requested a further update on the D&I programmes at the next appropriate point.</p> <p>The Board noted the report and thanked RM for her continued energy and delivery on this priority for the organisation, and reiterated that the responsibility for a diverse and inclusive organisation is owned and led by the Executive.</p>	RM
13	Reports from the UK Health Departments	
	No matters for the Board submitted from England.	
21-11a	<p>Northern Ireland</p> <p>In addition to the pre-circulated report, J Hart highlighted that there had been close working with NHSBT on the Opt out consultation and there is a tight timescale to progress the primary legislation through the NI Assembly before the current mandate finishes in May 2022.</p>	
21-11b	<p>Scotland</p> <p>S Baker additionally highlighted recent engagement with the new Minister for Health, and the progress of the Organ, Donation and Transplantation Strategy within the department.</p>	
21-11c	<p>Wales</p> <p>P Vernon highlighted that there had been interest from New York State regarding the introduction of Opt Out in Wales.</p> <p>M Banerjee queried whether there had been any consequences for the organisation as a result of the EU Exit and NI protocol. It was confirmed that operations have continued with no significant implications and that the Board would have the opportunity to consider the issue in greater detail at the Private meeting.</p>	
14	For information	
21-12 21-13 21-14	<p>The Finance and Performance Committee Terms of Reference and Trust Fund Committee Terms of Reference were ratified by the Board.</p> <p>C St John highlighted that there will be vacancies on the Finance and Performance Committee, Trust Fund Committee and additionally on the Audit, Risk and Governance Committee</p>	

Status - Official

	MB provided an update on the progress of the recruitment of two NHSBT Non-Executive Directors, highlighting that the interviews had taken place and that the decision on appointments is currently with Ministers.	
15	Resolution on Confidential Business	
	There was no resolution on confidential business.	
16	AOB	
	Formal thanks were offered to JM on behalf of the Board for his service to NHSBT for over 8 years. MB thanked all observers for attending, and for holding the Board to account in discharging their duties.	