

Blood and Transplant

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

Zoom Videoconference Thursday 25th March 2021, 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 Miflin (GMi) Charles St John (CSJ) Piers White (PW) Jo Lewis (JL) Phil Huggon (PH)
In attendance	Ian Bateman (IB) Wendy Clark (WC) Patricia Grealish (PG) Rosna Mortuza (RM) Katie Robinson (KaR) David Rose (DR) Kay Ellis (KE) Andrea Ranson (AR) (For item 6) Matt Kay (MK) (For item 11)	Christie Ash (CA) (For item 12) Ella Poppitt (EP) (For item 13) Marina Pappa (MP) Joan Hardy (JH) Patricia Vernon (PVe) Linda White (LW) Alia Rashid (AR) Katrina Smith (KS) Alice Williams (Minutes)

		Action
1	Welcome, Apologies and Introductions	
	M Banerjee confirmed that for the first time the meeting was available as a live stream on the NHSBT website and thanked observers for joining the meeting. Phil Huggon & Jo Lewis were welcomed to their first NHSBT Board meeting, and apologies were received from Professor Paresh Vyas.	
2	Declaration of Conflict of Interests	
	No further declarations of interest were raised.	
3	Board Ways of Working	
(21-15)	The Board Ways of Working were noted.	
4	Minutes of the previous meeting	
(21-16)	The minutes of the last meeting were agreed as a true record.	
5	Matters arising	
(21-17)	Action B11 was agreed as closed, and B12 would be discharged and closed at the next Board meeting.	
6	Patient Story	

(21-18)	<p>A Clarkson was joined by A Ranson to share the patient story on the UK's First Conjunctival Transplant through International Collaboration.</p> <p>Commending the innovation highlighted in the patient story, Board members queried whether this type of transplant would be repeated. It was confirmed that the team had anticipated surveying transplant surgeons and working through the ocular tissue advisory group to understand patient need.</p> <p>AC also commented that there is a broader opportunity for NHSBT to develop its position as a leader in the supply of tissues, utilising its unique position and drawing on its wide-ranging strategic partnerships in this area. It was noted this could give the organisation a greater understanding of tissue imports to the UK.</p> <p>Members noted that NHSBT has had a large number of successes in new areas across 2020 and that further recognition and celebration of these should be considered.</p>	
7	CEO Report	
(21-19)	<p>B Bassis provided an update on the organisational priorities and challenges since the last Board meeting and outlined the context for the proposed discussions on the budget and business plan for 2021/22 in the context of the wider strategic ambition for the organisation, the first Blood Technology Modernisation programme report, and early conversations on the organisation's Genomics aspirations.</p> <p>BB shared reflections on the one-year anniversary of the first national lockdown and highlighted the recent NHSBT Together Awards which provided an opportune occasion to recognise the amazing achievements of NHSBT's people over the last year.</p> <p>The Board expressed their disappointment at the delay of the publication of the NHSBT Organ Donation and Transplantation strategy. AC highlighted that whilst the donor specific elements of the strategy are progressing, the delay has had significant implications for the progress on the transplantation side and may hinder discussions with partners and stakeholders. It was also commented that this may affect NHSBT's ability to engage in decisions regarding specialised commissioning. MP highlighted that whilst the delay is disappointing and was due in part to competition with other major announcements ahead of purdah, the proposed taskforce as outlined in the strategy will soon be established. Colleagues were encouraged to continue developing business cases and clear rationale for ambitions outlined in the strategy beyond the first year of funding.</p> <p>BB also remarked on the significant transformation and change of the People agenda and the planned investment in leadership and organisational development.</p> <p>In anticipation of further D&I discussion at the Board development day in May, it was highlighted that additional funding has been set aside in the budget to accelerate D&I improvement initiatives, and an Executive D&I Programme Board has been established to provide structure and focus and efforts. Board members remarked on the expectation for change on D&I and how these are supported/managed. It was noted that whilst the data might not necessarily demonstrate change immediately, the Board is aware and acknowledges the legitimate challenge that more needs to be achieved. The</p>	

	<p>Board will be updated on the work done to date and the communications planned.</p> <p>Board members reflected on what NHSBT had achieved in a challenging year and commended the Executive Team for their leadership.</p>	
8	Clinical Governance Report	
(21-20)	<p>GMI presented the Clinical Governance report to the Board, summarising the discussions from the most recent CARE meeting. Within the reporting period of December 2020 and January 2021 it was confirmed that no new serious incidents were reported, one SI was closed. GMI also introduced Samaher Sweity as Interim Corporate Clinical Governance lead.</p> <p>It was also confirmed that the safety framework was reviewed, CARE recommended the continued use of the ABO Risk-Based Decision-Making Framework for any significant safety decisions, to which ARGC had agreed.</p>	
9	Board Performance Report	
(21-21)	<p>R Bradburn presented the February performance report, highlighting the ongoing efforts of the operational team to maintain collection performance, and the headlines from the Q3 forecast position that NHSBT is forecasting a full year I&E deficit of £12.1m, £7.4m ahead of plan in part driven by a surplus in ODT and supplier rebate.</p> <p>There was discussion on the treatment of Covid costs in 2020/21 and 2021/22. It was noted that Covid costs have been tracked throughout the year and in agreement with DHSC, the blood rebate had been retained and used as contingency to offset against Covid costs. For 2021/22, it was confirmed that Covid costs had been absorbed into BAU, and 3.5% of the proposed 9% price increase for blood components had been outlined for Covid related costs, of which Trusts will be reimbursed by a separate funding stream from NHSE. It was confirmed that Covid costs will continue to be tracked closely in all financial reporting.</p> <p>Board members were also asked to consider and provide feedback by email return on the proposed revised board performance report to K Robinson and RB ahead of the report's first publication/use at the May Board.</p> <p>Action: The Board noted the report and encouraged the Executive to ensure that future reports clearly illustrate and track costs related to Covid-19. Feedback on the proposed new format was requested by correspondence.</p>	RB
10	For approval: Budget 2021/22	
(21-22)	<p>RB presented the draft 2021/22 budget for Board approval subject to noting that whilst programme funding for ODT and the income envelopes proposed for blood components and specialist services are yet to be formally approved by DHSC, confirmation is expected. It was noted whilst individual Trusts will not be aware of the specific price increase, NHSBT has set expectations to date for a significant price increase in 2021/22.</p> <p>RB highlighted two further considerations for the Board's attention which had not included in the paper due to timing considerations. Firstly it was raised that there is still uncertainty surrounding the NHS pay deal and corresponding NHSBT salary costs which had been assumed as 2.5% in the budget proposal. MB stated that in relation to the current assumption on the</p>	

	<p>pay deal discussions NHSBT would not be expected to fund the difference if the deal were to increase.</p> <p>Additionally it was noted that since the publication of the budget paper the forecast cash position for end 2021/ had improved from £3m to £9m in part due to additional funding supplied for stem cells and skin products, and also due to changes in transformation spending. Clarification was provided on the NHSBT cash reserves policy, and it was highlighted to the Board that approval had been granted by NHSE/DHSC for the previously referenced ODT surplus to be carried forward to 2021/22 for critical project expenditure.</p> <p>Board members sought further understanding behind the increase in group service costs for blood supply relative to a minimal change in expected volumes.</p> <p>Executive members recognised the increase in prices linking these to required investment in our people and IT agendas in particular, but also acknowledged the increasing pressure on the ‘public purse’ and reiterated the areas where we would be seeking efficiencies.</p> <p>The Board recognised the proposed transformation portfolio for 2021/22 and queried the adequacy of the governance in place to manage it effectively. The Executive reminded the Board that the Convalescent Plasma Programme alone was several times larger and was delivered successfully alongside a wider transformation portfolio of a similar size to the one being proposed. The Executive assured Board members that appropriate and proportionate programme and portfolio governance was in place and offered to share greater detail offline.</p> <p>The Board discussed the impact of the revised assumptions on the cash position and salary costs, and whether the budget could be approved as submitted to the Board, or whether an additional approval process would be required once the cash position had been updated. Whilst acknowledging the current uncertainties affecting the budget proposal, it was confirmed that no further discussion was required on income & expenditure for 2021/22 but that the cash budget schedule should be added to the pack with final approval then sought by correspondence. Members also requested that the budget pack should also include the key assumptions (which would have more than a 1% effect on costs or revenues) and requested clarity on how these assumptions would be monitored in the newly revised Board Performance Report.</p> <p>Outcome: The Board requested that the key assumptions and the cash budget (and revised forecast) be added to the budget pack, and to assume no further changes to salary costs.</p> <p>Action: RB to update budget proposal with key assumptions and the cash budget/forecast and circulate to Board members for final approval by correspondence.</p>	RB
11	Business Plan	
(21-23)	K Robinson and M Kay introduced the draft 2021/22 business plan and highlighted the process for developing the plan and welcomed feedback from the Board on the present iteration.	

	<p>The Board welcomed the draft plan and in recognising that the approach, process and plan itself was new, members reaffirmed their interest and expectation to be kept informed of the plan’s development.</p> <p>Some concern was expressed regarding the ambition of the plan, and whether it will be achievable in 2021/22 – a year in which most NHS bodies are focusing on recovery. Similarly, there was a suggestion for a further prioritisation exercise to detail the difference between priorities and actions, and to further clarify the proposed outcomes of the plan in order for the Board to understand and measure success.</p> <p>Board members queried whether the sequencing of producing the budget before the business plan had affected their alignment. Executive members were confident that as the strategy team and finance team had collaborated, any pressures or misalignment had been removed. Members also discussed how the delivery of the plan would be tracked, and it was confirmed that the revised Board Assurance Framework, Board Performance Report and refreshed Transformation portfolio reporting would give a holistic view of delivery for the Board.</p> <p>On the recommendation of closer working with the NHS, it was recommended that the reference is revised, and a map of NHSBT’s stakeholders in the wider NHS is provided for Board members to better understand this dynamic. Board members also encouraged the Executive to consider whether the reference to gene therapy and genomics should be more prominent.</p> <p>MB challenged the reference to BAME in the plan and commented that the current interpretation suggest that responsibility is being passed to others to lead and tackle current challenges, and it was agreed that whilst this was not intentional the wording would be revised to reflect the commitment of NHSBT and NHSBT’s leadership to enact positive change.</p> <p>Lastly there was discussion on the importance of the publication and internal cascade of the business plan, and whether publication of the strategy in June would be too late. Election and purdah restrictions had affected publication, but it was confirmed that the Strategy and Transformation leads within Directorates had been engaged in the development of the draft plan, and that internal stakeholder conversations underway.</p> <p>Next steps, it was confirmed that the Finance & Performance Committee are due to review the business plan in April, and that this feedback will be incorporated into the final version.</p> <p>Outcome: Board feedback would be incorporated and BB & MB to confirm when the business plan will be next presented to the Board and what format this engagement will take.</p>	KaR
12	For information: Blood Tech Modernisation Update	
(21-24)	Following the approval of the Blood Technology Modernisation (BTM) Programme at the last Board meeting and the funding for the first year, W Clark and C Ash presented the first progress report and sought feedback and agreement from the Board on the proposed format.	

	<p>CA also provided a brief verbal update on the status of the programme, noting that an amber status will be reported until the delivery estimation matures.</p> <p>Board members considered and discussed the format of the first report, suggesting that whilst it was clear to read, some were still unclear on what success looks like/what will be achieved at the end of the programme. WC and CA offered to provide a short briefing session offline for DK, PH, and JL. There was also further discussion on how the report could better illustrate if the programme was still on track to deliver its intended aims at the end of the 5 years. WC and CA agreed to discuss this offline with CSJ to improve this presentation.</p> <p>It was also highlighted that following an initial impact assessment, the organisational pivot to collecting recovered plasma would have minimal impact on the BTM programme.</p> <p>Outcome: Members noted the report, acknowledging that further revisions would be made in light of feedback from the Board.</p>	<p>WC</p> <p>WC/CSJ</p>
13	For information: Nursing Strategy	
(21-25)	<p>AC and E Poppitt presented the draft NHSBT Nursing Strategy 2021-2026, designed to support the Nursing profession across the organisation and outline the ambitions and priorities for supporting and energising a profession that sits at the heart of NHSBT's work to save and improve lives. Feedback and endorsement was sought from Board members ahead of its publication on 12th May.</p> <p>Board members discussed the theme of progression opportunities for nurses as highlighted in the strategy and reiterated how important is it to maximise career opportunities and retain top talent which may include promoting nurses into non-specific nursing roles or provide secondments or fixed term roles in the wider NHS which will not only benefit the individuals involved, but would also see other departments benefit from the experience and professionalism of the nursing cohort. The Board noted the role of the People team and strategic workforce planning to enable this.</p> <p>It was highlighted that there have been significant efforts recently to promote and develop the roles of senior nurse practitioners in leadership roles, citing the recent appointment of a nurse to the Cellular Therapies leadership team and plans to replicate this in TAS.</p> <p>Members suggested that the strategy should also capture the current feedback from the nursing cohorts in order to better measure progress as the strategy is implemented. It was confirmed that employee engagement had been undertaken as part of the development of the strategy and that the themes from this could be added into the strategy to illustrate the organisation's starting position.</p> <p>Lastly it was highlighted that other professional strategies were under consideration, such as the role of scientists in NHSBT, and would be shared with the Executive and Board in future as they are developed. DK offered to share thoughts offline regarding how doctors might develop/be considered in such a strategy.</p>	

	Outcome: The strategy was noted, and it was agreed that Board feedback was to be considered and incorporated into the final version and circulated to members ahead of the publication date.	
14	Reports from UK Health Departments	
	England	
	It was confirmed that DHSC would continue to work with NHSBT prior to the confirmation of the future model for blood pricing.	
	Northern Ireland	
(21-26a)	J Hardy provided an update on the soft opt-out system for organ donation in Northern Ireland, noting that it was progressing well. It was also reported that due to the pandemic, the kidney transplant service in Belfast has been temporarily paused other than for highly sensitised patients for whom it is extremely difficult to find a suitable match.	
	Scotland	
(21-26b)	L White confirmed that the implementation of the Human Tissue (Authorisation)(Scotland) Act 2019 was on track for 26th March 2021 and thanked NHSBT for their support throughout its development. It was also reported that the Donation and Transplantation Plan for Scotland: 2021 – 2026 had been published.	
	Wales	
(21-26c)	P Vernon highlighted that the Minister for Health and Social Services in Wales has agreed to the transfer of responsibility for future organ donation campaigns in Wales to NHSBT, and an additional funding allocation of £285,000 had been agreed to support this activity.	
15	For information: Revised Board Performance Report	
(21-27)	No further feedback was provided.	
16	AOB	
	No other business was reported	
17	Q&A	
	A question was received via email: <i>Will we have a strategy to develop scientists and understand the important contribution they can and do make?</i>	
	GMI commented that whilst there are no immediate plans to develop a scientific strategy, it will be a consideration for the new Chief Scientist when they are appointed in post.	