



# Blood and Transplant

## Minutes of the One Hundred and Third Public Board Meeting of NHS Blood & Transplant

**Zoom Videoconference  
Thursday 27<sup>th</sup> May, 9:30-12:30**

<b>Present</b>	Millie Banerjee (MB) Betsy Bassis (BB) Rob Bradburn (RB) Anthony Clarkson (AC) Helen Fridell (HF)	Dr Gail Mifflin (GMi) Charles St John (CSJ) Piers White (PW) Jo Lewis (JL) Prof Deirdre Kelly (DK)
<b>In attendance</b>	Ian Bateman (IB) Wendy Clark (WC) Katie Robinson (KaR) Rosna Mortuza (RM) Dean Neill (DN) Katrina Smith (KS) Alia Rashid (AR) Tracey Barr (TB – Item 11) Shane White (SW – Items 9 & 11)	Richard Crossen (RC – Item 11) Christie Ash (CA – Item 13) Kay Ellis (KE – until item 11) Michael Gallagher (MG – from item 11) Sharon Grant (SG – until item 11) Pat Vernon (PV) Joan Hardy (JH) Alice Williams (AW - Minutes)
		<b>Action</b>
<b>1</b>	<b>Announcements and apologies</b>	
	Apologies were received from Patricia Grealish, Phil Huggon, and Greg Methven. It was confirmed that Paresh Vyas would be joining the meeting at a later time.  M Banerjee welcomed Dean Neill as Greg Methven's deputy for the day's Board meetings and all observers via the Live Stream.	
<b>2</b>	<b>Declarations of Conflicts of Interests</b>	
	There were no further declarations of interest from the Board.	
<b>3</b>	<b>Board Ways of Working (21-28)</b>	
	The Board ways of working were noted.	
<b>4</b>	<b>Minutes of the previous meeting (21-29)</b>	
	The minutes of the previous meeting on the 25 <sup>th</sup> March were approved as a true record.	
<b>5</b>	<b>Matters arising from previous meeting (21-30)</b>	
	Members confirmed that all outstanding matters from previous meeting were closed.	
<b>6</b>	<b>Patient Story (21-31)</b>	

	<p>GMI introduced the donor/patient story of an individual who had survived Covid-19 and began donating his plasma first for Convalescent Plasma, and then for Plasma for Medicines.</p> <p>Board members discussed the feedback from returning plasma donors and it was highlighted that individuals have been highly motivated to donate and are becoming more aware of the drive for self-sufficiency for plasma within the UK and that these insights are continually being used to improve tools and the donor experience.</p> <p>The Board reiterated their gratitude to Darren Buttrick for his continued donation and role in promoting the importance of plasma donation for NHSBT, and it was agreed that a letter of thanks would be sent on behalf of all Board members.</p>	
7	<p><b>CEO report (21-32)</b></p> <p>B Bassis provided an update on the organisational priorities and challenges since the last Board meeting, commented on the easing of restrictions and the road to recovery and outlined the context for the proposed discussions on corporate strategy and the new D&amp;I workforce metrics pack.</p> <p>BB shared reflections on the ambition to make NHSBT a great place to work for everyone. Remarking on a recent visit to Colindale, BB shared that it had been a positive experience and that she had left the centre feeling moved and inspired by the people with whom she spoke. BB reiterated that although there are green shoots of progress, there is a lot more work to do and the more comfortable people feel in speaking up about their lived experience, the more issues are uncovered around our policies, processes and people practices. It was confirmed that an external review of NHSBT's progress against the recommendations set out in the Globis report has been commissioned and is expected in coming weeks. BB also reported upcoming senior leadership changes and the need for NHSBT and search firms to ensure that candidates from diverse backgrounds are sought to fill these positions.</p> <p>Board members also queried whether NHSBT is utilising the feedback from exit interviews to shape the ongoing work to make NHSBT a great place to work. BB agreed to share this insight with P Grealish and ensure this is happening in a consistent manner.</p> <p>The Board were also informed of pending DHSC and CO approval for paid marketing plans for the year, and that whilst NHSBT is not the only ALB in this position, it was reported that this does pose a risk to donor recruitment and fill rates. Board members queried what mitigations had been put in place to support donor recruitment. DR shared the detail of the three levers in place to mobilise donors, and assured the Board that performance is currently on track and that the team will be reviewing the plans in the short term to consider whether more can be done to utilise existing donor pool. On the wider issue of approval, it was highlighted that the initial submission form did not allow for further briefing/context on the role paid media has in supporting wider partnerships and activities and other zero cost activities and that a further submission is planned which places the role of the funding in this wider context.</p>	
8	<p><b>Clinical Governance Report (21-33)</b></p> <p>GMI presented the Clinical Governance report to the Board, summarising the discussions from the most recent CARE meeting. Within the reporting period of February 2021 and March 2021 there were no new Serious Incidents (SIs) were reported but subsequent to this reporting period, two new SIs had been reported</p>	

	<p>to the Board - OTDT: INC5466 (heart retrieved without the donor family's agreement) and OTDT: INC5477 – (Eye tissue retrieved despite Coroner's restriction to the retrieval of corneas).</p> <p>The Board discussed the organisation's role in educating Coroners on the processes and benefits related to organ donation and transplant and agreed to consider further education and promotion work with coroners to support the relationship local NHSBT teams have with Coroners across the UK.</p> <p>Board members were also informed of a whistleblowing incident to the CQC of alleged poor clinical practice at one donor centre. The incident was investigated by the Chief Nurse in Blood Supply and no grounds for concern or poor practice were found. A response was sent to CQC who were satisfied, and no further actions were required. Board members were assured that sufficient action was taken in response to the incident.</p> <p>The Board also queried an ongoing ICO complaint regarding Organ Donation deemed consent, and members were assured that the case will soon be closed.</p>	
9	Board Performance Report (21-34)	
	<p>KaR introduced the newly revised Board Performance report, revised for the new financial year 2021/22 to a shorter, structured and more focused report on headline KPIs and also enabling clearer progress tracking. Directors, and S White deputising in PG's absence, provided both an overview of the format and the contents of the directorate level performance information/ Board members were asked for feedback on these two areas.</p> <p>Board members commended the work undertaken to revise the structure of the report and suggested that a section on major strategic risks should be included; and that focus is given in future reports on highlighting any trends.</p> <p>There was discussion on the demand and supply for Ro, noting that whilst demand levels are reasonably stable, an increase in demand might be expected over the summer as non-sickle cell demand ramps up again. DN agreed to revise the scale of the chart to better display the data and to clarify the gap between supply and demand, and DR agreed to share an Ro programme update with the Board in September. DR also shared that the team is beginning to integrate and track external donor experience data, such as the BBMR data, and that this will be incorporated into the next phase of the operating model review.</p> <p>Board members discussed the reported level of consent for organ donation and the number of transplants and queried what impact Covid had in the decrease in number. It was commented that the consent rate was higher during the pandemic and that all case where consent is not gained are examined. Similarly the reasons for not accepting an organ for transplantation are recorded, monitored and followed up if appropriate. Concerns were raised regarding some early signals of staffing issues in transplantation units and AC agreed to raise this issue at the next Organ Utilisation group. It was also highlighted that targets for Living Donations have not yet been set due to the unknown impact of the pandemic. It was agreed that consideration will be given to including organ utilisation data showing the variations between units as a potential quarterly report.</p> <p>It was highlighted that internal targets are typically set at SMT level and scrutinised, and then reviewed by the Executive team – the new charts and</p>	AC

	<p>performance report format will potentially provide greater clarity on the areas which may require greater challenge and focus.</p> <p>SW clarified that the performance in filling vacant roles has significantly improved in the last month, potentially due to people being more readily available and having shorter notice periods, and added the People team are undertaking a review of the recruitment processes to revamp the employee proposition and to highlight NHSBT as a great place to work. SW also agreed to incorporate the feedback from the Board and improve the presentation of the data on case resolution.</p>	SW
10	<p>Finance Report (21-35)</p>	
	<p>R Bradburn presented the standalone Finance report, highlighting that the format will be reviewed in time for the next Board meeting and will also report on Covid related costs in the first quarter. It was also highlighted that NHSBT had been asked to input ideas in advance of the 2021 spending round process, to achieve 5-10% cost reductions by 2024/25.</p> <p>Board members also discussed the work undertaken to reduce the number of overdue payments and to resolve irrecoverable payments, the role of the Finance &amp; Performance Committee in monitoring these and the improvements made in recent years.</p>	
11	<p>Corporate Strategy Development (21-36)</p>	
	<p>K Robinson and T Barr presented an update on the development of the Corporate Strategy and summarised the emerging strategic themes and shared highlights from a recent Executive Strategy workshop session. Members were invited to provide feedback on the progress so far and to also highlight their preference for engagement in the ongoing strategy development.</p> <p>Board members welcomed the large amount of work done to date and acknowledged the importance of the Corporate Strategy in setting out NHSBT's core purpose, ambition, and delivery, and encouraged Executive members to continue to shape the work. Executive members also shared their reflections from recent workshops and reiterated how insightful and inspiring the conversations had been.</p> <p>Board members suggested better defining the actions, time frames and milestones within the strategy, starting by clarifying the 10-year horizon and working backwards to the present day with early focus required on those actions that will deliver the foundations for next year. It was also suggested that there should be clear outcomes for the corresponding overarching themes, and that their timeframes should be defined and realistic within the strategy.</p> <p>Executive members were encouraged not to understate the role of data in the strategy in the medium to long term, and to ensure the upcoming series of technological medical developments (genomics, PMM, organ research, stem cells) are also sufficiently reflected as these will help drive outcomes for patients.</p> <p>Board members also commented that there is more work to be done in articulating the ambition for system leadership to reflect NHSBT's unique position and work done to date in this area.</p> <p>Lastly, members highlighted the benefits of external engagement, and suggested that the strategy should make greater reference to the external environment such as the upcoming changes in the NHS, which may have</p>	

	<p>implications on pricing/delivery and stakeholder engagement, the future of workplaces and the sustainable use of assets and resources.</p> <p><b>Outcome:</b> Board members commended the work to date and it was agreed that Executive Directors would advise on the next steps for Board engagement, and to offer small group or one to one discussions with NEDs.</p>	
12	D&I Metrics update (21-37)	
	<p>R Mortuza presented a progress update on the D&amp;I programme of work following the last Board meeting and S White &amp; R Crossen joined the meeting to provide greater context and to support the explanation of the work undertaken so far to develop the D&amp;I Metrics pack. Board members were asked to comment on the structure and contents of the new D&amp;I pack.</p> <p>SW highlighted the challenge in developing the pack and the limited number of self-declarations brought about by either/or or both the reporting category restraints within the current NHS platform, and/or a lack of trust and assurance from staff in sharing their information. It was reported that NHSBT has made significant calls on the system builders to amend the categories for self declaration to support all staff, and building trust is a key aim as part of the D&amp;I delivery framework.</p> <p>Board members acknowledged the work and efforts undertaken to produce the initial metrics pack and noted the opportunity provided to start to confirm/undertake actions to make positive and lasting changes.</p> <p>Referencing the earlier conversation on Strategy, it was suggested that the outcomes of the delivery framework should be highlighted alongside the proposed actions and activities. Board members offered support/guidance via a facilitated discussion to help determine the timescales for such outcomes.</p> <p>Members discussed the role of recruitment in 'shifting the dial', and how a focus on those roles that can make the most difference to the composition of the workforce could help enable faster change. DR shared his reflections on his own recent experiences in recruiting senior leaders within the Donor Experience directorate, and the importance of focusing on both diversity and inclusion in the pay bands below senior management.</p> <p>In support of behavioural change, members queried whether there is a missing level of 'intimacy' in interactions with staff and whether measurements and data could be taken from team meetings or individual meetings to measure progress and behavioural change. Exec directors assured the Board that the focus is beginning to shift in this direction, and that the developing directorate level plans are starting to have an impact. Directors reflected that they are being challenged on how they are learning from lived experiences and some shared examples of how they are using safe spaces for such discussions, and to greater understand/tap into staff's personal motivations.</p> <p>Lastly, Board members encouraged further benchmarking of staff pay across disciplines to understand NHSBT's position as both a national and local employer in support of its ambition to be a great place to work.</p> <p>It was confirmed that the D&amp;I metrics will correlate with the questions within the staff surveys, and also with the directorate level plans – enabling localised plans and team level engagement.</p>	

	<b>Outcome:</b> Board members were also offered the opportunity to join development sessions with RM to hear more about the lived experience of colleagues and people outside of the organisation, behind the metrics.	
13	<b>BTM Programme Update (21-40)</b>	
	W Clark and C Ash presented the second update to the Blood Technology Modernisation Programme, and reported that the project is currently delivering the approved scope on plan and within budget.  CA also provided an update on the continued management of four significant risks, the highest being the impact of new demand from new initiatives such as Plasma for Medicine.	
14	<b>Reports from the UK Health Departments</b>	
	<b>England</b>	
	M Gallagher recorded the DHSC's thanks to NHSBT for support and work undertaken in recent months, including to L Hontoria Del Hoyo for her role in leading the work on the Plasma for Medicines business case and submitting for Treasury approval, and the organisation's role in the newly established Organ Utilisation Group.	
	<b>Northern Ireland (21-38a)</b>	
	J Hardy highlighted the progress on the opt out legislation, recent positive engagement with the Northern Ireland Ethics Forum and the combined effort of NI and NHSBT to restart the Kidney Transplant Service in Belfast and on the Renal Recovery Plan.	
	<b>Wales (21-38b)</b>	
	In addition to the written report, P Vernon highlighted that there is a new Health Minister in post in the Welsh Government, and reiterated the Department's thanks to NHSBT for support on Organ donation communications.	
	<b>Scotland (21-38c)</b>	
	The submitted written report from Scotland was noted.	
15	<b>For Information (21-39)</b>	
	Board members commended I Bateman and the Quality Directorate for the presentation and contents of the Annual Management Quality Report.	
16	<b>AOB &amp; Questions from Observers</b>	
	MB reported that the following question had been received by the Board and invited BB to answer:  <i>As the Data Protection Act has already been breached when the inaccurate confidential document was leaked, can NHSBT now publish the results of any follow-up investigation by Clive Lewis of Globis?</i>  In reply, BB sought to clarify that the question referred to the Organisational Diagnostic Report commissioned from Clive Lewis from the Globis Mediation Group which had identified that the lived experience of many colleagues at the Colindale centre was unacceptable.  BB stated that it was unfortunate that someone had chosen to leak the report to the press a couple of days before the intended publication date in June last year and that it was investigated and reported to the Information Commissioner at the time.  It was confirmed that NHSBT have carefully considered the nine recommendations in the report and had taken significant action over the last year to address issues raised. In addition, it was reiterated that as reported previously in this meeting an independent review of progress has been	

Status - Official

	commissioned from another external party which is due to report back in the coming weeks.	
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