NHS
Blood and Transplant

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

Zoom Video Conference
Thursday 22nd July, 9:30-12:00

Present	Millie Banerjee (MB) Betsy Bassis (BB) Rob Bradburn (RB) Anthony Clarkson (AC) David Rose (DR) Helen Fridell (HF) Prof Paresh Vyas (PV)	Dr Gail Miflin (GMi) Charles St John (CSJ) Piers White (PW) Prof Deirdre Kelly (DK) Phil Huggon (PH) Greg Methven (GMe)
In attendance	Wendy Clark (WC) Patricia Grealish (PG) Rosna Mortuza (RM) Katrina Smith (KS) Alia Rashid (AR) Lisa Burnapp (LB – Item 6) Tracey Barr (TB – Item 11)	Christie Ash (CA – Item 12) Michael Gallagher (MG) Sharon Grant (SG) Pat Vernon (PV) Joan Hardy (JH) Alice Williams (AW - Minutes)

		Action
1	Apologies and announcements	
	Apologies were received from Jo Lewis & Ian Bateman Observers were welcomed to the meeting via the Live Stream on the NHSBT Public website.	
2	Declarations of Conflict of Interest	
	No further declarations of interest were shared.	
3	Board Ways of Working	
	The Board Ways of Working were noted.	
4	Minutes of the previous meeting	
	The minutes were agreed as an accurate record of the previous meeting.	
5	Matters arising from previous meeting	
	It was confirmed that all matters arising from the previous meeting had been resolved.	
6	Patient Story	
	A Clarkson and L Burnapp introduced the story of a patient who was the	

	recipient of a living donor kidney transplant. A recorded interview with the patient was shared in which he described his experience to date. Board members thanked colleagues for sharing the story and noted the remarkable opportunity the scheme offers to those requiring a kidney transplant. LB outlined the support available to both donors and recipients and highlighted how the demand for these services does vary across directed and non-directed donors. LB also highlighted that whilst there has been some progress in raising awareness and the benefits of the scheme amongst BAME communities there is still more to do to gain trust and provide assurance. Members welcomed further stories from altruistic kidney donors and also from the Liver Sharing Scheme, thanked LB for bringing the patient story to the Board's attention and for her continued work across the community in promoting the UK Living Kidney Sharing Scheme.	
7	CEO Report	
	B Bassis provided an update on the organisational activity since the last Board meeting and highlighted efforts undertaken by colleagues to maintain blood stocks over the quarter, the increased activity levels in OTDT and Clinical Services and the great progress made on plasma. G Methven provided a further update on the demand and supply for blood and highlighted the actual position vs the forecast and assured the Board, that as per Autumn last year, the team are looking at various scenarios based on NHS demand, donor engagement, and supply constraints to ensure demand is met. D Rose also detailed the efforts underway in the Donor Experience team to improve fill rates. It was confirmed that the paid for marketing campaign had received Cabinet Office approval, but that the delay had impacted new donor recruitment in the year to date. Board members acknowledged the challenging facing teams in maintaining blood stocks in the current environment and queried whether the organisation had deployed all potential levers to improve and maintain these. GMe described the mitigations and levers in place but highlighted that there was potential to utilise the capacity within plasma collection should there be continued difficulty. GMe also highlighted the impact of Covid related absence including self-isolation on blood session teams and increased usage of temporary staff and overtime. DR confirmed that where teams cannot be redirected to cover staff absence, cancelled appointments are followed up and donor appointments are rebooked. GMi reported that NHSBT had received requests to direct blood from non-vaccinated donors to non-vaccinated recipients related to concerns and that other blood services worldwide were also facing similar queries. It was confirmed that NHSBT will not and is unable to direct blood donations from donors who have not been vaccinated and that a position statement will be released on the JPAC website. BB also referenced the upcoming changes in the DHSC Sponsor team and thanked Mark Davies for his advice and support over the past 2.5 years and welcomed the upcoming introductory meeting with NHSBT's new director level sponsor, William Vineall. The Board noted the successful official opening of Barnsley Centre by HRH The	

	Princess Royal, and members formally recorded their thanks to HRH the Prince Royal and colleagues on site for facilitating the visit. Board members also congratulated W Clark on her award as Chief Digital & Information Officer of the Year, the Corporate Affairs team on their effective summary of the recently published Life Sciences strategy and the Donor Experience team for the 'Leave Something Behind' Campaign'. All of which were noted as significant achievements for the organisation and its people.	
8	Clinical Governance report	
	GMi summarised the clinical governance issues discussed at the prior NHSBT CARE meeting. No new serious incidents were reported during the period, and the two open SIs in OTDT previously reported to the Board remain under investigation and corrective plans of action are being developed by teams. Board members were briefed on a safety concern raised anonymously to the Care Quality Commission (CQC) regarding the use of certain machines for collecting plasma and the ability for air to collect in the 'lines'. It was confirmed that a detailed response outlining actions taken had been sent to the CQC and that this had been reported to the MHRA. NHSBT is awaiting further response from the CQC on this matter and will report to the Board as appropriate. The team are also looking into the cultural aspects raised by the whistleblowing incident to ensure colleagues are comfortable in raising concerns through internal processes. GMi confirmed that the commitment to delivering PREVENT training also included the commitment to ensure any training delivered is subject to a full Equality Impact assessment, and Chairs of the Staff Networks should be sighted on these plans. It was reported that the increase in needle stick and blood exposures in the last 12 months cited in the Annual Health, Safety & Wellbeing Report is expected to be due to the number of new starters in year, and that this figure is expected to drop significantly in the coming year.	
9	Board Performance Report	
	R Bradburn noted the prior discussion on blood collection performance during the Chief Executive's report and, in that context, invited Board comment and feedback on other matters captured in the latest Performance Report for June/Q1 2021/22. Board members discussed staff sickness absence rates and queried whether this included those staff asked to self-isolate. PG confirmed that the figure did include those asked to self-isolate, and that these figures were being closely monitored by the PPE Working Group. It was agreed that Covid related absences would be reported separately to the overall sickness absence rates in future reports and that Board members would begin receiving the weekly Situation Reports (which had been stood up in response to the increasing rate of Covid-19 related absence amongst staff). It was also agreed that PG would consider further improvements on presenting the incident rates, including providing more proportionate comparisons between directorates. Members queried the increase in major adverse events over the period and it was offered that the majority of the increase in the period was due to delivery issues. The Board were assured that there had been no patient impact from the major adverse events listed and a root cause analysis and change to Pulse are	PG

	both underway to help resolve those outstanding. In response to a Board query on the impact of the tightening labour market, PG highlighted that the recruitment team have been challenged to think through how the organisation may recruit far hard to fill roles, and that there has been a successful move to focus on labour markets local to NHSBT locations such as Filton and Barnsley to attract and recruit candidates. AC provided further context on the decrease in consent rates from the previous reporting period and noted that whilst the figure varies from month to month, the levels are lower than seen recently, and particularly in the Opt-Out cohort. AC reflected that this potentially demonstrated the need to further clarify the Opt-Out messaging. In addition, AC clarified that following a change in government guidance on Covid19, in exceptional circumstances where patient harm may be caused by the absence of a member of staff self-isolating after a contact notification, the issue will be escalated to the Infection Control team who will make the decision on whether the member of staff should return to work.	
10	Finance Report	
	RB started by noting that the 2021/22 budget had been amended to reflect the correct DHSC funding for ODT, to include funding and expenditure for Plasma for Medicines and capture further cross Directorate transfers driven by the Operating Model changes. These changes had been reviewed and approved by the Finance & Performance Committee. He then noted that NHSBT made a £0.6m surplus in Q1, compared to a budgeted deficit of £3.4m. This was driven by positive variances in Clinical Services and ODT, but which masked significant overspending in Blood Supply as a result of excess temporary labour and overtime. The excess costs have now been mostly reduced but is expected to result in an overall overspend in Blood Supply of £2.7m for the year. It was therefore expected that the year overall would reflect Q1 with positive variances in Clinical Services and OTDT more than offsetting an adverse position in Blood Supply. The forecast for 2021/22 was therefore suggesting a deficit of £17.6m versus a budgeted deficit of £23.0m. RB went on to note that attention is now primarily focused on 2022/23 and working up towards the associated price setting. In this regard he noted that the operational footprint in blood collection is very uncertain, and hence the cost base that will be carried forward into 2022/23. The underlying “do nothing” position is unchanged since the previous Board meeting and suggests that a 5.5% increase in blood income would be required. This assumes that some capacity in blood collection is maintained but further efforts are required to establish the footprint and capacity that will be required in blood collection, versus demand and any social distancing protocols that may still be required. RB also highlighted a number of other factors areas which may impact blood prices in 2022/23 and beyond including the pay settlement, the impact of the PMM business, and the underlying structural issues such as the ODT cross subsidy and employee pension costs. MB reiterated the need to report and present Covid costs separately in the reports and narrative. RB noted the narrative in the June report and that costs are now mostly wrapped up in the capacity deployed in blood collection. As such covid costs are no longer directly attributable but are an opportunity cost reflected in blood collection capacity (headcount and donor centres).	

	RB was asked if there is an exposure for NHSBT in the current year as a result of the DHSC funding for PMM. He noted that the timetable for PMM is slipping (eg with regard to paid marketing and the appointment of a fractionator) and hence activity and costs are probably slipping into 2022/23, As a result, he would not expect an exposure in 2021/22 but expectations in 2022/23 may need to be fundamentally reset.	
11	Strategy Update	
	T Barr introduced the Strategy Update item, and highlighted the progress since the previous Board meeting on mapping the eco-systems NHSBT operates in and undertaking feedback from Board members key opinion leaders via interviews and workshops. TB outlined a synthesis of insights gleaned from stakeholder discussions and Board members were asked to provide further feedback on the early emerging thoughts on the strategic priorities. Board members welcomed the paper and the work done to date to develop the Corporate Strategy. It was suggested that 'Donors' should be included as an additional eco-system and that there should be some reflection of the wider support of the general public. It was also queried whether donors and patients could be considered as one entity, rather than separately. There was also some suggestion that the eco-systems should better reflect the international communities that NHSBT operates in. Members also challenged whether there is enough acknowledgement of the organisation's ambitions to support and develop its workforce and culture and whether this reference should be widened to 'communities'. It was suggested that any future strategy should demonstrate the roles of staff and how they might contribute to the success of the organisation. There was challenge on whether the current emerging priorities reflected the mapping and the breadth of the feedback received, and in particular, the interviews with key opinion leaders. It was also queried whether the priorities listed were compatible with the organisation's capacity and resource. TB raised that the developing work on the data strategy has emerged as one of the key enablers of the strategy, and will drive the timescales for its delivery. Board members acknowledged that the safety and secutrity of supply should remain the organisation's overarching ambition. The Board reflected on the feedback that much of NHSBT's work is below the radar and highlighted that this is a key aspect of the strategy that will need further discussion and debate amongst Board members, so a consensus can be reached on where on the spectrum of external reputation and influence the organisation may wish to aim for. It was acknowledged that by remaining below the radar, the organisation may potentially be missing opportunities to partner with other organisations, or to have greater influence in certain areas which may increase the organisation's ability to save and improve lives. It was requested that the mention to productivity its amended to reflect that the organisation's focus had shifted to managing the impact of Covid-19 and the work on the plsama agenda, and that productivity is still a key consideration. Board members were thanked for their feedback on the early form of the strategy and it was agreed that this would be incorporated into the next iteration	

	for the Board in September. The Executive Team were asked to consider holding a further development session with Non-Executives to consider the wider issue of NHSBT's external reputation.	
12	Blood Tech Modernisation Programme Update	
	C Ash updated the Board on the progress of the Blood Technology Modernisation Programme, and confirmed that progress remains consistent with the full business case approved at the January Board meeting. The overall programme risk had improved partly due to the requirements of other programmes/projects which affect the bandwidth of the DDTS team become more defined, but that this still remains a high programme risk. Board members were also asked to note that a Change Request to use £315k of contingency funds had been approved by the Portfolio board. An update on risk PRG71 would be provided at the next Board meeting, and the team are expecting an improved position by this time to Amber. It was reported that NHSBT and DHSC are considering the design of the proposed independent assurance review and that confirmation on the direction of travel on will be confirmed at the next Board meeting.	
13	Reports from the UK Health Departments	
	England	
	M Gallagher reported that the Health and Social Care bill will be a focus for the team following the Summer Parliament recess, and that the team is also working on the Annual Spending Review round and understanding the impact for ALBs such as NHSBT. MG also highlighted that there had been personnel change in the department recently.	
	Northern Ireland	
	J Hardy highlighted the efforts underway to support the implementation of the Opt out legislation introduced on 5 July.	
	Scotland	
	In addition to the circulated report, S Grant highlighted that the team were focused on organ utilisation.	
	Wales	
	P Vernon highlighted that there has been signs of improvement in the number of deceased donors in Q1, since the negative impact of Covid-19. It was also shared that colleagues were working closely with the other Blood Services on Plasma for the Manufacture of Medicines, and on preparing witness statements for the Infected Blood Inquiry.	
14	For information	
	Board members noted the Annual Health, Safety & Wellbeing Report and requested that consideration be given to publishing the report externally.	PG
15	AOB	
	MB shared that the following questions had been formally received by the Company Secretary Team leading up to and during the Board meeting: *How has [the work on maintaining stock levels] impacted on wastage? Are we using each donation to its full potential?* G Methven confirmed that NHSBT remains on target for waste and expiries and thanked colleagues in hospital services for their outstanding efforts. *Based on the success of apheresis collection for CVP are we looking forward to apheresis collection for red cells?* Gme also confirmed that this method of blood collection was not under	

	considersation due to the prohibitive cost. GMi also confirmed that this would yield the same amount of blood, as using apheresis would double the amount of time a donor would have to wait to be eligible to donate again. *If the investigations have now been completed will the details of the findings by an independent competent company be published publicly and on the media so that everyone can see the results?* R Mortuza highlighted that NHSBT and the Executive Team are committed to working with people to share the findings of the independent review and to informing how to implement these recommendations locally and nationally. Once this is complete, it was confirmed that the findings would be published on the NHSBT Link SharePoint page, and the NHSBT's website. *If the NHSBT Board are truly committed to racial equality and zero tolerance of harassment/intimidation within the workplace then why is this not being demonstrated by the top team? My informants in NHSBT have informed me that after numerous employees questioned the validity of the report there were communications issued which can be construed as both harassing and intimidating.* P Grealish highlighted that NHSBT's commitment to Equality, Diversity and Inclusion had been referenced during the meeting and that it was clear that this would not waiver. PG shared that since joining the organisation her main focus was to understand and respond to the experience of all colleagues, overseeing improvements to routes for staff to raise concerns, such as the Freedom to Speak Up provision. It was acknowledged that there is always more that can be done and learn, but NHSBT will continute to prioritise this agenda.	