



# Blood and Transplant

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

County Hall, Belvedere Road, London/Zoom Videoconference  
Thursday 30<sup>th</sup> September, 10:00-12:45

<b>Present</b>	John Pattullo (Chair) (JP) Betsy Bassis (BB) Dr Gail Mifflin (GMi) Anthony Clarkson (AC) Ian Bateman (IB) Wendy Clark (WC) David Rose (DR)	Piers White (PW) Charles St John (CSJ) Jo Lewis (JL) Prof. Deirdre Kelly (DK) Helen Fridell (HF) Deborah McKenzie (DM) Rosna Mortuza (RM)
<b>In attendance</b>	Katrina Smith (KS) Alia Rashid (AR) Stephen Cornes (SC) Tracey Barr (TB – Item 10)	Dan Jeffery (DJ – Item 11) Christie Ash (CA – Item 12) Alice Williams (Minutes)

		Action
1	Welcome and apologies	
	<p>John Pattullo welcomed Board members and observers via the Board Live Stream, to the first face to face Board meeting since January 2020, noting that all reasonable steps had been taken to ensure the safety of Board members and staff.</p> <p>The Board welcomed Deborah McKenzie, Chief People Officer and Stephen Cornes, Interim Blood Supply Director. Apologies were received from Phil Huggon, Paresh Vyas &amp; Greg Methven.</p> <p>JP also thanked Greg Methven and Rosna Mortuza on behalf of the Board for their commitment and contribution to the organisation during their time at NHSBT and wished them both well in their next roles.</p>	
2	Declarations of Conflict of Interest	
	<p>JP highlighted that the Register of Interests was due to be reviewed and updated and encouraged colleagues to ensure their submissions for the register were up to date.</p> <p>No further declarations were made.</p>	
3	Board ways of working	
	Board members were reminded of the agreed ways of working, and the	

	expectation to exemplify the values of the organisation and the set of behavioural guidelines in line with NHSBT values.	
4	Minutes of the last meeting and matters arising	
	The minutes of the meeting on 22 <sup>nd</sup> July were approved a true record, and it was confirmed that all matters arising from the previous meeting had been closed.	
5	Patient Story	
	<p>G Miflin introduced a patient story regarding a blood donor diagnosed with acute hepatitis B virus infection. The story explained the complexity of the follow up over a one-year period which had involved the NHSBT Microbiology Services, Public Health England, the local Health Protection Team, GP and Liver Specialist, and how this has now resulted in her ability to once again become a blood donor.</p> <p>Board members were grateful to the Executive Team for bringing the issue to their attention and noted the multidisciplinary working within and beyond NHSBT in relation to the identification, notification and treatment of donors with hepatitis B virus infection.</p> <p>GMi commented that the number of occult Hep B transmission cases is relatively low in the UK, and that NHSBT donors who receive a diagnosis following a blood donation are supported and referred to secondary care.</p>	
6	CEO report	
	<p>B Bassis updated the Board on organisational activity since the July meeting. It was highlighted that NHSBT still faced a challenging operating environment and continued uncertainty due to the ongoing Covid-19 pandemic. However, it was positively reported that blood stocks had recovered as a result of the commitment and hard work by teams over the summer, and they were now in a stronger position.</p> <p>BB also highlighted that the organisation continues to rise to the challenges in front of it and referenced the efforts undertaken by the Plasma for Medicines team and the news that the REMAP-CAP trial had opened a new arm to look at the use of Convalescent Plasma for immunocompromised patients.</p> <p>A Clarkson provided further context on the progress of the Organ Utilisation Group and the highlights from Organ Donation Week. There was also further comment on how the Covid-19 pandemic had affected donor consent and it was highlighted that as a global issue, the transplant community is learning together to address donor consent challenges during a pandemic. D Kelly echoed the success of the group so far outlining how stakeholder engagement is being included.</p> <p>Members queried whether any further action could be taken to improve cornea stocks given the increasing demand. It was noted that it is difficult to address in the short term however medium to long term initiatives are being taken forward including the new Tissue Path platform which will provide a robust system to maximise the number of eye donors from organ donor referrals. Members also discussed the current transplant waiting lists and how living donation and advancements in perfusion technologies may hold the key to improvements, subject to funding.</p> <p>R Mortuza was also invited to share her reflections in the context of Inclusion Week and at her last NHSBT Board meeting. RM shared her hopes that the work on recruitment, talent management and behaviours would maintain pace</p>	

	<p>and cause positive shifts in terms of controls and delivery. It was also noted that the achievements on the D&amp;I agenda were the result of a hard and challenging journey which had at times been uncomfortable, but had ultimately led to D&amp;I becoming a strategic priority and in everyone’s line of sight which would ensure a momentum and more opportunity moving forward.</p> <p>Lastly, members discussed the new NHS app and were encouraged to hear that NHSBT is working with NHS Digital on future app development to raise the profile of blood and organ donation.</p>	
7	Clinical Governance Report	
	<p>G Mifflin summarised the clinical governance issues discussed at the prior NHSBT CARE meeting. It was highlighted that two Serious Incidents (SIs) previously reported to the Board remain open and are currently under investigation with mitigation plans in place. Two previously open incidents had been closed since the last report.</p> <p>GMi shared that NHSBT had received a substantial assurance rating from an audit to review the adequacy and effectiveness of the current NHSBT process for horizon scanning for emerging infections, and to assess whether the implications of EU Exit has adversely impacted NHSBT’s ability to perform the function.</p> <p>Board members’ attention was drawn to the notification of a new probable case of occult Hepatitis B infection (OBI) transfusion transmission in an individual who received 11 units of red cells in 2019, and assured that this had been reported to SHOT, MHRA and PHE. The Board discussed NHSBT’s preparations for the forthcoming recommendations from the SaBTO working group on OBI. GMi highlighted that the working group is still considering recommendations on a lookback process, and that an implementation group has been stood up within NHSBT to determine how the organisation will deliver on the recommendations. There was further discussion on the potential arrangements for the additional testing required and it was highlighted that further analysis is required before recommendations can be made on implementation.</p> <p>Board members were briefed that whilst there are parts of the world where Hepatitis B is endemic, donor selection criteria will specifically pick up these risk factors.</p> <p>There was a query as to whether there had been an update on previous plans to streamline the regulatory environment for blood and other products/services. It was confirmed that whilst this had not been completed, and there is no defined timescale, colleagues from the Quality Directorate are actively engaged and contributing to these discussions with the DHSC and CQC/HTA.</p>	
8	Board Performance Report	
	<p>BB introduced the performance report for August and highlighted that future reports would include further trend data and an overhauled corporate risk slide which accurately reflected NHSBT’s position. Non-Executive Directors were encouraged to provide feedback.</p> <p>Members questioned the high residual risk ratings highlighted within the Corporate Risk update, and whether they were scored correctly, however were assured that the risk page would undergo review and change and that there is significant work underway to improve risk management processes and improve</p>	

	<p>Board reporting.</p> <p>In response to the reports' comments on the volatility of supply and demand, the Board considered NHSBT's resilience, its capability and the levers NHSBT has available to respond to change. Board members noted that recent discussions at the ARGC meeting around Donor Experience related risks had identified that, post pandemic, donor behaviour had changed and that increased deferrals had been proving difficult to mitigate and resolve. Board members were keen to understand the progress of the Collection Footprint work in relation to the organisation's resilience.</p> <p>Members acknowledged the role of the Blood Operational Leadership Team in forecasting demand and supply and requested further analysis to understand the resilience and sensitivity of the organisation in relation to demand and supply-side changes. The Executive were also encouraged to consider what role people constraints may take in this discussion.</p> <p>It was agreed that this topic would be picked up at the December meeting alongside discussions regarding 2022/23 Blood Pricing, as the balance between resilience and cost saving is a live tension for the organisation</p> <p>Members also discussed the Covid-19 vaccination figures which are slightly behind the national average. It was noted that, unlike national figures, NHSBT's reflect self-reporting, which many understate actual performance. Efforts are underway to improve reporting and to encourage all staff to get their COVID booster and flu jab ahead of the winter. It was noted that the Government is consulting on mandatory vaccines and that NHSBT would continue to follow Government and public health advice. D McKenzie agreed to share an update on vaccine take-up at the December meeting.</p> <p><b>Outcome:</b> Board members agreed to revisit the sensitivity resilience discussion at the December meeting.</p>	SC
9	Finance Report	
	<p>R Bradburn presented the financial performance headlines from the August 2021 reporting period. RB additionally highlighted that a set of productivity measures and KPIs are being developed to accompany the report narrative and will be shared with the ET and Finance &amp; Performance Committee ahead of the December Board meeting.</p> <p>There was early discussion on the 2022/23 blood price and the proposed timeline with the National Commissioning Group, and acknowledgement that Covid-19 continues to drive uncertainty on NHSBT's cost base which will impact the proposed blood price. It was also noted that the cost of additional testing for occult Hep B will also need to be factored into the budget and will have potential pricing implications.</p> <p>It was also reported that the Board would be briefed in December on the latest modelling regarding the 22/23 Blood price and associated implications on budget and transformation funding.</p> <p><b>Outcome:</b> The Board agreed to have a further discussion on the 2022/23 Blood pricing implications at the December Board meeting.</p>	RB
10	Corporate Strategy Update	
	T Barr joined and updated members on the ambition to develop an organisation-	

	<p>wide strategic plan for NHSBT by March 2022. Board members were invited to provide feedback on the proposed skeleton and to confirm that the planned delivery is in line with expectations.</p> <p>Board members broadly discussed the ‘audiences’ for the strategy and requested that the document clearly define how NHSBT’s strategic priorities will deliver for patients and the public and the difference they will experience as a result. Members were assured that the strategy will clearly articulate how NHSBT intends to serve its many stakeholders, and will also confirm that the public, patients and staff remain at the heart of the organisation.</p> <p>On the framing of the strategy, the Executive were encouraged to outline both the current position and the expected position in 10 years’ time. It was suggested that this would help emphasise what improvements might be expected during this period.</p> <p>Members also queried how workforce capacity and capability would be captured in the strategy, and how these aspects may change across the life of the strategy. It was agreed that further thought would be dedicated to the topics of people and culture and was a key theme in recent Executive discussions and would either be framed as a strategic priority or as an enabler of the strategy.</p> <p>Board members also acknowledged that the strategy should reflect the organisation’s choices and the decisions it has taken on the shape, nature and activity of the organisation in the future.</p> <p>It was highlighted that the strategy will become a living document and thought will be given to defining the renewal cycle to ensure the strategy remains agile and takes the changing landscape into account. It was noted that NHSBT will also continue to benefit from the ABO relationship and other horizon scanning opportunities.</p> <p><b>Outcome:</b> It was agreed that Board feedback would be captured in the emerging draft strategic priorities due to be presented for feedback at the Board Strategy Workshop on 2<sup>nd</sup> November. It was agreed that the item would also return at the next Board meeting.</p>	TB
11	Data Strategy	
	<p>D Jeffery joined W Clark in confirming that data will be a key priority and enabler of the NHSBT strategy. They outlined the emerging data strategy framework, the need to establish a basic data operating model, the requirement to be clear on how data will be used and that people and capability will be critical to success.</p> <p>Board members acknowledged the opportunity posed by a data strategy aligned with the overarching NHSBT and specific service strategies and welcomed the the opportunity to be part of the strategic discussion. Members also acknowledged the need for investment in infrastructure, people and business change over multiple years to deliver the strategy.</p> <p>Members highlighted that further consideration and Board level discussion was required to reach a collective understanding of how NHSBT will use data, the risk and opportunities and how the organisation will work with stakeholders and other data providers. As an example, it was reflected that the Board’s risk appetite will differ for different classes of data for example genomics data v</p>	

	<p>marketing data. It was also noted that clinical outcomes data (outcomes of services and products NHSBT provides) is dependant on the organisation working across the NHS and with other key health stakeholders.</p> <p>The Board also discussed how the data strategy would need to keep up to date with changing requirements and questions and the architecture of supporting technology platforms would need to be adaptable to that change.</p> <p>Members queried the resourcing requirements for delivering the data strategy, how these would be built and where they would be anchored in the organisation. Colleagues highlighted that a potential hub and spoke model where analytical capabilities are business led and supported by a small central team with engineering and technical expertise could be adopted, but that greater understanding of what is required is needed before taking this decision, and that the resourcing would likely be an iterative process.</p> <p>Lastly, it was also confirmed that the issue of data ownership will be addressed and governance models are in train to support.</p> <p><b>Outcome:</b> The Board noted the work in progress and welcomed future updates.</p>	
12	<b>Blood Technology Modernisation Programme Update</b>	
	<p>C Ash joined to deliver an update on the programme and members were asked to note that the risk to overall blood IT had reduced significantly, that year one delivery is broadly on track but that the overall programme risk is trending towards red.</p> <p>P White confirmed that during a prior review of the programme update, he had been impressed with the programme’s grasp of risks and felt confident that the mitigating actions to address them were sound. Members thanked W Clark, CA and team for the comprehensive update and also reflected on the energy and effort involved in managing and delivering a programme of such large scale.</p>	
13	<b>Readout from Sub-Committees: ARGC, 14th September</b>	
	<p>P White shared the highlights from the most recent ARGC meeting which included an update on the Annual Report &amp; Accounts due to be laid before Parliament on 21st October, assurance on the commitment to reduce the number of overdue events in the Quality Management System, and the forthcoming programme of work with the Good Governance Institute to refresh the Strategic Risk schedule and to assess the organisation’s preparedness for a Care Quality Commission Well Inspection.</p> <p>D Kelly additionally commended the outcome of the <i>Blood Safety – Detecting Emerging Infections</i> audit by GIAA and reiterated the importance of receiving Substantial Assurance rating.</p>	
14	<b>AOB</b>	
	<p>JP reported that Board members had spent the prior day in a development session with Campbell Tickell assessing the effectiveness of the Board.</p> <p>Board members were also informed that the recruitment for the permanent Chair of NHSBT had started, that the advert for the role was live and that a provisional date in early December has been held for interviews.</p> <p>There was no further business and the Board agreed the resolution to move to Private Business.</p>	