

# Blood and Transplant

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

**Amphill Suite, De Vere Grand Connaught Rooms, 61-65 Great Queen Street, London**  
**/Zoom Videoconference**  
**Thursday 2<sup>nd</sup> December, 10:00-12:30**

<b>Present</b>	John Pattullo (Chair – JP) Betsy Bassis (BB) Piers White (PW) Phil Huggon (PH) Helen Fridell (HF) Anthony Clarkson (AC) Wendy Clark (WC) Stephen Cornes (SC) Deborah McKenzie (DM)	David Rose (DR - via Videoconference) Paresh Vyas (from item 5) Charles St John (CSJ) Prof. Deirdre Kelly (DK) Prof. Paresh Vyas (PH) Ian Bateman (IB) Rob Bradburn (RB) Dr Gail Miflin (GMi)
<b>In attendance</b>	Katrina Smith (KS) Alia Rashid (AR) Pat Vernon (PV) Sharon Grant (SG) Lisa Burnapp (LB – Item 4) Bob Wiggins (BW – Item 4)	Christie Ash (CA – Item 10) William Vineall (WV – DHSC – from item 11) Maria Nyberg (MN – DHSC) Alice Williams (Minutes)

		Action
1	Welcome & Apologies	
	J Pattullo welcomed Board members and observers via the Public Live Stream to the One Hundred and Fifth meeting of the NHSBT Board.  Apologies were received from J Lewis and J Hardy.	
2	Register of Interests	
	No further interests were raised, and Board members were encouraged to share any future changes with the Company Secretary as soon as practically possible.	
3	Minutes of the meeting and matters arising	
	The minutes of the previous meeting were approved as an accurate record and all actions were confirmed as closed.	
4	Patient Story	
	The Board welcomed Lisa Burnapp and living organ donor, Bob Wiggins, who shared his experience of the process.	

	<p>The Board discussed what inspires people to become an altruistic, non-directed organ donor and how more donors can be attracted. BW highlighted that NHSBT already actively signposts donors/recipients to charities and partner organisations, but further work to increase the awareness of the scheme itself would improve the likelihood of more donors. LB noted that the scheme doesn't target individuals with specific attributes, all are welcomed to consider becoming a donor and suitability of candidates is determined through a thorough individual assessment.</p> <p>Members also discussed the potential risks for donors and how these differ on an individual basis, and how NHSBT and partners mitigate and reduce these.</p> <p>Board members were keen to understand more about the variation in performance and donor and recipient experiences of transplant centres. A report was requested to be provided at the next Board meeting which outlines NHSBT's visibility on the performance of transplant centres, and NHSBT's role in their oversight.</p> <p>Board members thanked LB and BW in particular for taking the time to attend the meeting and share his experiences and for his part in raising awareness of the Kidney Sharing Scheme.</p>	AC
5	<b>Chief Executive's Report</b>	
	<p>B Bassis updated the Board on organisational activity since the September meeting and reported that the high-level strategy had been received positively by the senior leadership and that the Executive were looking forward to sharing the strategy more widely in the New Year.</p> <p>BB commented that the organisation's operating context remained challenging and uncertain, and cited rising costs, staff sickness and changing donor behaviour as an example of the situation teams face in what is becoming a 'new normal'. BB also praised the Blood Supply and DX teams in turning blood stock performance around and improving resilience and noted forthcoming work to develop a longer-term cost improvement plan.</p> <p>It was noted that SNODs continue to face challenges in improving consent rates due to restricted family visiting in hospitals, but that there had been a halt to the decline in consent rates due to efforts from SNODs and colleagues rather than any change in practice or way of working. On a related note, members noted that cornea stocks continue to be a challenge, both with the new hospital visiting restrictions and capacity in hospitals but also as a result of the restrictions from the operating model for tissue retrievals. It was noted that improvements would be seen with the implementation of the recently released TissuePath platform.</p> <p>There was a query as to whether NHS Charities Together funding could be used to support staff in their return to their original work settings in a safe manner. The Board also acknowledged that there is a substantial piece of work to be undertaken to "reimagine" what the work environment now looks like. It was noted that this is also important to understand in terms of establishing the organisation as a great place to work, and in recruiting and retaining talent. It was agreed that such issues would find their natural home at the expanded Remuneration Committee, but in the short term, the Board agreed to revisit this topic at the January meeting and asked the Executive for further detail on post pandemic working plans.</p>	BB

	<p>There was also some discussion on covid vaccination rates, potential reasons/causes for vaccine hesitancy and the People's Team's approach to improving information on vaccination rates.</p> <p>There was a suggestion to ensure Further Education colleges are included in the work on donation awareness alongside the Department for Education.</p> <p>Commenting on the Cell and Gene Therapy Catapult opportunity covered in the report, members requested further information on the total potential landscape and to improve their understanding of the opportunities and scale of this environment. It was agreed that GMi would follow up and confirm the expected timeline of this work in due course.</p> <p>On the number of overdue events, the Board queried whether the targets listed were ambitious enough to drive down the number outstanding. I Bateman provided assurance that the targets shared were initially a mechanism for driving short-term improvements and further focus is being placed on reversing the medium to long term increases seen.</p>	GMi
6	Clinical Governance Report	
	<p>G Mifflin summarised the clinical governance issues discussed at the prior NHSBT CARE meeting. It was highlighted that there are no new open SIs recorded within NHSBT during this reporting period. One SI had occurred outside of the reporting period and had been reported to the Board in November 2021: <i>Blood Supply INC83041 Supply of incompatible blood</i>. Two previously reported SIs continue to be under investigation and are still open.</p> <p>GMi highlighted that the Executive Team had agreed an implementation plan for additional testing for occult Hepatitis B should NHSBT be instructed to implement this following recent SaBTO recommendations. It was noted that implementation would start within six months of instruction to allow for the changes to processes and IT systems. It was also noted that this will run in parallel to the new proposed microbiology serology contract.</p> <p>It was confirmed that the report from the NHSBT Cumberlege and Paterson Gap Analysis Stakeholder Working Group on their review of NHSBT practices and processes would be included in the next Clinical Governance report. Board members welcomed the outcomes of the review and acknowledged that there are potential lessons on wider cultural aspects outside of clinical settings and that DM and the People team are engaged in this work.</p> <p>BB highlighted that there had been a recent internal review of complaints data and there is further consideration on how complaints trend data can be shared with the Board at an appropriate cadence. It was agreed that this would be included on the Board Forward Plan.</p>	DR
7	Board Performance Report	
	<p>I Bateman added an amendment to the report. Whilst the report stated that there were 4 P1 risks when the risk report was run on the 1st Nov, a report run on the 18th demonstrated that there were now no P1 risks as the strategic supply risk had been deactivated while it is reviewed further and the other three P1 risks had been reduced as a result of actions taken to mitigate the risks.</p> <p>Members queried why the reported absence and attrition rates had not led to an increase in the staffing strategic risk. DM highlighted that sickness absence</p>	

	<p>is generally higher in winter and that this winter had seen particularly virulent respiratory illnesses leading to staff taking longer periods of absence. DM also noted that mitigating actions are being put in place to address absence including changes to rotas, but that as the situation will continue throughout the winter, the Executive Team have committed to collective effort and different thinking to help address the issues.</p> <p>Board members discussed the current challenges in attracting candidates and the apparent disparity in the relative ease of appointing good quality candidates to Assistant Director level posts compared to the struggle in appointing band 3, 4 and 5 roles. It was noted that there is significant competition across the NHS for staff in bands 3-5 and this affects ability to recruit. In addition particular skillsets in analytical and IT roles are in high demand and can often command higher pay than NHSBT is able to offer. The recruitment team are currently changing the way they engage with potential candidates to attract more people to the roles and raise awareness of the wider benefits of working for NHSBT. Board members agreed to revisit this topic at the January Board.</p> <p>Board members noted the update on Session Solution and also recognised that the recent insights from the software are the beginning of further useful intelligence which can be exploited.</p> <p>Executive colleagues confirmed that O negative stock levels remain stable and that the overall stock situation is still improving. DR reiterated that there are plans in place to protect O negative donors such as the trial of off session blood typing. It was noted that this will help identify O negative donors more efficiently and reduce the burden on the existing collection infrastructure. Members praised the positive collaboration to date which has turned performance around and strengthened relationships between Blood Supply &amp; Donor Experience colleagues.</p> <p>Two further amendments to the report were discussed; the inclusion of further performance trend data; and the use of more standard Health, Safety &amp; Wellbeing measures. It was confirmed that these are work in progress.</p> <p>It was confirmed that the report would be revisited once the Strategy is approved to ensure the performance measures are aligned.</p>	WC
8	Finance Report	
	<p>R Bradburn outlined the financial performance headlines from the last reporting period and highlighted that the underlying position is consistent with forecast and previous reports. Surpluses in ODT and Clinical Services mask an underlying overspend in Blood and Group. It was also noted that additional cost pressures are beginning to materialise, including the additional cost of Occult Hep B testing and increased energy and diesel costs.</p> <p>It was confirmed that high-level productivity measures which are currently being developed would be included in the Board Finance Report in January.</p>	RB/SC
9	People & Culture Update	
	<p>D McKenzie shared reflections from her initial months in the People Directorate and outlined work done so far to lay the foundations for an improved function which can better serve the organisation.</p>	

	<p>DM also highlighted the plans to redress the boundaries between the People team and managers/employees in terms of responsibilities and to enable the People function to do its best for and on behalf of the organisation. DM also cited the intentional shift to a resolution culture, focus on the HR business partnering model and investing in support and training for managers.</p> <p>Board members discussed the importance of leadership 'from the top' on these issues and the critical role of leaders in rebuilding trust.</p> <p>The Board discussed the importance of frequent staff engagement and were assured that this is a key ambition for the People team once the foundations have been built.</p> <p>The Board discussed the importance of frequent staff engagement and were assured that this is a key ambition for the People team once the foundations have been built.</p> <p>Board members also encouraged DM to share more detail on the challenges the team are facing, and specifics on how these might be resolved to enable the Board to monitor and track improvements alongside the strategy.</p>	DM
10	<b>Blood Technology Modernisation Programme Update</b>	
	<p>W Clark and C Ash updated the Board on the progress of the Blood Technology Modernisation Programme and reported that the risk to overall blood IT had reduced significantly.</p> <p>Board members discussed the resourcing challenges highlighted in the report, caused in part by an increase in complexity and a lack of competitiveness in the labour market. Members also queried the revised estimate of necessary development days highlighted in the report, and it was noted that if the estimate cannot be revised down further there are other potential options to work differently with partners to address resultant cost increases. There was assurance that the skills required are common in the market, but NHSBT needs to attract individuals to its existing roles which has been difficult to date due to the structural challenges with the available roles. It was noted that People &amp; DDTS are working closely together to address the resourcing challenges.</p> <p>There was also a query as to how the current state of the programme may impact on the delivery of other strategic objectives/initiatives. It was reported that there is the potential to create a small amount of additional capacity (at a cost) to support other projects, but the Executive will need to prioritise and potentially re-schedule projects to resolve the issue.</p> <p>It was agreed that the next update to the Board in January would include greater detail on the approach taken to address the resource issue.</p>	
11	<b>Readout from Sub-Committees</b>	
11.1	<b>Audit, Risk &amp; Governance Committee, 18<sup>th</sup> November 2021</b>	
	<p>P White briefed Board members on highlights from the last meeting which included strategic risk deep dives on <i>Regulatory risk</i> and the <i>Functionality of Critical ICT Systems and Technology</i>; the annual Serious Incident Deep Dive on QI21561, <i>Transcription error in a stem cell search</i> and progress in development of the 3-5 year integrated audit plan and Board Assurance Framework and Assurance Mapping tools.</p>	



	PW also highlighted that Committee members had received a comprehensive update on Cyber Security risks and considered the progress of and revisions to the Internal Audit Programme.	
	Research & Development Committee, 25th November 2021	
	P Vyas reflected on a positive R&D meeting, and highlighted the success of aligning the R&D priorities with the strategic intent of the organisation and thanked Rachel Johnson, Gail Mifflin & team for their efforts.	
12	Reports from UK Health Departments	
12.1	England	
	W Vineall outlined DHSC's recent priorities including the response to the Omicron variant, the Health and Social Care Bill's progress through the Commons ahead of reading in the Lords and the recent reforms to other NHS organisations.	
12.2	Wales	
	In addition to the written report, P Vernon also drew the Board's attention to recent national coverage of the Welsh Blood Service.  Board members also discussed that other UK nations' blood services had also been experiencing blood collection and stock challenges similar to NHSBT.	
13	Board Forward Plan	
	The Board Forward Plan was noted and it was confirmed that a continually updated version would be included in all future Board packs.	
14	Board Effectiveness Tracker	
	The Board Effectiveness Tracker was noted.	
15	AOB	
	<p>IB highlighted that the programme of site visits for Non-Executives would soon resume (and with that in mind, asked Non Executives to let him know which sites they had visited so far) and that the Quality team would be in touch to arrange visits.</p> <p>JP highlighted that the recruitment campaign for the permanent chair was progressing well. There is a strong field of candidates and interviews are scheduled for mid-December. It is expected that the permanent Chair will be in post for the March 2022 Board meeting.</p> <p>JP also reported that Prof. Paresh Vyas would be stepping down in the New Year at the end of his term. On behalf of Board members, JP thanked PV for his numerous and critical contributions not only to the NHSBT Board but to the R&amp;D and Cellular therapies agendas at NHSBT.</p> <p>One question was received for the Board as follows:</p> <p><i>Since Continuous care came in, we have seen productivity on our team drop. We have stated many times that the system is less efficient and more tiring for donor carers, but no one seems interested. Given the state of blood stocks at the moment, wouldn't a rethink on this system be a good idea? We are still waiting for a time and motion study on this way of working, so that grids are based on the new model rather than the old one. Trying to book more donors in when we are already cancelling nearly every day seems ridiculous. What is the Board's view on this problem?</i></p> <p>Stephen Cornes, Interim Blood Supply Director replied:</p>	

	<p>Thank you for the question, a good and topical one. I've now been through the details of this as part of my on-boarding and here's a summary of what I've found in answer to your question.</p> <p>The Continuous Care Model (CCM) was initially designed by a collection team (Cumbria) and adapted during the pilot phase by several other collection teams before being rolled out during CY 16/17. The CCM model has worked well when properly staffed however after the 'Beast from the East' weather issues in 2018, changes to HB testing, higher volumes of new donors and followed by changes to how we collect to manage Covid risks we are running with an incremental Donor Carer versus design for resilience.</p> <p>Going forward we will review the operating model on session using a continuous improvement (CI) approach involving our front-line teams aimed at developing an improved way of working. We are planning engagement and design events starting early next year.</p> <p>No further questions were raised.</p>	
	The Board resolved to move to private business.	