NHS
Blood and Transplant

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

Microsoft Teams Meeting
Tuesday 29th March, 09:30 – 12:30

Present	John Pattullo	NHSBT Chair
	Betsy Bassis	Chief Executive Officer
	Phil Huggon	Non-Executive Director
	Charles St John	Non-Executive Director
	Prof. Deirdre Kelly	Non-Executive Director
	Joanna Lewis	Non-Executive Director
	Piers White	Non-Executive Director
	Helen Fridell	Non-Executive Director
	Helen Gillan	Director of Quality
(virtually)	Rob Bradburn	Director of Finance
	Dr Gail Miflin	Chief Medical Officer and Director of Clinical Services
	Stephen Cornes	Director of Blood Supply
	Wendy Clark	Chief Digital and Information Officer
	David Rose	Director of Donor Experience and Communications
	Gerry Gogarty	Director of Plasma for Medicines
	Anthony Clarkson	Director of Organ Donation and Transplantation / Tissue and Eye Services
In attendance		
(virtually)	Pat Vernon	Wales
(virtually)	Sam Baker	Scotland
(virtually)	Joan Hardy	Northern Ireland
	Katrina Smith	Company Secretary
(virtually)	Alia Rashid	Chief of Staff to CEO
	Alina Kuzmina	Senior Secretariat (Minutes)
(virtually)	Kyle Bennett	Item 2 Assistant Director, TES & OTDT
(virtually)	Louise Buchanan	Item 2 Patient
(virtually)	Nicholas Michael	Item 7 Assistant Director, Strategy
(virtually)	Lucy Osmond	Item 7 Head of Performance Management
	Richard Rackham	Item 8 Assistant Director Governance and Resilience
Apologies	Prof. Paresh Vyas	Non-Executive Director
	Deborah McKenzie	Chief People Officer
	Maria Nyberg	Department of Health and Social Care, England

		Action
1	**Welcome and apologies**	
	J Pattullo welcomed Board members to the One Hundred and Sixth Public Board Meeting. J Pattullo announced that from the 1st of April, Peter Wyman will be taking over the role of NHSBT Chair on a permanent basis. Also, H Gillan and G Gogarty were welcomed to their first in person meeting as members of the Board. Apologies were received from P Vyas, M Nyberg and D McKenzie. The Secretary of State's Reform agenda item was discussed at Board dinner on the 28th of March where a number of actions were agreed:	

	1) Do a better job on telling our story of what we do (Owners: A Clarkson and H Gillan) 2) To support the SoS's 2nd area of focus (Personalisation), NHSBT can improve the education of audiences about available treatments. In particular, as our recent patient story highlighted, there is opportunity improve the knowledge of relevant clinicians and patients on the treatment choices and pathways available to them (Owners: D Rose, G Miflin and S Cornes). 3) Patient records, and whether or not we can access and use blood groups taken for other reasons in the NHS to 'market' to in order to persuade people to become blood donors (Owners: W Clark, G Miflin and G Gogarty).	
1.1	Register of Interests	
	No other conflicts of interest were declared.	
1.2	Board ways of working	
	For this meeting, Board members agreed to focus on "Members should be constructively challenging", reflecting at the end of the meeting whether they have been challenging each other in a constructive way and how the challenge has been received.	
1.3	Minutes of the last meeting and matters arising	
	J Lewis, P Huggon, I Bateman and D McKenzie have been omitted from the attendance list of the January Board meeting, the record will be corrected. Otherwise, the minutes were agreed as an accurate record. Board action B28 – there are two sessions planned, in May and September, to share with the Board analysis on donor complaints and patient/hospital complaints respectively. Board action B29 – the Board Performance Report is currently being re-designed, and a revised version will be shared with the Board in April for initial comments, and then included in the May Board deck.	
2	Patient Story	
	The Board was joined by Louise Buchanan, a recently retired Civil Servant and a proud mother who suffers from Sjogren's syndrome, an auto immune disease she contracted after two episodes of Glandular Fever, that caused her own immune system to start attacking itself. Louise suffers symptoms which are on the severe end of the spectrum, in particular extreme dry eyes. To help manage the condition and improve the quality of Louise's life, she was enrolled onto the Eye Serum Drops programme. Louise is one of approximately one thousand patients on the programme, and this number is expected to continue to grow. Since Louise started using the Eye Serum Drops, it has become much easier to manage the symptoms of her condition and help prevent the infective keratitis that Louise suffered from previously using an over-the-counter treatment. Louise was pleased with how NHSBT has handled the entire process. Initially, Louise donated her own blood, but after three donations became anaemic and unfit to continue donating. She was swiftly transferred to allogenic eye drops which have worked really well. Louise found the process of ordering and delivering her eye drops very well managed by NHSBT overall. However, Louise shared one unpleasant episode from August-September 2020 where there was an issue with re-authorisation process. Louise had to have several conversations with the hospital before being re-enrolled on the programme. This meant that Louise could not use the eye drops for eight weeks and had been suffering with the eye infection throughout that period. Louise was left unclear about who held the responsibility for initiating the process of re-authorisation. K Bennett was asked by the Board to follow up on this process and feedback to Louise and reflect on how this information should be made available to other patients.	KB/AC

	Louise found that a lot of her experience with NHS has been patient-led as she relied on her own efforts to research her health condition most of the time. A friend suggested she explore the option of the Eye Serum Drops. The Board reflected on Louise's experience, commenting that every patient should have equal access to treatment not dependent on their awareness and knowledge, and noted that there is a long way to go to achieve this ambition. The Board was advised that Eye Serum Drops are not widely advertised as they are considered a treatment of last resort due to the way they are currently licenced in the UK. The team are currently working on the licencing arrangements with the regulators and internally, to find a way to resolve this. G Miflin will discuss this with K Bennett and A Clarkson to explore if we can expedite this work.	
3	CEO Report	
	The launch of the new Strategy to the external stakeholders was a highly successful virtual event on the 28th of March with over 150 attendees, which indicated the start of a longer-term engagement plan as NHSBT looks to deepen relationships with colleagues across the system and collaborate on areas of mutual interest and patient need. The Executive Team will work together on stakeholder mapping and create a plan for the coming months. For the last two years the organisation was focused on health & safety and continuity of supply. With the launch of the new Strategy, NHSBT can start planning for the future and focus on driving innovation and scaling up new services for the NHS. New NIHR funded Blood and Transplant Research Units (BTRUs) will be launched in April 2022 for five years covering the following areas – Donor Health and Behaviour, Transfusion and Transplantation Transmitted Infections, Data Driven Transfusion, Organ Donation and Transplantation and finally, Precision Cellular Therapies. This is in addition to component development programme, clinical trials, and partnerships NHSBT has developed that resulted in such great work as Genomics and Plasma for Medicines. Whilst the organisation looks to the future, it is important to keep momentum on the business-as-usual activity. An important milestone was reached on the Blood Technology Modernisation Programme with the first batch of new code going live which is a fantastic achievement on what is a very large and complex programme. Sadly, the effects of Covid are still being felt throughout the organisation, continuing to present operational challenges and incur additional costs. The outcome of the Spending Review on funding for ODT and Stem Cells is yet to be received from the Department of Health and Social Care (DHSC). Additionally, the funding for Plasma for Medicines is still awaiting ministerial approval, but the team is making good progress with the programme in the meantime. The Board discussed the objective of 20% self-sufficiency for the first year of the Plasma for Medicines programme, assessing how appropriate it is with the global demand growing by 10-20% a year. G Gogarty explained that this target was appropriate for the first phase of the programme when the operating model is being established. It will then be possible to scale up the operation in the future. The team has developed a roadmap to understand the requirements to go beyond 20%, but it was decided to defer this activity pending the review of the initial operation. The Plasma Board oversees the governance and decision making of the programme, and is comprised of representatives from NHSBT, NHS England and DHSC, looking at both the short-term targets as well as longer term strategic ambitions for self-sufficiency. The Board commented on the variability of the blood stock levels and discussed measures the team has put in place to keep the supply stable. Increased levels of sickness and absence have been impacting blood stock levels. Blood Supply and Donor Experience teams are actively managing the situation and can provide any additional	

	details if required, including plans to roll back some of the measures that have been put in place earlier in the pandemic in line with the government policy and Public Health advice. Finally, the Board discussed the impact of Covid on transplants. Although donations and transplants are down by 12% and 10% respectively, NHSBT is benchmarking well against other organ donation organisations. Though it has proven difficult to recover the remaining 10%, this is in the context of a much reduced donor pool compered to pre-covid which the team are looking into. Also, in the last two weeks there was a change in policy whereby it is now possible to accept organs from the deceased with Covid, which should reflect positively on the number of donations coming through.	
4	Clinical Governance Report	
	The report summarised the clinical governance issues discussed at the March NHSBT CARE meeting. There were no new serious incidents (SI) reported during the reporting period. One of the two previously reported SIs has now been closed and the second SI is expected to be closed next week. The six month post FAIR implementation (June 2021) assessment showed an overall positive stakeholder and media feedback, low complaints, and an increase in new blood registrations. More importantly there has been no increase in recently acquired infections and no evidence of an increase in higher risk behaviours. A further report will be prepared 12 months post implementation for presentation to SaBTO and published more widely to share with international blood services. All the Infected Blood Inquiry (IBI) related evidence from NHSBT has now been provided. The next steps involve invitation for submission of recommendations to the IBI Chair. NHSBT is liaising with its legal team regarding the submissions as it is predominantly aimed at the individuals who were directly affected. The Board will be informed on any relevant matters in due course. A program of work remains ongoing in preparation for the expected CQC inspection of the Well Led domain sometime this year, led by Director of Quality. The project team will now be transitioning activity into business-as-usual, so it becomes standard course of practise that NHSBT is well led by following the framework. A revision pack is being pulled together to share with Board members as soon as possible, individual briefings will be scheduled in as soon as NHSBT is notified of an upcoming inspection. The Board discussed whether there should be a collated database of accumulated learnings from the multiple incidents over the years to ensure the organisation retains its collective memory and knowledge. At the moment, it tends to be on the case-by-case basis. It was agreed this is worth exploring further outside of the meeting and G Miflin will follow up with our Corporate Clinical Governance lead to bring this back to Board via a discussion at ARGC in the first instance. Finally, the Board discussed ongoing recruitment difficulties the organisation was experiencing, specifically in Blood Supply and Clinical Services. Previously, there was an issue with recruiting nurses in London which has now been resolved. Also, NHSBT has been unable to respond to requests for help from other services, particularly for TAS and Stem Cells as there were no resources to spare. The budget for next year includes provisions to invest more in people which will allow flexibility both internally and with our external partners should they require support. There is an ongoing issue with recruitment and retention of Donor Carers in London, however it is not impacting on delivery of our services.	HG GM
5	Finance Report	
	The Board was updated on the financial performance at the end of February 2022. R Bradburn reported a February year-to-date deficit of £8.1m, £12.9m ahead of plan. A significant improvement on the full year forecast made at Q3 (a £15.1m deficit) is now likely to be seen. This will result from the proposed capitalisation of the Blood Technology Modernisation (BTM) project (£4.4m) along with other emerging underspends. A large	

	proportion of the surplus is attributable to the lower activity in OTDT, a conservative budget and good growth in Clinical Services. In Blood and Group, the benefits in underspends on transformation are offsetting adverse variances in Blood Supply as a result of challenges on blood collection. The full year result for 2021/22 is now expected to come in at a deficit of around £7m-£8m, around £15m better than plan. As a result, we expect NHSBT to end the year with £64.5m cash reserves, with £18m attributable to Blood/Group. Capitalisation of the BTM expenditure is, however, subject to audit and acceptance by DHSC. The latest forecast for capital is £7.6m (excluding BTM) versus a £21m budget. Including capitalisation of BTM the full year forecast would be a spend of £12m. This is due to the lower activity in DDTS and Estates. DHSC has agreed that the 2021/22 Plasma programme funding can be drawn down in full this year, with any cash not utilised in the year carried over to 2022/23. Of the £64.5m forecast cash position at end March 2022, £21.8m is attributable to plasma.	
6	Budget 2022-23	
	The Board was asked to approve the 2022/23 budget, noting that the funding for ODT and Stem Cells is yet to be confirmed. The budget for 2022/23 implies an underlying operational surplus of £12.7m, resulting in a deficit of £8.1m after expenditure on non-recurring transformation spend. The budget is complete except that the DHSC funding settlement for ODT and Stem Cells, and Devolved Government funding for ODT, has not yet been confirmed. It therefore assumes flat funding for the moment, pending confirmation of the actual funding that will be provided. It was noted that this budget will be a good jumping off point for the future of blood prices, and if it is maintained, NHSBT will be in a strong position to mitigate blood price increases in 2023-24. The Board discussed the financial risk associated with the high levels of inflation this year and how it may impact NHSBT next year. R Bradburn did not anticipate the risk to be too high and assured the Board that sufficient provisions were made in the budget. This was particularly driven by the increased energy and fuel cost, however there is a risk of inflationary impacts as supplier contracts come to an end, starting from 2023-24. R Bradburn is looking into potential scenarios and the impact it may have on pricing. This will be reviewed at the Finance & Performance Committee in due course. Based on the current forecast for 2021-22 and the budget for 2022-23, NHSBT will be in a strong position from a cash perspective with cash reserves of £12m in Blood, £7.7 – in Plasma, £3-4m – in Clinical Services and £9.6m – in ODT (with £4m ring fenced for donor characterisation). **Outcome**: The Board approved the budget, noting that the funding for ODT and Stem Cells was yet to be confirmed. It was therefore agreed to make a last-minute change to the budget when the above confirmation is received and inform the Board accordingly of the changes.	
7	Business Plan	
	The paper presented the draft NHSBT Business Plan 2022-23, providing key targets and activity required to deliver the first year of the NHSBT Strategy. The Board was asked to approve the new structure and current content noting that some final adjustments will be required as a result of target development and forecasting work still underway, and in light of funding decisions that will be confirmed after the start of the year. In relation to 'driving innovation to improve patient outcomes and the particular milestone of 'establishing strategic agreement for datasets and application', it was suggested to	

	have a Board level conversation at an appropriate time to establish it and understand how it will be managed through the overall Data Strategy. It was commented that clarity was required around how the volumes of activity were expected to change next year in each of the service areas. As an example, some very specific targets have been identified for Ro donors and the budget saw a slight increase in the total amount of blood supplied. But for majority of other services, it is difficult to see whether there the volumes are expected to increase, decrease, or remain the same. It was suggested that this analysis be included as part of the next review. In relation to 'growing and diversifying our donor base', it was suggested to add % increases between next year and 4-5 years targets. The Board agreed that the organisation will have some challenging targets to achieve in the next five years. In particular, there are targets to reduce the disparities in supply for patients of different ethnicities which will involve a lot of work and activity and will be difficult to achieve. There will be review points throughout the year to monitor progress and have open conversations about whether the course of action needs adjusting, or the organisation is on the right track to deliver. **Outcome**: The Business Plan was approved in its current form. The Board agreed that if there are material changes, the team will inform the Board of those changes and then move into regular reporting once every six months.	WC WC
8	Risk Appetite	
	The Board was asked to approve the general principles and concepts outlined in the paper, approve the general risk appetite statement and the risk impact statements, and finally to approve the action plan for the further implementation and agree a six-month settling period for risk appetite to allow existing child risk scores, the new strategic risks and risk appetite to come together and begin operating cohesively. The risk appetite has already been applied to the new strategic risks and these will routinely come to ARGC for a deep dive review. It is proposed that the Board meets in a less formal setting to discuss and apply the risk appetite criteria to the Board Assurance Framework risks. Current levels of risk have been reviewed and agreed by the Executive Team, however it would be beneficial to include all the Board members' perspectives. The Board supported this approach and agreed to have a session to discuss this in July. It was suggested that we could consider splitting some of the elements that fall within the 'Legal, Regulatory and Compliance' risk impact area. It is possible that there might be various levels of risk appetite towards, for example, clinical regulatory issues versus non-specialist regulatory issues and should be taken into consideration. The team was in complete agreement with this idea but requested six months for the new methodology to embed, consider these changes in the proposed July session, then review progress and make necessary adjustments, in advance of a formal risk policy submitted for approval to Board in September 2022. **Outcome**: The Board was comfortable with the proposed approach, recognising that there will be another opportunity to discuss it in more depth in July. With that caveat, the Board approved the proposal.	HG/RR HG/RR
9	Board Effectiveness	
9.1	Board Effectiveness Update	
	The Board was asked to approve the recommendations developed by the Board sub-group with the intention to free time for strategic discussion and frame topics in ways which facilitate more expansive discussion. Four specific recommendations were agreed on a trial basis for the next three meetings and then take a final decision about effectiveness in September.	

	The Board discussed recommendation No 3 which proposed that summaries of the Clinical Governance report and Finance report are included within the CEO report, recognising this as a significant change. One of the risks associated with it would be the exposure and scrutiny these reports get at Board level. However, it was commented that Board sub committees will continue to review full reports in advance of the Board and the reports will still form part of the Board meeting pack and therefore there will always be an opportunity to discuss any emerging issues. **Outcome**: The Board agreed to trial this approach for three meetings as suggested and make the final decision in September 2022.	
9.2	Board Effectiveness Tracker	
	The Chair thanked the Board for their diligence and support in completing all of the actions. It was agreed that the remaining four actions will be monitored through the Board action log going forward. • Action No 2 – report will be provided to the Board in May. • Action No 5 – will be agreed with the new Chair in due course. • Action No 12 – report will be provided to the Board in May. • Action No 17 – due to be resolved in July. Additionally, P White stated that ARGC has determined the process for defining the job descriptions for two associate Non-Executive Directors and will be in position to make a recommendation in relation to filling those vacancies, first seeking input from CEO and the new Chair.	
10	Demographic Health of the Donor Base	
	NHSBT's first strategic priority is to grow and diversify our donor base to meet clinical demand and reduce health inequalities. The analysis included in the paper identified four areas of concern that will be addressed by the five-year Business Plan. In summary, we ask too much of our donors today, frequency of donation is high, and resilience is low. We do not have enough Ro donors, so patients are not getting what they need, and supply risk is high. We rely too much on our older donors- this brings advantages and efficiencies from their loyalty and retention, but it exposes us to worsening health trends and future health inequalities. We rely too much on male donors for platelets and plasma collection- this brings advantages in yield but at a loss of opportunity to grow. To fix these areas of concern we will recruit more donors in critical areas, and the health of our donor base will improve in turn. Activities planned to address areas of concern are outlined in the paper. This report will be presented to the Board annually. The Board was invited to share their thoughts and comments on the analysis, suggest any other ideas or highlight any areas of concern. The Board discussed to what extent different age groups may be lost as potential donors. It was noted that although, there is a lot of consistency across regions, London is an exception. On average there are c40% of donors under the age of 40, in London it is 60%, which means London could be a source of a younger generation of future donors. Also, more donors are donating at multiple venues which gives the team optimism that should the location change, the donors will still come. The Board noted that the team has completed benchmarking in relation to frequency of donation against other blood services in Europe, and this will lead us to reverse the trend of many years and deliberately reduce the frequency and grow the donor base. This will be done through changing the way the appointments and donor communications are managed. This paper does not take account of the socio-economic factors affecting the demographics, however there will be a report published on the subject by one of the	

	BTRUs. The analysis shows also shows large disparities amongst the population and highlights barriers that certain communities face preventing them from donating. The analysis shows that there has been an unhealthy fall in donors under 20. This is largely due to fewer collection venues close to schools, colleges, and universities. Fewer marketing events during the pandemic also reduced recruitment. Though the whole concept of blood donation is a lot more known now after being included in the secondary school curriculum. Younger donors are the future and further investment is needed to reverse this trend. The Board queried whether the initiatives that came out of the McKinsey's programme of work to improve the donor base have been utilised and to what extent. There are two initiatives that are in flight – partnerships and community engagement initiative and also, the opening of a new DC which has been overtaken by the wider Collection Footprint Strategy. Other smaller initiatives to drive retention and recruitment have either been delivered or discounted. For assurance, the team will provide a full list of initiatives to the Board, including the details on rationale for discounting any of them. The Board discussed the benefits of having a national blood type database. Currently, NHSBT does not have access to this information, however there are several pilots that are being developed, including data sharing with some of the maternity testing wards in the country. Separately, there is an opportunity to work with NHS Digital and GPs to understand how we could get patients' blood types on a database and explain more explicitly why it is needed. It was noted that most blood tests do not check blood type, and any additional blood test that is not required for direct health care purposes would need to be consented to by the patient which will add difficulties operationally. It was suggested that perhaps antenatal testing could be an option to explore further. Another pilot was launched on a smaller scale where finger prick tests were posted to people's homes across the country and the response rate was around 10-20% of people out of 350. There are plans to do this on a much bigger scale, however it will be quite a complex and expensive task. Though it was noted that post-pandemic people's perception about self-testing have changed significantly, and more people would be open to it now.	DR
11	Sub Committee Readout: Audit, Risk and Governance, 17th March	
	P White provided an update to the Board on key discussions from the recent ARGC meeting. Annual report and accounts are being prepared according to schedule. Work is ongoing on the Letter of Representation. Sustainability report was discussed for the last time as the Finance team will be advancing the Sustainability Strategy for the organisation. Internal integrated audit plans have been developed and are linked through to the strategic risks. New candidates are being interviewed for the post of the Head of Internal Audit. The organisation is showing a good level of compliance from the regulatory point of view, subject to forthcoming CQC inspection, however less so from the legislative compliance perspective – need to demonstrate how the organisation is compliant in a better way. There are two changes proposed to the financial delegations that require Board's approval. 1. Commercial contracts in excess of £5m lifetime cost, it is suggested that the limit is changed to £10m. Decision deferred. 2. Change project in excess of £1m lifetime cost, it is suggested that the limit is changed to £3m. This was approved. **Outcome**: Board was comfortable with the £10m limit over the life of a contract but wanted further consideration of a spend per year limit for major projects. The decision will be deferred to a delegated group – R Bradburn will share a proposal with P White, C St John and B Bassis, who will then notify the Board when the decision is made.	
12	Reports from the UK Health Departments	

12.1	Northern Ireland	
	In addition to the submitted written report, J Hardy shared that the start date for the public awareness campaign to raise awareness and understanding on the Opt Out System for Organ Donation have been confirmed as Monday, 11th May. The campaign will run all across Northern Ireland via all outdoor and digital channels.	
12.2	Scotland	
	In addition to the submitted written report, S Baker informed the Board that Sharon Grant who previously attended the Board meeting will be retiring this week. James Howell will be taking over, leading on Organs, Blood and Plasma. Also, Scotland will be starting Anti Hep B Core testing of blood donors from next week.	
12.3	Wales	
	In addition to the submitted written report, P Vernon highlighted the innovation work of the Cardiff transplant centre that has carried out its first NRP organs retrieval, this would have not been possible without the new technology that was used.	
12.4	England	
	Representatives from the DHSC have sent their apologies and did not provide an update.	
13	For information	
	Report for information were noted. **Proposed list of Policies** A decision will be deferred until the next meeting. The Executive Team will discuss and agree principles for selecting the policies. It was suggested to add the following policies to the list: Data Security & Protection, Dignity at Work, Modern Slavery and Safeguarding.	ET/KS
14	Any Other Business	
	No further business was raised.	
	The Board resolved to proceed to private business.	