



# Blood and Transplant

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

### Microsoft Teams Meeting Tuesday 25<sup>th</sup> January, 10:00 – 12:15

<b>Present</b>	John Pattullo (Chair – JP) Betsy Bassis (BB) Charles St John (CSJ) Prof. Paresh Vyas (PV) Prof. Deirdre Kelly (DK) Joanna Lewis (JL) Phil Huggon (PH)	Dr Gail Mifflin (GMi) David Rose (DR) Deborah McKenzie (DM) Wendy Clark (WC) Anthony Clarkson (AC) Rob Bradburn (RB) Stephen Cornes (SC) Ian Bateman (IB)
<b>In attendance</b>	Kay Ellis (KE) – DHSC W Vineall (WV) – DHSC Joan Hardy (JH) – Northern Ireland Sharon Grant (SG) – Scotland Pat Vernon (PV) – Wales	Katrina Smith (KS) Alia Rashid (AR) Richard Rackham (RR) Gerry Gogarty (Observer)

		Action
1	<b>Welcome and apologies</b>	
	<p>J Pattullo welcomed all Board members, observers and the Live Stream viewers to the meeting and declared his optimism for returning to a face-to-face meeting environment in March 2022.</p> <p>JP also announced that Gerry Gogarty had been appointed as Plasma Director, and that Stephen Cornes had been permanently appointed to Director of Blood Supply. JP congratulated both on their appointments on behalf of the Board.</p> <p>Members were also informed that Ian Bateman, appointed as Quality Director in 2009 and appointed to the Board in 2015, would retire on 28<sup>th</sup> February 2022. JP thanked IB for his extensive contribution to NHSBT on behalf of the Board ahead of a formal opportunity of thanks at the March Board meeting.</p> <p>Apologies were received from Piers White and Helen Fridell.</p>	
2	<b>Register of Interests</b>	
	Board members reviewed the current register of interests and confirmed that there were no further conflicts and there were no specific conflicts pertaining to the meeting agenda.	

3	Board ways of working	
	Following consideration of the Board Ways of Working, Board members agreed to assess their performance through the lens of the 'Caring' value at the end of the Board meetings.	
4	Minutes of the last meeting	
	The minutes were agreed as an accurate record of the meeting held on 2 <sup>nd</sup> December 2021.	
5	Matters arising from the last meeting	
	<p>Action B25 <i>NHSBT's visibility on the performance of transplant centres and role in their oversight</i> and action B26 <i>further detail on post pandemic working plans</i> were confirmed as closed as a result of their inclusion in the meeting agenda and papers, and it was agreed that B27 <i>further information to be provided on the total Cell and Gene Therapy Catapult opportunities</i> would be the topic of a future seminar and was therefore closed.</p> <p>D Rose reported on recent Executive discussions regarding the review and improvement to complaints management. The Board were content to hear a further update on the topic at the May meeting.</p> <p>It was agreed that R Bradburn and JP would meet in February to discuss the expectations for and parameters of B30 <i>High-level productivity measures to be included in the Board Finance Report</i>.</p> <p>It was agreed that B31 <i>detail on current challenges in People Team and proposed mitigations</i> would be kept open as an ongoing consideration given the organisational focus.</p>	JP/RB
6	Patient Story	
	<p>G Mifflin shared a recent case of antibody investigations undertaken to support the antenatal care of a pregnant woman and highlighted the diagnostics and matching challenges faced. GMi also noted the related potential opportunities brought about by the forthcoming recruitment of a Chief Scientific Officer (CSO).</p> <p>It was reported that the case had been published and will highlight the role of antibody investigations and also NHSBT's expertise, in addition to demonstrating how similar cases can be managed in the future. Members were assured of the steps taken to support the patient and their family throughout the process.</p> <p>Board members also discussed the Chief Scientific Officer position and the ambitions for the role within the NHSBT. It was noted that the appointee will require a broad spectrum of expertise and will need to keep up to date with the pace of new technology and connect with the wider NHS.</p> <p>It was also suggested that the incoming CSO position be sent the segmented results for the scientific population of NHSBT's staff to enhance their understanding of the organisation.</p>	
7	CEO Report	
	B Bassis updated the Board on the broad range of organisational activity since the December meeting. BB noted the soft launch of the new strategy, approved by the Board in December and confirmed that in addition to those already referenced, Helen Gillan had been appointed to the Executive as the new Quality Director following I Bateman's retirement. BB acknowledged IB's integrity and determination for NHSBT.	

	<p>BB highlighted that the blood stock situation had improved in recent weeks and that teams had done a remarkable job maintaining donation and transplant activity during the latest Covid-19 wave. A Clarkson and D Kelly also updated members on the progress of the Organ Utilisation Group, and the ambition to broaden the patient voice.</p> <p>Board members discussed the outcomes of the opt-out programme in England, and it was noted that a formal statistical evaluation of his efficacy will be undertaken in approximately 2 years' time. DR also agreed to ask his team to review the media monitoring material and insights to understand whether 'leave them certain' is still featuring.</p> <p>There was a further question on whether there was potential to reduce the service level time on living donation below 5 days. AC clarified NHSBT's role in the process as setting the standards and agreed to discuss the topic offline with the team and bring an update back to the Board in due course. Members also commended the appended document on living kidney donation.</p> <p>BB commented that people and workforce remain a clear focus for the organisation. It was noted that analysis on staff turnover is in train which will help the Executive better understand the rationale and understand what more could be done to improve retention. Members requested to hear the insight gained on the topic as part of the CQC Well Led Inspection preparations and agreed to discuss this under the related agenda item in the Private session.</p> <p>Board members reflected that more strategic conversations on the donor experience would have great value at future meetings. There was agreement to consider this for future agenda and to present an annual report on the donor base with a focus on trends and shifts, at the March Board meeting.</p>	<p>DR</p> <p>AC</p> <p>IB</p> <p>DR</p>
8	<p><b>Clinical Governance Report</b></p>	
	<p>G Mifflin summarised the clinical governance issues discussed at the prior NHSBT CARE meeting. It was highlighted that there are two new open SIs, one recorded within NHSBT during the reporting period and one outside the reporting period, reported in December 2021. One SI related to a death of a patient with a diagnosis of sickle cell disease and COVID 19 following a Red Cell Exchange and the second one related to a cornea that was issued for training purposes without family consent. Two previously reported SIs had been closed.</p> <p>GMi highlighted that the recommendations from the FAIR II steering group had been implemented, which had facilitated the deferral for all blood and component donors whose sexual partners have been sexually active in Sub-Saharan Africa. Board members acknowledged this as a significant step in improving the diversity of donors and for improving inclusivity.</p> <p>Board members were assured that a review of clinical governance arrangements was planned, in light of the operating model changes and plasma operations.</p> <p>There was further discussion on how recommendations from clinical audits are followed up with settings outside of NHSBT such as hospitals, and it was noted that the incoming Medical Director of Transfusion will support a review of national comparative audits to enable closer working, and a less manual approach with hospitals.</p>	

9	Board Performance Report	
	<p>In addition to the areas highlighted in the performance report, IB briefed members further on the SABREs referenced in the pack and the investigations taking place to investigate their causes.</p> <p>Board members discussed the early insights on the strategic aim to grow the donor base over the next five years. DR confirmed that, while the ambition is to improve resilience with a larger donor base and increasing the number of new donors, Ro and O negative will remain the priority. This will be achieved by continuing the focus on recruiting donors of Black heritage, supported by collection footprint changes in London, and the introduction of new ways to sample off-session for O Neg. The team will also tackle poor donor experience and complaints in a more systematic way to improve satisfaction and increase retention rates.</p> <p>There was a query as to whether there was a risk from older donors reaching retirement, and if so, whether this would have a large effect on the continuity of supply. DR confirmed that the percentage of donors under 35 was at similar levels compared to 10 years ago indicating that the base's profile had been protected, albeit the number of donations and average frequency has grown for older donors during the pandemic. It was agreed that further data and analysis will be shared with the Board in March as part of the Donor base health report to offer more detail on that risk.</p> <p>It was queried whether the increase in opt outs in organ donation was a cause for concern. AC commented that it is common to see spikes and fluctuations, and the team is monitoring the data closely but was not unduly concerned at this time. The 'back-to-basics' approach in Organ Donation for improving consent rates was outlined, and it was highlighted that this already having a positive impact on consent rates and there has been positive feedback from the specialist nurses.</p> <p>Board members were also assured that early conversations were in train with DHSC regarding marketing spend to avoid the constraint experienced in 2021.</p> <p>There was broad discussion on the People metrics, largely focused on the importance of responsive and inclusive recruitment. DM referenced the current resource constraints on the team, the scale of the requests and noted that new appointments in the People Leadership team, and the introduction of new applicant tracking software will lead to improvements. It was also noted that more will need to be done to understand whether the volume of demand for recruitment services will continue.</p> <p>It was acknowledged that progress has been made on ensuring recruitment is more inclusive through targeted initiatives such as mandatory diverse panels for senior appointments, but there is still more progress to be made. It was agreed that benchmarking data on the staff turnover and retention data in other NHS organisations would be provided as part of the Organisational Health agenda item at the next Board meeting.</p> <p>It was agreed that CSJ and GMi would discuss the scope of the review of the Histocompatibility and Immunogenetics function in the context of the forthcoming Pathology strategy and would agree an approach to sharing this with the Board.</p>	<p>DR</p> <p>DM</p> <p>CSJ/GMi</p>

	BB/DM and JP agreed to discuss the Health & Safety standard used by NHSBT offline, ahead of briefing the Board on its use and application of these metrics in the next Performance report.	BB/DM/JP
10	<p><b>Finance Report</b></p> <p>R Bradburn reported the headlines from NHSBT’s financial performance from the December reporting period, and outlined that at Q3, the full year forecast is at a deficit of £15.1m and £7.9m better than plan. RB reported that overspends in Blood Supply have continued to be partly offset by underspends in Group Services.</p> <p>Members sought clarity on the extent to which under performance in divisions can be offset by over-performance in others to ensure this process was visible. It was noted that deficits in Tissues cannot be offset by surplus in ODT, and that effectively, the deficit in Tissues is being funded by blood cash reserves.</p> <p>Members were encouraged by the early insights shared by A Clarkson on the forthcoming Tissues Strategy and were keen to see further detail on how this will support and deliver for other services and establish a cashflow to support transformation within the division.</p> <p>RB also explained the debtor collection process and noted that the level of overdue payments is a more reliable measure of overdue collections.</p>	
11	<p><b>Board Assurance Framework</b></p> <p>R Rackham outlined the steps and stakeholders involved in the development of the Board Assurance Framework (BAF) leading up to its submission to the Board. It was noted that as a live and dynamic document the BAF will be further developed by future discussions and work on risk scoring and risk appetite.</p> <p>The Chair of the meeting acknowledged the contributions of IB, RR and team and noted the complexities involved in developing a BAF. Board members were supportive of the proposal to keep the BAF as a live and therefore dynamic document which would enable future discussions and oversight of the scoring of strategic risks and the associated assurances, controls and action plans to mitigate risks.</p> <p>D Kelly highlighted the Audit, Risk and Governance Committee’s prior comments and feedback. These highlights included the Committee’s request for a heat map in future Board reporting and to schedule 1:1 conversations on risk appetite between RR and Non-Executive members. It was also noted that NHSBT’s initial review of compliance with the <i>Internal audit functional standard and assessment framework</i> would be completed before the end of the financial year and would contribute to the broader assurance mapping programme.</p> <p>There was discussion on the current risk scoring in the BAF and how the Board as a whole can be assured that there is alignment on the highest risks to the organisation. The Board were briefed on the process for risk scoring and how collaborative discussions at various governance and assurance forums have and will continue to shape the document. Members were also assured that as the BAF is linked into NHSBT’s risk management IT system, it will enable a flow of risk both up and down the organisation and also more consistency in approach. Finally, it was recognised that this framework is not solely about ‘risk’ – it is about how the Board receives ‘assurance’ in its broadest sense.</p>	

	<p>Members commended the detail available for each strategic risk in the appendix which will provide good oversight of challenges to the delivery of the strategic priorities.</p> <p>Specific feedback on the wording of strategic risk NHSBT-07 <i>Workforce</i> was offered and it was agreed that RR and J Lewis would discuss the issue offline.</p> <p><b>Outcome:</b> The Board approved the Board Assurance Framework, its constituent strategic risks and the treatment of the existing strategic risks as proposed in the submitted paper. Board members were also supportive of the next steps in the regular presentation of the BAF to future meetings, to also include a heat map and commentary.</p>	JL/RR
12	<p>Reports from Board Sub-Committees: Audit, Risk &amp; Governance Committee, 20<sup>th</sup> January 2022</p>	
	<p>Prof. Kelly briefed the Board on the key discussions from the recent ARGC meeting and noted that the majority of items were also included in the Board meeting papers. Other topics covered included the plan and timetable for the upcoming external audit, the progress and the recent positive findings of the internal audit programme.</p> <p>Non-Executive Members reflected on the earlier BAF discussion and parallel discussions at ARGC and agreed to the scheduling of individual conversations with Richard Rackham to share their initial considerations on the Board's risk appetite.</p>	IB
13	<p>Reports from UK Nations</p>	
	<p>Northern Ireland</p>	
	<p>To accompany the submitted written report, J Hardy outlined that the NI opt out legislation had passed its first stage with royal assent expected in April ahead of implementation the following year. JH also reported that transplantation services for deceased and living donors were operating but at a reduced capacity due to Covid-19 constraints.</p>	
	<p>Scotland</p>	
	<p>In addition to the submitted written report, S Grant highlighted that early development of an organ and tissue donation awareness campaign is underway with the aim of a summer 2022 launch.</p>	
	<p>Wales</p>	
	<p>In addition to the submitted written report, P Vernon also reported that there were early signs of a recovery in the number of organ donors in Wales.</p>	
	<p>England</p>	
	<p>K Ellis and W Vineall outlined the Department for Health and Social Care's priorities as the continuation of Covid support and recovery, the recovery of elective treatments and a greater focus on health disparities.</p> <p>Board members were keen to hear more on the health disparities agenda from DHSC at a future meeting.</p>	
13	<p>For information</p>	
	<p>Board members considered the revised NHSBT Standing Orders and were briefed on the changes made following the review by the Audit, Risk &amp; Governance Committee.</p> <p>Following due consideration there was agreement to make an addition to the section to further clarify the definition of a pecuniary interest and the role of the Board, rather than the individual, in confirming whether a member's interest should preclude them from any discussion or decision.</p>	

## Status - Official

14	Board Forward Plan	
	Board members noted the 24-month Board Forward Plan and were content that the document continued to provide value and oversight.	
14	AOBs	
	No further business was raised.	
	The Board resolved to proceed to private business.	