NHS
Blood and Transplant

Minutes of the One Hundred and Seventh Public Board Meeting of NHS Blood & Transplant
etc. Venues Chancery Lane, 50-52 Chancery Lane, London / Microsoft Teams
Wednesday 25th May, 10:00 – 12:45

Present	Peter Wyman	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
(virtually)	Helen Fridell	Non-Executive Director
	Helen Gillan	Director of Quality
	Rob Bradburn	Director of Finance
	Dr Gail Miflin	Chief Medical Officer and Director of Clinical Services
	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
	Deborah McKenzie	Chief People Officer
In attendance		
(virtually)	James How	Scotland
(virtually)	Joan Hardy	Northern Ireland
(virtually)	Maria Nyberg	Department of Health and Social Care, England
	Katrina Smith	Company Secretary
	Alia Rashid	Chief of Staff to CEO
	Alina Kuzmina	Board Secretary (Minutes)
	Mark Croucher	Item 3.2 Assistant Director, Donor Experience Services
(virtually)	Christie Ash	Item 3.3 Programme Director for BTM
(virtually)	Harpal Lailey	Item 4.2 Assistant Director, Architecture
(virtually)	James Fishwick	Item 4.2 Head of Business Architecture - Blood and DTS
Apologies	Stephen Cornes	Director of Blood Supply

		Action
1	Welcome and apologies	
	P Wyman welcomed Board members to the One Hundred and Seventh Public Board Meeting. Apologies were received from S Cornes, with R Hill deputising. H Fridell joined part way through the meeting (item 6). P Wyman noted that Pat Vernon regretfully was unable to attend.	
1.1	Register of Interests	
	G Miflin is now a Non-Executive Director at Accelerating Clinical Trials Ltd. P White asked to remove him as Chair of the BRE Group and add him as a Trustee at Leonard Cheshire. He is also now a Chair of the Halesworth Limited. All changes will be included in the Register of Interest at the July Board meeting. No other conflicts of interest were declared.	
1.2	Board ways of working	
	The Board noted current ways of working.	

1.3	Minutes of the last meeting and matters arising	
	The minutes of the March meeting were approved as an accurate record. **Matters arising** B45 – Action closed. Agreed via email between R Bradburn, C St John and B Bassis that the limit will be £3m per annum. B41 & B42 – status change to In Progress, due in September. The Board discussed the Budget for this year and agreed that it is now finalised and will not change, with the exception of phasing the pay increase in Q4. It will be rephased again when it is paid. Any other changes will be treated as variances. **Action**: R Bradburn will circulate the final copy of the Budget to all Board members.	RB
2	Patient Story	
	G Miflin introduced the patient story about Leanne Preedy and her two children who all rely on immunoglobulin made from plasma donations as they have a primary immunodeficiency called Common Variable Immune Disorder, where essentially the patient does not make antibodies, which causes her to have lots of infections. The patient needs regular treatments to lead a normal life. Despite the increased supply of immunoglobulin (IG) products in recent years, the demand has also increased simultaneously leading to an ongoing shortage of IG globally. This has been further affected by the effects of the pandemic, therefore supply is very stretched. NHS England has long had a demand management programme to approve the use in individual cases. What we are hearing from the clinicians is that patients are having their doses reduced or intervals stretched between doses. For NHSBT it is essential to be able to meet its collection targets and increase the drive towards self-sufficiency for this critical medicine, especially in times where demand is significantly higher than supply, and the gap continues to increase. D Kelly queried whether there is a difference between receiving IG subcutaneously, (directly into the fat tissue) as opposed to into a vein, and whether using the former may reduce demand and improve supply. It was agreed that D Kelly and G Miflin will pick up this discussion offline. NHSBT have been successful in securing funding for Plasma in the past after stressing the benefits of better patient outcomes and financial savings that the investment would lead to. It will continue to look for such opportunities in the future to close the supply gap for IG.	
3	For assurance	
3.1	Chief Executive Report & Board Performance Report	
	B Bassis introduced the report, highlighting that going forward the Clinical Governance Report and Finance Report will be summarised here rather than being a separate agenda item, as both get scrutinised in detail by the respective Board sub-committees (ARGC and FPC). The wider Board is still invited to raise any questions or concerns from those reports, which will continue to be provided for information and assurance. Also, appended to this report is the Board Performance Report which has been restructured in line with our new strategic priorities. The Board noted that it is still a challenging time for the organisation. Staff absence and attrition are running higher than pre pandemic levels and our operating environment remains difficult. On blood, we saw collections fall during the latest wave of the pandemic. The team has done a great job in rebuilding the stock levels, aiming to return to Green soon. Unfortunately, there is a financial, human and opportunity cost from each recovery effort. The performance report shows that we are behind target on growing and diversifying our donor base both in terms of new and priority donors, but also source and recovered plasma collections. Recovery needs to continue to deliver against these and other	

	strategic priorities, such as modernising our operations and mitigating strong inflationary pressure on our cost base. The effects of the pandemic are still being felt through the organisation, and we may find ourselves managing the impact of future waves. The Board will have been aware that there was another presumed transmission of Occult Hep B. In the future, the new test that has been recommended by SABTO and recently approved by ministers would be expected to pick it up. NHSBT is on track to test 40% of donors by the end of the month, 80% by autumn, and the remainder by the end of the financial year. This implementation is coming on top of the wider challenging Testing Development Programme which entails the re-procurement of all our testing equipment. As the Board will know, this is a very complex and interconnected series of projects that all require the input of a relatively small group of SMEs. Due to the right timelines, the team has hit quite a substantial bump in the road which the Board will discuss in the Private section. From a finance perspective, there is nothing else to report in terms of 21/22 other than that the Finance team is making good progress on the Annual Report and Accounts. In terms of this year, the funding for ODT has now been confirmed. Unfortunately, we did not get the funding we need to improve organ utilisation, which was a key part of the strategy signed off by ministers last year, and the subject of a working group currently being chaired by Steve Powis on behalf of the SoS. More details about implications and next steps will be discussed in the Private session. But as mentioned at Board dinner last night, there is a lot to do to get consent levels back up to pre-pandemic levels, let alone where we hoped to get following the change to opt out. This makes every donor we consent even more precious, which is why organ utilisation is so key. The Chair of the Infected Blood Inquiry (IBI) has invited all participants to submit suggestions for recommendations for the outcome of the inquiry. P White suggested for the Board to have a discussion regarding NHSBT's submission. G Miflin advised that the recommendations are currently in draft with the legal team. It will be agreed at ET, then reviewed by D Kelly and finally shared with the Board before being submitted to IBI. The Board discussed recruitment difficulties that are seen everywhere in the sector as well as in NHSBT. It was noted that the biggest category of leavers are the Donor Carers in Blood Supply. Those colleagues are the most susceptible to other organisations who are offering substantial sign-on bonuses. The team is piloting a new approach to see how NHSBT can attract and retain employees. At the last meeting the Board discussed how it will be transforming stakeholder engagement going forward. It was suggested to have a deeper discussion about the next steps at an appropriate time in the future. The Board was concerned with the level of organ donation consent rates and discussed possible reasons for a slow post-pandemic recovery. A Clarkson advised that more families are overriding the decision of a family member to be a donor. The feedback suggest that the pathway is still quite complicated for families and their experience is not as positive as it could be. There are certainly opportunities to build trust further with families and develop marketing materials that support the decision to be a donor and encourage family members to honour it. The pool of potential donors is very small and has reduced further post pandemic. There are several factors that may have impact such as fewer hospital deaths, less people admitted into intensive care or other areas of hospital. The team audits every death in the intensive care and emergency departments. They will be doing some specific audits on all deaths across the hospitals to understand the issues more deeply.	
3.2	Donor Complaints	
	The paper summarised the insights from our donors' complaints. The Board was provided with assurance that the team is addressing root causes to rising complaints and was invited to provide input on the adopted approach.	

	There are three key themes that have obvious root causes, and the teams are planning to address these as a matter of priority, using the approach outlined in the paper. Key themes are “on session service and experience”, “cancellations and our communications of them”, and “slot availability and our mismatched communications”. The resolution of these will require cross-directorate working and synchronised approaches. It was emphasised that the Marketing Automation Tool, for which the business case will be considered in the Private session will be key in delivering personalised communications and improving donor experience. Since 2019 there have been an increase in complaints for key areas of the experience although overall the total number of complaints remains around c8,000 a year. To put it in perspective, there are about 5,000 appointments booked every day. A lot of the complaints are logged by some of our most loyal donors, which demonstrates how passionate our donors are and gives NHSBT an opportunity to provide personalised experience, resolve the issue and hopefully retain the donor. The insight from the proportion of donors sharing their experiences informs the teams about the challenges that majority of donors may be experiencing but choosing not to feed back on. The response rate to our satisfaction surveys is very good, these have been carried out for many years and provide great insight into donor experience. The team are analysing the data to understand which areas are impacted the most, which teams are doing well and can share their learnings, and which teams require more support and training. The Board acknowledged that approximately 50% of the cancellations happen on the day. In previous years, this was largely due to venue challenges, however more recently it is caused by staff sickness/absence and team under-establishment and is causing significant issues in blood donation. It was also noted that some conscious decisions taken by NHSBT will cause dissatisfaction to donors, however they are necessary to ensure that the right blood is collected at the right locations at all times. There are certainly improvements to be made in how this is communicated to the donors, and NHSBT has to be adaptable both to the content of complaints and how they change, but also in terms of the tone of communications.	
3.3	Blood Technology Modernisation Programme	
	The board was asked to note the progress of the programme. C Ash shared that the programme is progressing steadily with the first release of converted code in live. The next set of converted code is now in the testing phase, and on track for deployment in September, followed by releases in January and March 2023. Last year the team faced challenges with a significant rise in the expected development days which increased the overall amount of work to be delivered by the programme. This year will be focused on effort to recover overall programme duration, and early interventions are resulting in improvements to the pace at which the team can test and deploy code. The team is also exploring the possibility of bringing in additional partner increase capacity and speed up the delivery. It is becoming apparent that the gap between where the team wanted to be at this point in the Strategic Outline Case and where they are is closing and will close fully by next year. These improvements are also reflected in changes of our risk profile which sees positive movement against some of the risks. One of the remaining concerns is around software testing which has been an ongoing issue reported at previous Board meetings. This month the team ended engagement with our software testing partner, Edge. The team is stretching the existing internal resource whist working on engaging a new partner. The team is also in the process of engaging with an external partner to assist with technical assurance and insights on any other opportunities to increase the speed of the programme and deliver further efficiencies. The Board will receive a substantial update regarding options and opportunities in September/November 2022, and the team will have a strong indication as to the future of the programme.	

	The 2nd priority for the team will be to deliver NHSBT Data Insights Project within this programme which will provide the technology and foundation to get data into the hands of colleagues who need it, when they need it. This initiative spans across Plasma, Donor Experience and Blood, and is showing good progress so far. Finally, the programme ended 2021/22 with the expected underspend of £267k (excl. contingency) and enter this year with a high risk of programme overspend. However, early interventions reduced the risk from Very High to High. Team engagement scores are continuously monitored and remain high which has been consistent throughout the programme. The programme continues to run a risk that there will not be sufficient resource in place when it comes to testing the next release of code. This has been supplemented by fixed term contractors and stretching the internal resource, which is not sustainable, and the team is working hard to address it. The Board was reassured that there is no risk to how the team will do the testing. If there is no sufficient resource the release will not go ahead. The Board discussed how the team is planning to close the gap in the increased number of development days. It was explained that the programme is on track to reach 30% of scope this year in Design and Build due to the improvements that have been made. These improvements have not been forecast in the next year, however as we get into Q1/Q2, the gap closes further and by the end of Q2 of next year there will no longer be a gap. The team have also increased Savant resources by the maximum amount (10%) to cope with demand from other programmes. The BTM programme have absorbed the cost for this resource and will recharge it to other programmes as the resource gets utilised. There is a risk that 10% will not be enough to cover the demand which will have impact on BTM programme, however at this stage it is difficult to articulate it and the team will continue to manage it as they move forward. The Board was also assured that the team is keeping up to date on all of the technology as they move through the programme. It was noted that the technology is a constant process of upgrading and maintaining. NHSBT needs to start thinking about its future and minimising the amount of bespoke platforms that it currently uses, moving towards shared platforms and applications, his will require investment but it is a more cost-effective way of operating in the long term.	
4	For approval	
4.1	Technology Strategy	
	The Board was asked to review and approve the strategy including the priority focus areas for NHSBT over the next 5-years. The strategy has been developed to set high-level technology direction for the organisation, guide technology decisions, inform detailed technology plans and start to highlight wider implications for organisation's culture and workforce planning. The Board noted the following three key areas of focus: – Although some of the aspects of the strategy may seem familiar, they will require a new and improved approach. – To deliver successfully, we need to create a cultural shift and strengthen digital skills across NHSBT. – It will require continuous investment at level we have been investing over previous years, but that investment will deliver benefits which will be tracked though individual business cases. The six technology priorities are aligned with key outcomes in the NHSBT strategy as outlined in the paper. This includes future proofing the foundations, making the problem easier to solve by doing the right things first and doing it better to release value quicker.	

	Action: The Board noted that the strategy will be tracked though key metrics and progress against delivery plans, notably the target of 10% recurring savings on 2021/22 baseline over the next five years. It was hard to understand where those metrics are positioned in terms of how easy or difficult it would be to achieve them, and the Board asked the team to make it clearer. The Board debated how the prioritisation will be done in a way to match the broader organisational priorities. The team has provided assurance that there is nothing in the technology strategy that will be delivered in isolation. Prioritisation will be done by the Executive Team in line with the wider NHSBT strategic objectives. **Action**: The Board noted that it would be beneficial to see early indications of those prioritised plans. The team will take it away and think how to present it in the best way. It was stressed that in order to embark on a journey to strengthen digital skills across the organisation, the leadership team will need to be prepared to understand the requirements and skills they and their staff needs to learn and organise work in a way that people can be released from their day jobs. It was also noted that although at the start considerable proportion or resource is dedicated to modernising the technology we already have, however in a few years' time a large proportion of that resource should be focusing on the new value adding transformation to improve donor paths, cost reduction, etc. The Board also commented how far NHSBT have come in the last year in terms of its approach to technology, what it means by digital transformation and being a digital organisation within the confines of a highly regulated public sector environment. What may be beneficial is provide the Board with the view of what could be possible as colleagues may have different expectations. However, it was agreed that building the strong foundation is key. **Outcome**: The strategy was approved.	WC WC
5	For report	
5.1	Sub-committee readout: ARGC, 12th May	
	P White provided an update from the last meeting, raising the following key points: – The Committee have restarted its work on the Strategic Risk Deep Dives with the overlay of Risk Appetite. Two issues were highlighted – firstly, in respect of some of the risk scores within the risk management systems, teams were invited to review the scores more carefully as some appear to be too high or too low. Secondly, there are a number of risks from one directorate that relate to another directorate without the clear communication between teams. For example, if one directorate identified risks connected to People or DDTS functions, it would be useful to have those cross-function discussions to agree if mitigations are adequate for each risk. – Good progress was made in relation to external audit. There are no accounting issues, the team is close to agreeing the way Blood Technology Modernisation Programme costs will be dealt with. The transition to FRS16 Lease Accounting is well prepared for. An action was agreed with the Executive members to provide some evidence that NHSBT is working towards meeting functional standards as required by the Government. – All planned Internal Audit activity is completed for last year, reports are being finalised. Improvements were identified in both risk management and complaints handling; it is likely the audit on recruitment will conclude with limited assurance, and it is likely the overall audit will provide moderate assurance on governance, risk management and controls. Finally, there are ten outstanding internal audit recommendations from over 12 months ago. None of them were high risk, however ET will need to review those recommendations and either close or deem no longer applicable by the next meeting. – There is now sufficient resource to meet all clinical audit needs this year compared to last year. The clinical audit report has now also adapted the RAG status in line with other audit reports which is a positive improvement.	

	– There is nothing new on the regulatory radar. There is more work to be done on the legal compliance, number of overdue events and mandatory training. – It was very reassuring to learn the Executive Team will be doing an exercise on Cyber Security, it was suggested that Non-Executive Directors also participate in a similar exercise and involve departmental colleagues who will be heavily involved should an attach occur in reality. – The Annual Health Safety and Wellbeing Report demonstrated that the safety of colleagues is managed well at NHSBT. An improvement would be the development of a broader set of insights in relation to mental health and wellbeing. It is important that managers are able to demonstrate their ability to support mental wellbeing as well as physical safety. – Finally, there a new auditor will be joining the Committee from GIAA – Jo Charlton who is coming in with great recommendations.	
5.2	Reports from the UK Health Departments	
5.2.1	Northern Ireland	
	In addition to the submitted written report, J Hardy shared that the Organ and Tissue deemed consent bill has passed the assembly in February and received royal assent in March. The team is working with the Human Tissue Authority to revise its code of practise. A Project Board was established to take forward the implementation and J Hardy thanked NHSBT colleagues for their involvement. From spring 2023, the law around organ and tissue donation in Northern Ireland will move to an opt-out system. Public information campaign has been running throughout May/June and is well received so far. There are series of events planned over the next year to inform the public of changes and share ways to make their wishes known to their families. A Clarkson congratulated colleagues in Northern Ireland on finishing the year with the highest consent rate of 77% across all of UK.	
5.2.2	Scotland	
	J How was welcomed by the Board to his first meeting. In addition to the submitted written report, J How shared that the implementation of Donation and Transplantation plan for Scotland was progressing well. The new organ and tissue donation marketing campaign with the call to action ‘Don’t leave your loved ones in doubt’ will be launched to coincide with Organ and Tissue Donation Week in September, however there are discussion to bring it forward to June to take advantage of a funding opportunity, subject to ministerial decision. Finally, over half of the population of Scotland have recorded their donation decision on the NHS Organ Donor Register (55.4%). Of this total, 52.4% have recorded a decision to be a donor, with 3.0% choosing to opt out.	
5.2.3	Wales	
	The Board noted the written report, there was no representation from Wales on this occasion.	
5.2.4	England	
	M Nyberg provided a brief update regarding the Office for Health Improvement and Disparities White Paper mentioned at previous meetings, stating this was still work in progress. She thanked NHSBT colleagues for their valuable input. Now that the Health and Care Bill received Royal Assent and became an Act of Parliament on 28 April 2022, work is ongoing in this area particularly in relation to organ tourism. M Nyberg noted that ODT funding and Organ Utilisation Recommendations will be discussed further in the Private section, however she noted that DHSC is working closely with Prof Powis and his team to take these recommendations forward. More detail will follow in due course.	
6	Board Forward Planner	

	The Board noted the Forward Planner.	
7	For information	
	Reports for information were noted by the Board.	
8	Any Other Business	
	P Wyman thanked H Fridell for her valuable contribution to NHSBT over the course of her Non-Executive Directorship and wished her well for the future on behalf of the Board. No further business was raised.	
	The Board resolved to proceed to private business.	