

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

**West End Donor Centre, London / Zoom**

**Tuesday 19<sup>th</sup> July, 10:00 – 12:00**

<p><b>Present</b></p> <p>(virtually)</p> <p>(virtually)</p> <p>(virtually)</p> <p>(virtually)</p> <p>(virtually)</p> <p>(virtually)</p>	<p>Peter Wyman</p> <p>Betsy Bassis</p> <p>Phil Huggon</p> <p>Charles St John</p> <p>Piers White</p> <p>Charlie Craddock</p> <p>Helen Gillan</p> <p>Rob Bradburn</p> <p>Dr Gail Miflin</p> <p>Wendy Clark</p> <p>David Rose</p> <p>Gerry Gogarty</p> <p>Deborah McKenzie</p>	<p>NHSBT Chair (Chair)</p> <p>Chief Executive Officer</p> <p>Non-Executive Director</p> <p>Non-Executive Director</p> <p>Non-Executive Director</p> <p>Non-Executive Director</p> <p>Director of Quality</p> <p>Director of Finance</p> <p>Chief Medical Officer and Director of Clinical Services</p> <p>Chief Digital and Information Officer</p> <p>Director of Donor Experience and Communications</p> <p>Director of Plasma for Medicines</p> <p>Chief People Officer</p>
<p><b>In attendance</b></p> <p>(virtually)</p> <p>(virtually)</p> <p>(virtually)</p> <p>(virtually)</p> <p>(virtually)</p> <p>(virtually)</p> <p>(virtually)</p>	<p>Dean Neill</p> <p>James Fishwick</p> <p>Helen McDaniel</p> <p>Joan Hardy</p> <p>James Howe</p> <p>Pat Vernon</p> <p>Katrina Smith</p> <p>Katie Barrowclough</p> <p>Maxine Smith</p>	<p>Assistant Director Planning Performance and Stock Management</p> <p>DHSE</p> <p>Northern Ireland</p> <p>Scotland</p> <p>Wales</p> <p>Company Secretary</p> <p>Senior Secretary (Minutes)</p> <p>Deputy Board Secretary</p>
<p><b>Apologies</b></p>	<p>Stephen Cornes</p> <p>Anthony Clarkson</p>	<p>Director of Blood Supply</p>

	Professor Deirdre Kelly Jo Lewis	Director of Organ Donation and Transplantation / Tissue and Eye Services Non-Executive Director  Non-Executive Director
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<b>1</b>	<b>Welcome and apologies</b>	
	The Chair welcomed Board members to the One Hundred and Eighth Public Board Meeting. Apologies were received from S Cornes, with R Hill deputising, Anthony Clarkson, with K Quinn deputising, apologies also received from Professor Deirdre Kelly and Jo Lewis. J Fishwick joined part way through the meeting (for Blood Technology Modernisation Programme). The Chair welcomed NHSBT's newly appointed Non-Executive Director, Charlie Craddock.	
<b>1.1</b>	<b>Register of Interests</b>	
	The register of interests have been recently updated.	
<b>1.2</b>	<b>Board ways of working</b>	
	The Board noted current ways of working.	
<b>1.3</b>	<b>Minutes of the last meeting and matters arising</b>	
	The minutes of the May meeting were approved as an accurate record. Board reviewed closed actions and noted ongoing open actions.	
<b>2</b>	<b>Patient Story</b>	
	G Mifflin introduced the patient story, of NHSBT colleague Alfonso, which was presented at the recent NHSBT Together awards. The Board acknowledged the emotional and impactful nature of the video and reiterated feelings of thanks and gratitude towards NHSBT's work and the staff who make it happen.  There were over 700 nominations for 2022 NHSBT's Together Awards and shortlisting was difficult due to fantastic work of colleagues throughout the year. It demonstrated the pride colleagues feel for their jobs.  Some other patients were present at the awards, BB noted how inspirational it was to hear their stories and experience with NHSBT. These may form future patient stories.	
<b>3</b>	<b>For assurance</b>	
<b>3.1</b>	<b>Chief Executive Report &amp; Board Performance Report</b>	

B Bassis introduced the report, as papers were circulated ahead of the meeting, were taken as read. BB noted the pleasure of hosting the ABO chief executives for their first face to face meeting since the pandemic. They spent time reflecting on their respective pandemic journeys and reviewed major trends which arose from the Horizon report that was presented at that meeting.

The ABOs had similar challenges throughout the pandemic which had been faced by NHSBT, namely maintaining blood stock levels, COVID-related absences, and staff turnover. Other non-governmental entities have been able to respond to issues throughout the pandemic in ways NHSBT has not been able to, due to pay freedoms not afforded to NHSBT. Similarly to NHSBT, other ABOs have noted a decline in donor health and donor numbers. This has affected blood stock levels throughout the pandemic. The ABOs discussed recruitment and retention of donors and questioned the appropriateness of relying on donor altruism, suggesting there may need to be a paradigm shift regarding motivating donors. This will be a good issue to discuss at a Board Strategy Day. Some ABOs have made great technological advancements and change programmes with great work on automation and digitizing the donor experience. Members were reminded about the Plasma operation which was delivered through this time at unprecedented speed and scale, entirely successfully and without mishap. This has provided a new service for the NHS and has saved and improved lives. BB noted the success of this programme would not have happened without the ABOs, who provided lessons learned and knowledge to NHSBT. ABOs questioned why NHSBT had been asked to close down three of its collection centres when global demand is up, and ABOs have been asked to increase their own operation.

BB introduced Dean Neill and thanked him for stepping up in Stephen Cornes (Director of Blood Supply) absence. DN updated the board on current blood stock supply challenges. The demand for NHSBT products has returned to pre-pandemic levels, as forecast. NHSBT had planned for this increase and had forecast appropriately, however plans had not been executed as needed. NHSBT is planning 10% more appointments (compared to pre-pandemic appointments) but are cancelling 2000-3000 appointments every week, often at last minute, due to safety and staff availability. There are changes in donor behaviours including a lower fill rate of appointments and an increased level of donors who do not attend their appointments (DNAs).

Workforce challenges have provided acute problems for collections, including sickness absence which is high and continuing the rise as COVID cases are

rising. High staff turnover is particularly harmful to our recruitment efforts and there is significant variation between blood collection teams. Blood collection staff turnover is averaging 27% but in particular in London and the South East teams which is running at 60-70%. As such, NHSBT cannot deploy in the way it planned for and regrettably has meant appointments are being cancelled. DN noted the short but immediate impact this has on blood stocks but the longer impact on donor experience, particularly regarding faith in and reputation of NHSBT. DR stated that cancellation numbers may be higher than indicated as these are collected in a 4-week projection period and may be higher in coming weeks than currently being reported. DR noted that Facebook group complaints are high and negative comments from donors whilst in centre are increasing, NHSBT is at risk of losing the good will of donors. DR stated Donor Experience are being transparent about cancellation reasons maintain donor's trust but it is hard to personalise cancellation messages in vast numbers. Cancelling earlier is being trialled so there is more opportunity to rebook, communicate and apologise without cancellations being last minute. Donor Experience are mindful of donor sentiment and confidence. DR thanked donors who have shown remarkable resilience over the last two years. DN noted thanks to Blood Supply and Blood Donation staff who have turned in day in and day out throughout the pandemic but highlighted that NHSBT may be facing into its most difficult period yet.

As part of our incident response to low stock levels, People and Culture lead activity has been recruitment however, due to the four weeks' notice period and the 16-week recruitment window, NHSBT is not able to keep up with recruitment levels. DN noted the need for a workforce planning workstream which streamlines the training process and recruit according to forecasts. DN highlighted a call to mobilise as many staff as possible to support the front of house needs of donor centres so donor carers can focus on the physical donation. Staff may come from NHS England, NHSBT and the vaccinators who were trained through the pandemic. The People Directorate are also calling staff who have just left or are working a notice period to consider returning/extending notice. DN stated NHSBT will need focus on identify and fix the root causes to address high levels of turnover and sickness absence.

BB highlighted to the Board that the devolved blood services also have a lack of resilience and, global blood services are having identical issues to NHSBT. NHSBT has provided blood to devolved nations but cannot ask for returned support whilst other services are facing their own issues. Collaboration and synchronisation are key. The Chair echoed his thanks to NHSBT staff and

thanks DN for the analysis and summary. The Chair highlighted that over-recruiting would help the turnover issue and should be built into the budget. The Chair stated NHSBT should prioritise growing its resilience and not taking staff cost savings. The Board discussed the matter in depth. This included highlighting the need to see locality-based data (especially London and SE message areas) and the predicted forecast. DN stated in upcoming weeks NHSBT may have to declare a shortage of particular blood types, but overall NHSBT will be able to stabilise its stocks. DN emphasised the importance of mobilising front of house roles. DN will share forecasts with PH.

DM assured PH that the People Directorate are compiling real time staffing data based on locality. CC told the Board that these trends are being echoed in hospitals but particular teams are showing resilience. He stated granularity of data was significant in understanding the problem and it was important that front line team see the celebrations to help with their motivation. The patient story earlier in the Board was given as an example of a celebration.

The Board agreed this was a sensible approach.

BB turned the Boards attention to technological advancement. Plasma was a brilliant example of NHSBT working at pace and successfully. To run a change programme of this scale, business as usual change, such as automation and on session experience has been deferred.

Teams have been tasked with accelerating their plans to take work off session to reduce burden on staff and improve donor experience.

NHSBT has appointed two new executive positions. NHSBT has appointed a General Counsel and Company Secretary, Janet Kidd. She will join NHSBT from a wealth of experience in senior legal roles across the pharmaceutical sector. The interim Blood Supply Director has been appointed as Paul O'Brien who will join NHSBT on Monday 25<sup>th</sup> July. Paul has had a 32 year career in a range of manufacturing, supply chain and quality roles at Procter and Gamble. Dean Neill will be supporting the day-to-day operation of Blood Supply whilst Paul becomes acquainted with NHSBT. NHSBT has a start date for the Finance Director, following Rob Bradburn's retirement, but is not able to share more details At this time.

PW asked the Board about the significance of potential MHRA commissioned albumin. PW asked if NHSBT would need to be self-sufficient in this market. DR responded that NHSBT has an opportunity to grow its scale of operation.

	<p>There is confidence in UK Plasma as it is safe which is more attractive to a fractionator, so NHSBT is open to reviewing this.</p>	
3.2	<p>Blood Tech Modernisation Programme Update</p>	
	<p>Presented by W Clark, and James Fishwick, Head of Business and Enterprise Architecture. James joined the meeting virtually at this point.</p> <p>WC stated there were no new issues to raise, the programme is progressing as expected.</p> <p>JF updated the Board regarding Pulse updates. The next update will be in September and is on target. It is the second of four releases and the remaining two are progressing as expected. Pulse is on target to meet 2022/2023 targets. Data Insights Platform went live in August and is a programme change to make data more accessible in one consistent format. A selective partner has been identified and will help the government structure, add more data and systems, triage and implement governance and produce dashboards. JF gave a brief overview of the work with Accenture but assured the Board a more in-depth update in September's Board. JF assured the Board that finances for the project are on track and they are within the contingency. It is identified as Amber due to a small margin. The report on people demonstrates that engagement remains very good, and this month reach a new high.</p> <p>The Board discussed the paper and JF's comments. JF assured the Board the programme would be back on track at the end of 2023/2024 but would have a clearer idea in September. This will be achieved by simplifying Pulse and speeding up work.</p> <p>WC informed the Board the scope of the data platform will focus on data pertinent to Blood Supply and not the whole business, but the work is scalable so can be rolled out once other areas have been scoped. There is ongoing work to produced daily operational dashboards regarding workforce, donor information and blood stocks which will support Blood Supply with any future issues with block stock levels. The fast-paced develop of data platforms will demonstrate the art of the possible and will require the Board to consider investing more in this workstream. DDTS are working with other partners across the NHS and other suppliers to utilise industry knowledge and experience.</p> <p>The platform NHSBT is using to develop the data dashboards is also used by NHS Digital which means NHSBT is working closely with NHS Digital, especially in Live Services. The AD of Live Services has recently left NHSBT but has a predecessor on secondment from NHS Digital.</p>	

3.3	Annual Reports and Accounts	
	<p>R Bradburn to provide a verbal update on the status of the ARA. The audit was completed with no changes to our draft report. There may be a requirement to review the journal approval limits and outstanding regarding password management. Accounts are usually laid in early July before Parliament recess. Professional business cases have been approved by the Cabinet Office, however three redundancy packages have been identified by the auditors as being problematic due to confidentiality clauses, legal fees and Payment in Lieu of Notice (PILON). These require retrospective approval from the Cabinet Office and therefore NHSBT will delay the laying of its accounts. The Chair expressed disappointment in the delay of delaying the laying of its accounts but highlighted that the confidentiality clauses are commercial confidentiality clauses and not gagging orders. DMcK provided assurance to the Board that governance and processes have been developed since these three cases to ensure this does not happen in the future. This is strengthened through Pay Committee and People Committee.</p> <p>BB noted there needed to be clarification of delegations for finance. RB responded that NHSBT are awaiting a date for discussion from DHSE Finance team about the matter.</p>	
4	For Report	
4.1	Sub-Committee Readout – ARGC 7 <sup>th</sup> July	
	<p>P White provided a verbal update from the last ARGC meeting. PW gave thanks to CEO and her report, especially to the Safeguarding update and the Clinical Audit into Tissue Donor Referrals. The last audit from the 2021/22 financial year raised acknowledged that recruiters need to have undertaken appropriate training to effective and compliant in their role. This will have already been discussed the Executive Team or be on the agenda.</p> <p>ARGC have chosen a Blood Supply Serious Incident to complete a Deep Dive in September or November. This will inform how the Serious Incident Reporting mechanism sit within the patient safety investigation framework. This will include assessing the learning which came from last year's Serious Incident.</p> <p>The Quality Annual Report was of high standard. The main issues discussed within the report were NHSBT's supply and management of supplier contracts and the regulatory compliance of some contracts as regulation changes. Contracts will need to be updated so as regulation changes, suppliers must step up to these new thresholds, currently some contracts do not have this capability.</p>	

	<p>The Risk Management Annual Report was helpful and has seen a number of significant risks addressed and as such, dropping off the risk register. PW highlighted to the Board that there were a number of red and amber strategic risks which will be need to addressed in future Board meetings. <b>A two-page report on Board Assurance Framework (BAF) needs to be produced to the Board to support this work.</b></p> <p>The Assurance Mapping report was brought before the ARGc. This was a novel report and detailed progress on functional standards and legal compliance. PW made the Board aware that ARGc are searching for two independent non-executive committee members. After a robust recruitment process, one appointment has been made after a unanimous decision from ARGc members. Niamh McKenna, currently CIO at NHS Resolution, will join ARGc hopefully from September, subject to HR formalities. Ms McKenna has a wealth of experience having worked in Accenture, and in healthcare in the UK and Japan. The search for a non-executive committee member with experience of finance is still underway.</p>	HG
5	For report	
5.1	Reports from UK Health Departments, England, Scotland and Wales	
	<p>England- The Chair welcomed HMD to her first NHSBT Board meeting after recently taking up position at DHSE. HMD noted the more recent political turbulence within central government which has created upheaval for direct advice from ministers. Work is being triaged strictly and items which were on schedule to be approved ahead of parliamentary recess has been stalled.</p> <p>Scotland – JH noted the written update provided, which focused on taking forward action from Donation and Transplantation plan 2021-26. A finalised agenda will be drafted ahead of their quarterly meeting, to be held 18<sup>th</sup> August. JH brought a new media campaign to the Board Attention entitled ‘Don’t Leave Your Loved Ones In Doubt’ which has plans to run across multiple media platforms. JH is doubtful the campaign will get ministerial approval prior to parliamentary recess, in agreement with HMD’s earlier update. The Scottish Blood Service is also working with NHS Education for Scotland on living donation understanding and awareness amongst the public.</p> <p>Northern Ireland – JHa updated the Board regarding Northern Ireland’s Blood Service updates. The Opt-Out system received Royal Assent in March and will be going live in Spring 2023. A project board has been established and plans will be laid before the House of Commons in the coming months. A number of media campaigns have supported the change in legislation. Transplantation</p>	

	<p>operations are at a reduced capacity at the moment but there are hopes this will return to pre-pandemic capacity levels in Autumn. JHa was delighted to have Betsy, Peter and Anthony in Northern Ireland. The sentiment was shared by the Chair.</p> <p>Wales – PV noted the written update provided to the Board and highlighted the NHS Wales App is in development. This will have a direct link to ODR. Wales is feeling the same pressure as NHSBT and other devolved nations regarding blood stocks and is undertaking similar measures to increase collection.</p>	
5.2	Board Forward Plan	
	PW highlighted the importance to review the progress of Board and subcommittees against the Board Evaluation and encouraged chairs of subcommittees to do this. The Board agenda is flexible due to emerging priorities.	
5.2.1	For Consent	
	Clinical Governance Report	
	There was a summary of this paper included in the CEO Report with the full report submitted by Gail Mifflin. The Board provided no questions regarding this report.	
5.2.2	Finance Report	
	<p>A summary of this report was included in the CEO Report with the full report submitted by Rob Bradburn.</p> <p>CSJ questioned the level of overdues, which have increased. CSJ noted the worst overdue was with a private hospital and voiced concerns this was unacceptable. RB noted this overdue has recently emerged and will follow up on details.</p> <p>CSJ noted CBC is struggling and raised concerns regarding the delay of income. GM noted CBC project is amber/red because of the MHRA report and validation which mean the MHRA were unable to sign off the project, despite the inspection being very good. Therefore, there is a delay in moving into the new build. There are projected delays with people and consumables. GM's SMT are confident this will run back on track towards the end of the financial year and is a question of scheduling, rather than loss of income.</p> <p>RB Provided an update for the Financial report for this quarter will be early and does not capture the Q1 reforecast. This will be reviewed and taken through the appropriate governance steps. RB provided the Board with insight on the budget</p>	

	<p>for this year which includes a pay settlement of 3%. If there are changes to 5% and 5% next year, the budget would need to reflect 7% in order to account for the difference between 3 and 5% this year. This equates to around £11 million on blood prices. RB noted challenges regarding the productivity programme, and donor footprint with regarding to current collection challenges. As such, previous financial plans are likely to become out of scope due to these challenges and the pressure of pay. This will be worked through with the appropriate governance committees and will be presented to September's Board meeting.</p> <p>The Chair notified the Board that future Board meetings have moved to the last Tuesday of every month to be inclusive of the finance reporting cycling reporting.</p>	
5.2.3	Annual Reports for Board Subcommittees	
	Annual Reports have been received from the FPC, ARGC and R&D Committees and were included in the meeting pack. DMcK updated the Board that there will be an annual review for the People Committee and an update would be provided if JL were present.	
5.2.4	Resolution on Confidential Business	
8	Any Other Business	
	<p>The Chair thanked Katrina as its her last public board, and the Board extended their best wishes for her new role.</p> <p>No further business was raised.</p>	
	The Board resolved to proceed to private business.	