

Minutes of the One Hundred and Twentieth Public Board Meeting of NHS Blood and Transplant NHSBT Barnsley Centre Tuesday, 30 July 2024, 13:00 - 15:20

Present		
Voting Members	Peter Wyman	Chair
	Caroline Serfass	Non-Executive Director
	Piers White	Non-Executive Director
	Rachel Jones	Non-Executive Director
	Ian Murphy	Non-Executive Director
	Lorna Marson	Non-Executive Director
	Penny McIntyre	Non-Executive Director
	Jo Farrar	Chief Executive Officer
	Wendy Clark	Deputy Chief Executive Officer
	Deborah McKenzie	Chief People Officer
	Anthony Clarkson	Director of Organ and Tissue Donation and Transplantation
	Gail Mifflin	Chief Medical Officer and Director of Clinical Services
Non-voting Members	Stephanie Itimi	Associate Non-Executive Director
	Gerry Gogarty	Director of Plasma for Medicines
	Helen Gillan	Director of Quality
	Paul O'Brien	Director of Blood Supply
	Rebecca Tinker	Chief Digital and Information Officer
	Denise Thiruchelvam	Chief Nursing Officer
	Mark Chambers	Donor Experience Director
In attendance		
	Silena Dominy	Company Secretary
	Claire Williment	Chief of Staff
	Andrew Costall	Network Chair
	Omolola Majolagbe	Corporate Governance Officer
	Jo Dobie	Executive Assistant to the Chair
	Mark Taylor	Assistant Finance Director Planning and Performance (<i>item 3.4 only</i>)
	Abisola Babalola	Head of Policy and Stakeholder Engagement
	Helen McDaniel	DHSC (UK Health Department)
	Joan Hardy	Northern Ireland (UK Health Department)
	Rowan Carbury	Wales (UK Health Department)
	Lisa Johnson	Assistant Director Leadership, Culture & People (<i>Item 3.5 only</i>)
	Graham Bowditch	Engagement Lead (<i>Item 3.5 only</i>)
	Rebekah Holliday	Regional Matron (<i>Item 2.1 only</i>)
	Kester Eastman	Commercial Director (<i>Item 4.1 only</i>)
	Sara Fontanive	Head of Commercial Operations (<i>Item 4.1 only</i>)
Apologies	Charles Craddock	Non-Executive Director
	Nicola Yates	Associate Non-Executive Director
	Carl Vincent	Chief Financial Officer
	James How	Scottish Government
	Anthony Davies	Welsh Government
Public	One member of the public, and seven members of staff observed the meeting	

1	Opening Administration	Action
1.1	Welcome and apologies	
	<p>The Chair welcomed everyone to the 120th NHS Blood and Transplant (NHSBT) Board meeting in public, in particular, Andrew Costall - DAWN Network Co-chair, members of staff who had come to observe and Mr McInerney, a member of the public.</p> <p>Apologies were received from Charles Craddock, Nicola Yates, Carl Vincent, James How, and Anthony Davies.</p>	
1.2	Register of Interests	
	No declarations were made, and no conflicts of interests were declared in respect of the items on the agenda.	
1.3	Minutes of the previous meeting	
	The Board APPROVED the minutes of the meeting held on 6 June 2024 as a true and accurate record.	
1.4	Matters arising from previous meeting	
	The Board noted the action log, no actions were outstanding.	
2	Patient Story	
	<p>Denise Thiruchelvam introduced the patient story. The Board received a slide deck presentation from Rebekah Holliday, Regional Matron Care Quality, Blood Supply (Nursing Directorate). She described the experience of a 46-year-old patient with multiple myeloma, who had gone through autologous stem cell transplant.</p> <p>The patient had an extremely rare blood type (-D-) with no identified compatible donors or frozen units. Virology testing detected anti-HBc and anti-HBs with negative HbsAg, necessitating entecavir prophylaxis during chemotherapy. There were potential donors/donations overseas but not a realistic option at the time. Siblings' donations were explored with no match. Having achieved minimal residual disease negativity with quadruplet induction, NHSBT was approached to consider PAD where 1 or 2 units would be collected from the patient to be frozen to support future transfusions to the patient. Under current Blood Collection processes, the patient would not meet the donor selection criteria due to myeloma, previous transfusion, and evidence of past HBV infection. The patient had also donated once in 2017 and was permanently excluded (past HBV infection).</p> <p>A successful Whole Blood donation was performed in March 2024. The clinic assessment post donation supported the collection of a further 2nd PAD for the same patient on 16th April 2024. A full Audit trail has been retained (i.e. testing results). Frozen Red Cells; compatible with hospital LIMS further review in c6 months' time. A revised SOP and MPD are currently in draft to enable future modifications for any further requests to facilitate PAD.</p> <p>This was made possible with the support functions across all aspects of the Blood Supply chain.</p>	

	<p>There was a question on how often the PAD donation was undertaken. Gail Miflin responded that the PAD donation used to be frequent but now is every 5-10 years as it is only now relevant if there is a medical issue with someone taking blood from general supply. She noted that it is a complicated but valuable process with good collaboration with the Quality.</p> <p>The Board extended its thanks to Rebekah for sharing the Patient Story and with the whole team involved in the process.</p>	
3.	For Assurance	
3.1	Chief Executive's Report	
	<p>Dr Jo Farrar presented the Chief Executive Report and specifically referred to the following:</p> <ul style="list-style-type: none"> • Since writing of the report there had been decision to announce an amber alert for O blood stock, driven largely by the impact of cyber-attacks on London hospitals. This was a preventive measure to reduce demand and increase supply. NHSBT had increased marketing to advertise for more blood donors and had successfully formed an awareness partnership with Disney. • Preparation to open new centres in Brighton and Brixton at the end of the year. • Our Voice survey – good progress made on the survey results. There are areas to work on and come back to the Board with road map and a plan. • Several NHSBT teams and initiatives have been nominated or won awards. • The Marketing Automation Tool (MAT) project is approaching the final stages of implementation, with the important user acceptance testing stage now in progress. • The British Transplant Games will be taking place in Nottingham between the 1 – 4 August, bringing around 1,000 transplant athletes together to compete in more than 25 sports, with many advancing to the World Transplant Games. <p>Gail Miflin informed the Board about the recent groundbreaking trial, which looked at human genes and how they work. It was noted that genes are coded for different instructions with some linked to diseases. People in the study were blood donors and were then asked to participate in the study. This showed the wider benefit to health insight that donors can bring to science in general. The press release is in the link below:</p> <p>https://www.sanger.ac.uk/news_item/gene-misbehaviour-widespread-in-healthy-population</p> <p>The Board noted the report.</p>	
3.2	Board Performance and Risk Report	
	<p>Dr. Jo Farrar presented the Board Performance and Risk Report.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> • The focus on blood stocks, particularly how to increase the number of donors as well as being able to fill capacity. • Tissue and Eye services performing ahead of target with an increase in serum eye drops. • Transplant numbers have improved with the benefit of machine perfusion, an area to keep progressing and looking to improve consent rates. • Time to offer continues to improve. 	

	<p>A question was raised as to whether there was a risk of losing plasma due to the delay in supply. It was confirmed that the only perceived risk would be the security of supplying in the first quarter of 2025. Work is ongoing with the NHS England taking the lead to ensure supply is achieved by the last quarter of 2024.</p> <p>Anthony Clarkson provided an update on Corneas. NHSBT is collaborating with NHS England to double the supply of Corneas, to support meeting demand. Large acute hospitals will have specific units within them, with the first two to go live in September. It is hoped to have 10 units in total each providing four donations. It is hoped that the new approach will reduce waiting times and match demand. There is also a need for a longer-term solution as more people now die at home.</p> <p>The need to change the scale and makeup of the donor base was emphasized, and a question was asked as to whether NHSBT was closer to developing a strategy to do so, as discussed in the recent Donor Experience awareness session. Mark Chambers replied that in view of the new Government there would be need to review the position. Jo Farrar advised that there was discussion with DHSC and ambition to take this further. Consideration would be given to what it would take to increase the donor base.</p> <p>It was noted that the risk profile was reviewed at ARGC following the Executive Team's review.</p> <p>The Board noted the report.</p>	
3.3	Infected Blood Inquiry update	
	<p>Dee Thiruchelvam presented the IBI update, referring to the short briefing in the meeting pack.</p> <p>Internally, NHSBT have set up a multi-disciplinary group that meets every two weeks. The Terms of Reference have been agreed and a gap analysis of a number of the recommendations completed. Detailed conversations have taken place regarding recommendation number 7 on blood transfusion.</p> <p>Dee advised that meeting outputs are shared on the intranet, internet, and an update provided within the organisational bulletin. Representatives from key stakeholder groups and affected members within the organisation have been invited. There are relevant groups represented on review group.</p> <p>The progress and timeline for delivery of each recommendation is being clarified and updates will be provided to the Board.</p> <p>The Board noted the report.</p>	
3.4	Finance Report	
	<p>The Board welcomed Mark Taylor to present the Finance Report. The major highlights are:</p> <ul style="list-style-type: none"> • Pricing discussions for 2024/25 have been concluded therefore Finance can now bill customers for increases. • Pay increases have been finalized allowing accounting for such. • A view of working capital/cash is being kept with confidence that levels are good. • Spending review bids for 2024 have been submitted early for consideration. 	

	<p>OTDT's higher use of flights was discussed and the Board questioned if this was becoming a pattern that would significantly impact finances. Anthony Clarkson explained a piece of work to look at transport system in particular flights which have increased cost in recent times. He explained the trade off of getting organs where there is the biggest need which may be further afield and the increased costs. It was noted that there are opportunities to make changes to use flights to advantage through marrying up colleagues and organs on one flight.</p> <p>The Board noted the report.</p>	
3.5	'Our Voice' Survey	
	<p>Deborah McKenzie introduced the Our Voice Survey report and the Board welcomed Lisa Johnson and Graham Bowditch to present the results.</p> <p>Deborah McKenzie mentioned it was the first public board since the survey results were received.</p> <p>Lisa Johnson advised that there had been a 62% completion rate in the survey. Overall the engagement score had increased by 0.1 to 7.2 and 40% of respondents were highly engaged. The survey highlighted that inclusivity work should continue as a focus area as the LGBT+ and disability engagement result saw a slight survey outcome drop compared to last year, although the overall engagement outcome and that from BAME responses was a slight increase in scoring. A number of new questions were asked for the first time this year.</p> <ul style="list-style-type: none"> • 'I would feel secure raising concerns about unsafe clinical practice' (Similar question rated 71% in NHS*) • 'I am confident that NHSBT would address my clinical practice concern'(similar questions rated 57% in NHS*) • Senior leaders believe NHSBT to be an intentionally inclusive organisation. • Transformation and change drivers. <p>The first two questions received positive results while the latter two questions were suggestive of areas to pay attention to. The two main drivers to focus on will be growth-career path and environment.</p> <p>Graham Bowditch updated on the EDI data highlights. He stated that the main work around EDI would be how to make NHSBT more inclusive across all protected groups with the Executive Team working with DAWN and other networks to ensure positive trajectory.</p> <p>The following were agreed as focus area with ET:</p> <ul style="list-style-type: none"> • Growth - Career Pathways to be the National priority for 2024/25. To align this with deliverables within the People Plan. • On Disability to understand needs and experiences at a deeper level and how to address these to improve employee experience and engagement for this group. • Continue work that has started to address the areas of Harassment, Bullying & Abuse • To improve experience and engagement for our BAME community • To continue to engage with the various Networks and the ET leads. • To keep an eye on environment (and provide more detailed analysis) and on people experiences in relation to discrimination from patients/donors (providing more detailed analysis). • CPO will be the ET lead for championing the Growth priority to agree actions and deliver against the agreed national priorities for 2024/25. 	

	<p>There was discussion on what tools to use in the future and seek to align more with wider NHS. If the organisation used a different measuring system than Peakon, there would be a need to review which results were comparable.</p> <p>There was concern that not all people feel they can raise clinical concerns. Dee reassured the board that concerns will be taken to the Clinical Quality and Safety Governance Group to understand the driving force and ensure people feel safe to raise concerns on clinical practice.</p> <p>Wendy Clark noted that the Survey was broken down by directorates, centres and sites and different demographics. Attention was drawn to Colindale's improvement in scores for a second year which recognised efforts to make improvements to the site.</p> <p>It was noted that results were continuing to be analysed and an action plan to address the focus and issues raised would be brought to the Board at a future date.</p> <p>Action: Action Plan on focus areas to be brought to the board at a future date. DM</p> <p>The Board noted the year's national priorities as agreed by the Executive Team and confirmed contentment with the governance process.</p>	
4.0	FOR APPROVAL	
4.1	Modern Slavery Statement of Intent	
	<p>The board welcomed Kester Eastman to present the Modern Slavery Statement of Intent. It was noted that this had been reviewed by ARGC that had recommended consideration of the process to be followed in the event that a supplier did not comply with the policy.</p> <p>The Board sought assurance about the processes in place to ensure compliance with the policy in the Supply Chain. It was noted that it was a complex situation but there is satisfactory assurance that NHSBT has processes in place to ensure compliance. The team is working with suppliers to help them ensure that modern slavery is not within their supply chain.</p> <p>The Board approved the Modern Slavery Statement and Modern Slavery Policy.</p>	
5.0	GOVERNANCE	
5.1	Board Assurance Framework (BAF)	
	<p>Helen Gillan presented the BAF report.</p> <p>It was noted that the Risks score have changed in comparison to the performance report as this is a dynamic document which is reviewed regularly to reflect the strategic risks.</p> <p>In particular it was noted that :</p> <ul style="list-style-type: none"> • P02 Service Disruption has a reduction in risk scores owing to Southampton roof propping completion. • BS02 Blood shortage has increased in risk score • P04 Donor Numbers and Diversity increased in risk score • P03 Loss of Critical IT due to cyber-attacks has increased in risk score 	

	<p>There was discussion as to whether activities with risks that were outside risk appetite that could not be reverted within risk tolerance should cease. It was noted that some areas of risk such as cyber security were ever changing and whilst work to mitigate risk could be effective, the risk level may remain high and outside of the tolerance level. It was agreed that scenarios such as this should be discussed as part of the Board Risk Strategy session, when risk appetite would be reviewed.</p> <p>It was noted that whilst blood supply was currently rated red mitigations are in place, and this will reduce over time.</p> <p>It was confirmed that there was a good understanding of the risks and what needs to be done to mitigate them as had been discussed in the Board's cyber security exercise conducted the previous day.</p> <p>The Board noted the report.</p>	
5.2	Governance Update	
	<p>Silena Dominy presented the Governance Update.</p> <p>The Board noted the following updates:</p> <ul style="list-style-type: none"> • Bella Vuillermoz has confirmed her resignation as Associate Non-Executive Director with effect from 2 July 2024. • Associate Non-Executive Directors, Stephanie Itimi and Nicola Yates have accepted further one-year terms, to expire on 5 June 2025 and 16 July 2025, respectively. • Stephanie Itimi has resigned from her role on the People Committee. • The Chair has requested DHSC to consider the appointment of Ian Murphy as Chair of the Audit, Risk and Governance Committee with effect from the expiry of the second term of office of Piers White on 17 February 2025. Piers will be required to leave the Board at this point. A decision is awaited. <p>The Chair and Chief Executive recommend to the Board the appointment of Denise Thiruchelvam as an Officer Member of the Board, and to confirm the roles holding such position as being:</p> <ol style="list-style-type: none"> 1. Chief Executive (mandated) 2. Chief Financial Officer (mandated) 3. Chief Medical Officer/Director of Clinical Services (mandated) 4. Deputy Chief Executive 5. Director of Organ and Tissue Donation and Transplantation 6. Chief People Officer (up to the point that Deborah McKenzie leaves the role) 7. Chief Nursing Officer <p>It was noted that the selection of Officer Members of the Board, beyond those mandated, is made based on the responsibility of the role and is not related to the person holding the role.</p> <p>The Chair advised that he had asked Lorna Marson to join the People Committee as the Clinical representative and recommended this appointment to the Board.</p> <p>The Board approved the appointment of Denise Thiruchelvam as an Officer Member of the Board, confirmed the list of roles that currently hold the position of Officer Member of the Board and endorsed the appointment of Lorna Marson to the People Committee.</p>	

5.3	Standing Orders Review	
	<p>The Board considered proposed amendments to the Standing Orders as set out in the meeting papers.</p> <p>The Board approved the amendments to the Standing Orders subject to two further amendments:</p> <p><i>Clause 2.14.7 Chair – deletion of “and the devolved UK Health Administrations,” to reflect that the Chair liaises with DHSC in relation to the appointment of Non-Officer Members of the Board (Non-Executive Directors), and is not required to liaise with the devolved UK Health Administrations.</i></p> <p><i>Clause 3.39 Quorum – addition of ““(provided that for decisions related to the removal of the Chief Executive under clause 2.10 of the Standing Orders a meeting shall be quorate with no Officer Members present)” at the end of the third sentence to ensure that the Board remain quorate in circumstances when the Chair and Non-Executive Directors debate matters under Standing Orders 2.10.</i></p>	
5.4	Terms of Reference Reviews	
	<p>The Board considered proposed amendments to the Terms of Reference of each of the Board Committees, as set out in the meeting papers. Each Committee had reviewed their respective Terms of Reference and now recommended the amendments to the Board. The amendments created greater consistency across Committees.</p> <p>The Board approved the amendments to the Terms of Reference of the:</p> <ul style="list-style-type: none"> • Audit Risk and Governance Committee • Clinical Governance Committee • People Committee • Trust Fund Committee 	
5.5	Annual Health, Safety and Wellbeing Report	
	<p>Deborah McKenzie presented the Annual Health and Safety Wellbeing report. It was noted that additional statistics were available in the meeting Review Room on Convene.</p> <p>The Board noted the report.</p>	
5.6	Committee Assurance Reports	
	<p><u>5.6.1 Audit, Risk and Governance Committee</u> The board received the ARGC report in relation to their meeting that had taken place on 18 July 2024. It was noted that a finance deep dive had also been held earlier that day. Plans are in place to finalise the financial year audit and lay accounts before Parliament in September/October. The Board acknowledged the important work that the committee undertakes.</p> <p><u>5.6.2 Clinical Governance Committee</u> The board received the CGC report in relation to their meeting held on 12 July 2024.</p>	

	<p>In particular the Board noted that:</p> <ul style="list-style-type: none"> On June 3rd, NHS Blood and Transplant (NHSBT) transitioned from the Serious Incident (SI) Framework to the Patient Safety Incident Response Framework (PSIRF), underscoring its commitment to enhancing patient and donor safety through effective incident response and learning. Significant incidents are now investigated under Patient/Donor Safety Incident Investigations (PSII). Since the implementation of the PSIRF, two incidents have met the threshold for a PSII investigation. The outcome of the investigations was that they were low risk to both the donor and recipient. Recent business continuity incidents highlighted the need to ensure a robust system. The Clinical Governance Committee supports reviewing NHSBT's policy with key external Trusts and stakeholders to enhance wider system resilience and safety. <p><u>5.6.3 People Committee</u> The Board received the People Committee report in relation to its meeting on 3 July 2024. It was noted that the People Committee has also completed deep dives into principal risks P-07 and P-08 on the 22 of July.</p> <p><u>5.6.4 Trust Fund Committee</u> The Board received the Trust Fund Committee report of their meeting on 15 July 2024. In particular the Board noted a discussion about the objectives of the trust fund set out in the Trust Deed. It was confirmed that the objectives allowed a wide set of objectives, but restricted the trust fund from undertaking trading activities and making hazardous investments.</p> <p>The Board noted the reports.</p>	
6.0	For Report	
6.1	Reports from the UK Health Departments	
6.1.1	England	
	<p>Helen McDaniel gave a verbal update, advising:</p> <ul style="list-style-type: none"> The DHSC had been working closely with NHSBT following the amber alert and shortly prior to it. The designated Minister for Blood and Organ donation is Baroness Merron whom Jo Farrar had met during her first week in role. At the Oral Parliamentary Question time in the House of Lords that morning, there was briefing on donor response to blood stock. The NHSBT, NHS England and DHSC colleagues has collaborated on the response and the Minister was pleased with the briefing she received. Deadlines were being clarified ahead of the Chancellors statements on finances on finalising 2024/25 budget ahead of autumn. In Spring should have 2-3 years view of finances. Good progress had been made in the Organ Utilisation Group and discussions are ongoing. Commissioning of transplant services across the country and considering visits to transplant centres Cabinet office considering plan for public bodies reviews – news on ALB will be provided when known. Life Sciences also in Baroness Merron's portfolio. <p>The Board noted the report.</p>	

6.1.2	Northern Ireland	
	<p>Joan Hardy presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • NI Promotional Activity Update – July 2024 • Deemed consent legislation. • Rolling programme of education and awareness • Organ Donation Week 2024 • Working on a One-year budget • Participating in national initiatives and • Looking forward to Board meeting in Belfast. <p>The Board noted the report from Northern Ireland.</p>	
6.1.3	Scotland	
	The Board noted the report from Scotland.	
6.1.4	Wales	
	<p>Rowan Carbury presented the report from Wales and highlighted the following:</p> <ul style="list-style-type: none"> • Infected Blood Inquiry: Wales Group, chaired by the new Deputy Chief Medical Officer, Dr Push Mangat. Group met for the first time on 17 June. It will work with health boards, the Welsh Blood Service, Public Health Wales and WG policy officials to ensure a look at the wrongs of the past and work together to ensure this can never happen again. In the process of setting up subgroups to undertake the work as directed in the recommendations. Will continue to work with the UK Government and the other devolved administrations to respond to the IBI Report. • Continue to work with WBS on our Plasma for Medicines Project (awaiting finance clearance). • The appointment of a new Cabinet Secretary and First Minister of Wales. <p>The Board noted the report from Wales.</p>	
6.2	Board Forward Plan	
	<p>Rebecca Tinker informed the board that a discussion on AI will be coming to the board at a time to be confirmed.</p> <p>The Board noted the updated Board Forward Plan.</p>	
7	Closing Administration	
7.1	Any Other Business	
	<p>Mr McInerney, asked questions related to engagement with communities and colleagues and creating impact in inequity.</p> <p>The Board explained the community engagement programmes that existed and activity undertaken by local centres to engage with communities. The work undertaken on health inequalities was also noted. It was agreed that this was an area in which to seek continual improvement and to consider reintroduction of initiatives which took place prior to the COVID-19 pandemic.</p>	

7.2	Close of Meeting	
	The Chair thanked everyone for their attendance and contribution.	
7.3	Date of Next Meeting	
	The date of the next meeting is 24 September 2024 with the meeting being held in Belfast, Northern Ireland.	