

Board Meeting Minutes

Date and time: Dec. 3, 2020
12:30 – 4 p.m. ET

Session type: Open

Chair Mel Cappe

Recording secretary Ashley Haugh

Attendees **Board:** Bob Adkins, Kelly Butt; Craig Knight; David Lehberg; Anne McFarlane; Lorraine Muskwa; Dr. Brian Postl, Dunbar Russel; Dr. Jeff Scott; Judy Steele; Glenda Yeates; Victor Young

Executive Management Team: Dr. Graham Sher (Chief Executive Officer); Jean-Paul Bédard (Vice-President, Plasma Operations), Judie Leach Bennett (Vice-President, General Counsel and Chief Risk Officer); Dr. Christian Choquet (Vice-President, Quality and Regulatory Affairs); Ralph Michaelis (Chief Information Officer); Andrew Pateman (Vice-President, People, Culture and Performance); Dr. Chantale Pambrun (Co-Acting Vice-President, Medical Affairs and Innovation); Dr. Tanya Petraszko (Co-Acting Vice-President, Medical Affairs and Innovation); Pauline Port (Chief Financial Officer and Vice-President, Corporate Services) Rick Prinzen (Chief Supply Chain Officer and Vice-President, Donor Relations); Ron Vezina (Vice-President, Public Affairs)

Guests

Regrets

1. Call to order (M. Cappe)

Mel Cappe, Chair, called the meeting to order and welcomed all in attendance to Canadian Blood Services' second virtual open board meeting.

1.1 Acknowledgment of traditional territory (M. Cappe)

As the meeting was held in a virtual format, it was acknowledged that the land on which M. Cappe was located is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee, and the Wendat peoples.

1.2 Introduction of board members and executive management team (M. Cappe)

Members of the board and executive team were introduced.

2. Approval of agenda (M. Cappe)

*After review, **ON MOTION** duly made and seconded, the agenda for the meeting was approved.*

3. Declaration of conflict of interest (M. Cappe)

There were no conflicts of interest declared.

4. Patient story

Canadian Blood Services' commitment to patients is a primary focus for the board. The board reinforces this commitment by starting each board meeting with a patient story; in-person or by video.

Tania Grim, a mother of four from BC, shared her story as a stem cell recipient following her diagnosis with myelodysplastic syndrome, a type of cancer in which the stem cells in her bone marrow weren't making enough healthy blood cells. Through the course of her diagnosis, she had to be a strong patient advocate for herself. She now educates others regarding the stem cell donation process and volunteers (pre-COVID) with stem cell registration and in blood donation centres.

5. Report of the Chair (M. Cappe)

M. Cappe, Chair, shared:

- Canadian Blood Services has continued to be agile and adapt to the rapidly evolving circumstances of the pandemic.
- The organization has been able to offer its expertise and infrastructure to support pandemic-related efforts. Canadian Blood Services has tested tens of thousands of samples from blood donors to monitor the prevalence of COVID-19 antibodies. To date, testing has shown just under one per cent of blood donors have had COVID-19. As well, the organization is collecting convalescent plasma for the national clinical trials.

- Canadian Blood Services' inventory of plasma protein and related products (PPRP) remains strong, however, the pandemic has heightened the need to accelerate the organization's plasma collection plans to mitigate global supply chain risks.
- Improving diversity, equity and inclusion (DEI) – for employees as well as donors – continues to be a priority area for the organization. From a governance perspective, recent actions include a statement affirming the organization's commitment to continuous improvement (posted on the website); a revised board recruitment, nomination and election framework citing diversity as a core principle; a diversity statement to inform board recruitment; and early development of a board-level DEI policy.
- On behalf of the board, thank you to Canadian Blood Services' dedicated employees and volunteers, especially those on the frontlines, for providing excellent service and keeping Canada's Lifeline strong.

6. Report of the CEO (G. Sher)

Dr. Graham Sher, CEO of Canadian Blood Services, presented the 2020-2021 mid-year review. The presentation provided an overview of:

- Key achievements in the first six months of 2020-2021: successfully managed volatile supply and demand issues with fresh blood; transitioned Calgary production and distribution operations to a new location; short and long-term plans to respond to COVID-19-related global immunoglobulin shortages; supplying convalescent plasma for clinical trials; participating in COVID-19 seroprevalence study; renewed focus on diversity, equity and inclusion; continued emphasis on employee and donor wellness and safety throughout the pandemic; public trust in the organization increased during the pandemic
- Fresh blood products
 - Continued to meet hospital demand and maintain well-balanced fresh blood product inventory despite instability
 - Reviewed red blood cell (RBC) shipments and whole blood collection; RBC inventory and discard rates; platelet shipments and collections
- Plasma protein and related products (PPRP)
 - Continued to mature the PPRP program
 - With system partners, worked to minimize potential immunoglobulin disruption from COVID-19

- Risk mitigation in response to COVID-19: holding higher than normal inventory levels; regular communication with vendors; planning to significantly increase plasma collection in Canada
- Reviewed usage of immunoglobulin; factor VIII concentrate; C1 inhibitors
- **Stem cells**
 - Normal programs and operations, suspended due to the pandemic, have resumed or been adapted
 - Reviewed trends / statistics for the stem cell registry; cord blood bank; autologous stem cell program
- **Organs and tissues**
 - Transplant and surgeries suspended during COVID-19 have slowly restarted
 - Worked with partners and stakeholders to mature our national programs and improve system performance
 - Reviewed statistics regarding organ donations in Canada during COVID-19; kidney transplants facilitated; living and deceased donations rated compared internationally; organ transplant rates in Canada over time
- **Research contributions**
 - Contributed to research advancements in transfusion science
 - Continued to support therapeutic studies for COVID-19
 - Continued to evaluate COVID-19 immunity among blood donors to inform public health policies
- **Strategy review**
 - Continued to innovate products and services to meet patient needs: processing stem cells products for manufacturing into licensed CAR-T cell therapies, pathogen inactivation technology for platelets moved to project planning phase; collaborating on freeze dried plasma initiatives
 - Continued to focus on the donor experience during the pandemic: increased digital bookings; completed foundational work to improve donor diversity
 - Mitigated the impacts of COVID-19 on global supply of immunoglobulin: planning underway for eight additional plasma collection centres (in addition to the three currently opened / announced); Sudbury plasma collection centre opened in August 2020 with strong performance

- Identified critical areas to enhance the employee experience: refined and extended services to support employee wellbeing; increased communication regarding employee assistance program; reviewed occupational health and safety statistics
- Diversity, equity and inclusions employee survey
 - During summer 2020, the organization conducted a DEI survey with 62% of employees responding
 - Employees are deeply engaged in Canadian Blood Services' mission and purpose while recognizing that there is work to be done to create a diverse, equitable, and inclusive organization
 - Reviewed employee demographics by racial or ethnic group
 - Gender and sexual orientation are important aspects of employee identity
 - Disability and accessibility needs: mental health is an important consideration for employee supports
 - Five key areas for action:
 - Psychological safety, some employees feel comfortable expressing themselves while others fear reprisal or recrimination
 - Equitable and transparent processes, most notably around career progression
 - Strong and sustained action around DEI, notably speed and consistency
 - DEI education as a first step to addressing bias and racism
 - Diversity in the senior leadership ranks, employees recognize opportunity to improve diversity in the executive team
 - Five vulnerable groups identified as requiring specific supports and attention: transgender employees; racialized employees; Indigenous employees; front-line employees; employees struggling with mental health
 - The organization is committed to sustained action to advance diversity, equity and inclusion
- Continued the organization's commitment to excellence: advanced online ordering pilot with BC hospitals and working toward a national rollout; continued to mature the quality management system through automation
- Reviewed productivity results and quality indicators

- Reviewed summary of financial results
- Delivered strategic change in the first half of 2020-2021 and effectively responded to the COVID-19 crisis

7. Public questions and answers

A question and answer period, open to any member of the public was held during the meeting.

Question: Canadian blood services recently released a statement about diversity and inclusion. It was discouraging that the LGBTQ2S+ or lesbian, gay, bisexual, transgender, queer and two spirit community was not included or mentioned in the statement. Why was that the case?

Answer: The view of the LGBTQ2S+ community is important to the board and organization. Developing a board diversity, equity and inclusion policy was discussed at the board and committee meetings, as well as in the CEO's report – and the LGBTQ2S+ community will be reflected in it. The statement recently posted on the organization's website reflects a point of time when Black Lives Matter and systemic racism have been dominant in the headlines and addressed this issue. However, in the future, the organization does need to make sure all communities can identify with messages related to diversity, equity and inclusion.

Question: It is the end of 2020 and we have heard for years from politicians and others that the blood ban for gay men should end. Why is this discriminatory policy still in place?

Answer: This is something that the board takes very seriously – it had a 90 minute discussion at the board meeting regarding donations from men who have sex with men. Canadian Blood Services has made a commitment to evolve eligibility criteria based on the latest scientific evidence, as well as new developments and research into alternative screening methods. The organization is supporting research with the strategic intent to move away from time-based criteria to one based on risk activities.

Question: I have seen lots of talk in the media about the need for those who have recovered from COVID-19 to donate plasma for research. While I understand the importance of that for patients that rely on plasma to produce the therapies they need, there is concern that this may be drawing donors away. Plasma supplies are already under pressure. Are we seeing an impact because of convalescent plasma donation?

Answer: The collection of convalescent plasma is happening in small numbers in Canada and has not negatively impacted the source plasma collection program. In fact, once these

donors have finished donating convalescent plasma, it is hoped they will continue as regular source plasma donors.

Question: As we continue to navigate the second wave of the COVID-19 pandemic and plan for a post COVID world, what lessons do you believe will be crucial for health organizations to learn and carry forward?

Answer: At a high level for the country / health systems, some of the lessons learned include the importance of science; the power of cooperation (i.e., the positive work that is done when federal, provincial, territorial, municipal, public health seamlessly work together, share data, etc.); and the need for surveillance capabilities. As well, the pandemic has shown there is too much reliance on global supply chains. For the country, this was evident in vaccine manufacturing. Plasma collection for further manufacturing, is an area where Canadian Blood Services needs to increase domestic self-reliance.

Question: I am curious about the impact that COVID-19 may have on innovation in medicine generally, but more specifically for the blood system. Even though COVID-19 is not a blood virus, we have seen how rapidly it has disrupted society. Do you think this will add urgency to the development of pathogen reduction technologies and other innovative safety measures that may be under development?

Answer: Canadian Blood Services has been monitoring the evolution of pathogen inactivation technology for many years and has begun the phased implementation for platelets. There are more and more pathogens emerging around the world – e.g., Zika, Dengue, etc. This has raised the importance of pathogen inactivation technology for the blood sector. However, it needs to be implemented in a way that is efficient, efficacious and does not diminish the quality of the products the organization manufactures.

Question: There was a lot of talk about supply shortages early in the pandemic. Does Canadian Blood Services have a secure supply of the equipment and materials it needs to effectively run the system as the pandemic continues on?

Answer: Canadian Blood Services had, before the pandemic, robust business continuity management capabilities (practices, redundancies, policies, procedures, etc.) to withstand shocks to the business. The organization had also been maturing its business essential supplies program. Learnings through the pandemic have enhanced these capabilities and programs. Where necessary / possible, additional inventory (for products as well as equipment/material) have been purchased to ensure a consistent supply and minimize disruption to the supply chain.

Question: It seems like many cities are going back into lockdown now that the second wave of COVID-19 has hit. How is this affecting whether people give blood in these places? Is there a blood shortage, and if not, could there be soon?

Answer: Initially, there was some concern that donors might not come out and this was magnified when locations closed where mobile community donation events were scheduled. Consequently, more collection opportunities were opened at Canadian Blood Services operated facilities which reduces volatility for the future. Canadian Blood Services has had strong support for its donor base and Canadians, and inventory has remained healthy throughout the pandemic. As well, partners and political leaders (the prime minister, premiers, medical officers of health, etc.) promoted blood donation in press conference and social media which increased donations. Inventory levels, for all products, continues to be closely monitored.

Question: It seems like COVID-19 has accelerated change and innovation for many organizations. What new practice has Canadian Blood Services put in place during the pandemic and what do you think the future might hold – i.e., like how blood will be collected in five to 10 years time?

Answer: Canadian Blood Services has a relatively new strategic plan in place; however, learnings from the pandemic are being used to determine if any changes are required. The organization has been on an automation journey, and the pandemic heightened the need to look at options for a contactless environment that would be less disruptive in a pandemic or other disaster. There will always be a need for people, and the organization will continue to explore opportunities to make it safer for donors and employees. Another opportunity is the research being done to create more resilient products, - i.e., longer shelf life, reduced reliance on cold chain storage, etc. The workplace of the future is also being examined. The pandemic has changed how many businesses, including Canadian Blood Services, will operate (how and where) in the future.

Question: At the beginning of this meeting, you talked a lot about organizational racism. Do you believe that blood donors are racist?

Answer: Donors reflect the public at large, and we know systemic racism is a societal issue. Canadian Blood Services needs to put in place commitments, practices, and actions that demonstrate that we won't accept or behave with racial biases. The organization has acknowledged that systemic racism is inherent, much like many aspects of the Canadian society, and that we are on a learning journey to do better. We are looking internally to

review policies, procedures, practices, etc. to make sure they aren't racially discriminatory and unfair. Currently, the Canadian Blood Services donor base does not reflect the mosaic of the Canadian population, and there is work to do to reach diverse donors. There are areas where collecting blood from the right community of donors is important to patient outcome; so it is important we have a donor base that reflects the Canadian mosaic.

Question: Your organization has a national presence and distribution network. Have you been asked about making use of that to help get a potential COVID-19 vaccine to Canadians?

Answer: Canadian Blood Services has not been formally asked to assist with vaccine storage or distribution; however, the organization is examining potential options. While the organization does have a vast network of fridges and freezers, much of it is filled with necessary products and it may not be at the right temperature required for the vaccines. However, the organization will remain in contact with public health units / governments to examine all options and will assist if possible.

Question: Can you provide some information on the convalescent plasma trial? I am wondering if you can share any results regarding whether the treatment has been effective for COVID patients?

Answer: The clinical trial in Canada is still underway. There are also trials underway around the world. One of the largest clinical trials is taking place in the UK, where they have had a higher disease prevalence, and results are expected to be released in early 2021. Canadian Blood Services needs to make sure it has enough convalescent plasma available if the clinical trials do show it is efficacious.

8. Public Presentations (M. Cappe)

At each open board meeting, members of the public and stakeholders are given the opportunity to present to the board. The following individuals presented to the board and all will receive a written response following the board meeting.

8.1 Angela Diano and Dr. Ken Chapman, Alpha-1 Canada

A. Diano and K. Chapman expressed their concern with the results of Alpha-1 Canada's efforts to secure a category review for augmentation therapy. Alpha-1 Canada will be asking the provincial and territorial (PT) governments to work with Canadian Blood Services to provide an interim (one-year) augmentation therapy category during the second wave of COVID-19. This

will provide protection to Alpha-1 patients who are unable to access treatment and will also show that treatment will not be over-utilized, that there will not be off-label use, and that it will not negatively impact PT budgets. Alpha-1 Canada will be supporting the submission of an alternate augmentation therapy which is not in the Canadian healthcare system and which Alpha-1 Canada believes meets the criteria outlined by PTs to move forward with a category review.

Response: Canadian Blood Services recognize the frustrations Alpha-1 Canada and Alpha-1 patients have experienced over the years. Canadian Blood Services continues to discuss with provincial and territorial governments the need for a more objective, transparent and evidence-informed review process, and for clarity and appropriate revisions to the criteria determining when a product should be reviewed for potential listing under the Canadian Blood Services PPRP formulary. Senior staff from the organization will reach out to schedule a call to gain a deeper understanding of the suggestion for an interim augmentation therapy category to carry through to the end of the COVID-19 pandemic.

8.2 Dr. Peter Jaworski

P. Jaworski shared a letter urging the creation of a joint Canada-US kidney paired exchange program which will allow for a large donation pool for Canadian and US patients.

Response: The notion of establishing a formal, international organ donation program is an idea that has been raised at various times and will likely continue to be discussed as a future consideration. Canadian Blood Services commits to bringing this discussion back to the organ and transplantation advisory committees. In Canada, the organ and tissue donation and transplantation program involves 25 different transplant and donor programs across many provincial health systems, which are supported by a dedicated team and the technical infrastructure of the Canadian Transplant Registry. The Kidney Paired Donation program is operated by Canadian Blood Services on behalf of those 25 participating transplant programs across Canada. To establish this type of international exchange, every transplant program across all provincial jurisdictions would have to individually agree on and approve policies.

8.3 Dr. Chandrakant Shah

C. Shah shared his concern regarding the lack of diversity on the Canadian Blood Services board and executive management team. It was also shared that Canadian Blood Services should set diversity targets and an action plan that are made public to hold the organization accountable. It was also noted that a board diversity, equity and inclusion policy should be created. Data on diversity, equity and inclusion within the organization was also requested.

Response: Canadian Blood Services, as outlined in its public strategic plan, is committed to “*reflect the diversity of Canadian society in a workplace culture defined by respect, inclusion and well-being.*” The organization is currently implementing a two-fold diversity, equity and inclusion program targeted at both employees and donors. The board is working with the provincial and territorial governments that appoint board members to prioritize diversity in the director nomination process. Canadian Blood Services is also strengthening efforts to attract and retain talented team members by modelling a culture of openness, empathy and inclusion to ensure that the workforce reflects the diversity of the communities served. This work is an essential element for the continued success of the organization.

8.4 Darlene Varaleau

D. Varaleau expressed that in her experience as a blood donor, most donors she has encountered are Caucasian and the organization should be recruiting more diverse donors. Having greater diversity on the board and in management would encourage broader diverse participation in the blood system. A variety of marketing tactics to appeal to a wider audience were also shared. D. Varaleau also expressed her thanks to the caring and warm employees she interacts with during donations.

Response: It is a priority for the organization to see a greater reflection of Canadians on the board and executive management team. Work is underway within the organization in the recruitment, retention and advancement of employees at all levels to ensure greater diversity in the organization.

8.5 Sandra Azocar, Friends of Medicare

S. Azocar expressed concerns about the repeal of the *Voluntary Blood Donor Act* in Alberta and implications of paid plasma on broader health care systems. Canadian Blood Services should continue under its voluntary collection model but should also look at the practices of some other blood operators to compensate for travel and notifying donors when their donation has helped a patient.

Response: Canadian Blood Services, as the national blood authority, is responsible for ensuring a safe and secure supply of blood and blood products — including plasma — for patients in Canada (except Quebec, which has Héma-Québec). We continue to closely monitor this legislative matter and have repeatedly expressed concern to governments regarding any changes that could impact the national blood system. There needs to be consensus in the country on the approach to commercial plasma collection in order to mitigate any unintended consequences to the national blood system principles and operations.



The board is committed to the further development of a network of non-remunerated plasma collection sites across Canada. The first of these stand-alone plasma donor centres, located in Sudbury, began collecting plasma in late August 2020. The second site, in Lethbridge AB, will open at the end of December, and the third site in Kelowna, B.C. will open next year. An additional eight centres are planned in the next few years to significantly increase the amount of plasma the organization collects to meet the needs of Canadian patients.

M. Cappe thanked the board, management, employees, stakeholder, and members of the public for participating in the virtual open board meeting.

The open board meeting adjourned at 4 p.m. ET