

**NHSBT Board****Board Effectiveness**29<sup>th</sup> March 2022**Status: Official****1. Background**

- As part of the follow-up to the Campbell Tickell report, in January the NHSBT Board reviewed effectiveness through a survey of Board behaviours. Positives included quality of preparation, mutual respect and willingness to learn. The biggest opportunity identified was to engender more strategic discussion at the Board.
- At the January Board meeting, members debated how to free time for strategic discussion and how to frame topics in ways which facilitate more expansive discussion. A long list of possibilities was developed and a sub-team of Betsy, Deirdre, John and Wendy was assigned to develop specific proposals.
- The sub team met in early March and agreed 4 specific recommendations which are now being shared with the full Board for their approval.

**2. Recommendations**

1. Zone Board agenda into 4 categories: Strategy, Decision, Assurance and Consent.
2. Introduce occasional discussion papers to the Board to allow early debate on important emerging topics.
3. Reduce duplication between committees and Board by including summaries of the Clinical Governance Report and the Finance Report within the CEO report.
4. Revamp the performance report and append it to the CEO report.

**3. Discussion**

The **zoning of the agenda** into segments is recommended to improve focus on the expected outcomes of each session. This was one of the CT recommendations and has already been partly introduced. The additional “Consent” segment would collate all routine papers requiring Board approval and Board members would be asked in advance of the meeting whether they wish to discuss any of the papers. The expectation is that many of these papers can simply be “nodded through”.

Occasional **discussion papers** will create the opportunity to engage at a very early stage and to provide input on a less structured, hopefully more creative way. These discussions will always have a specific purpose e.g., to collect early stage ideas on a strategic direction, and the topics will all have been previously discussed at ET. This recommendation will need important behavioural changes from Executive Directors, becoming comfortable presenting less than fully formulated material, and from NED’s, accepting that there will often be many unanswerable questions in an early stage discussion.

There is an important opportunity to **reduce duplication between committees and main Board**. Often, exactly the same materials are presented on both occasions. The Clinical Governance Report and the Finance Report are reviewed thoroughly in committees before once again being reviewed at the Board. This duplication is not seen to add much value and can lead to ambiguity of accountability. By including a summary of both items in the CEO report, the Board will get access to the essence of both reports and, if questions emerge, the detailed reports will still be available as Board appendices.

The CEO report is quite appropriately a summary of results included in the **performance report**. They tend to be headlined by the CEO and then sometimes covered in more detail later in the meeting during the review of the performance report. Combining these 2 elements will make better use of time and sharpen focus on what counts. Alongside this change, the performance report will be revamped to report on strategic targets and will include a 1-page results summary and trend data.

#### **4. Next Steps**

If the Board approves these proposals, they will be implemented on an experimental basis in the May, July and September Board meetings and then reviewed at the September Board to determine if changes are needed.

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