

Minutes of the One Hundred and Ninth Board Meeting in Public of NHS Blood and Transplant
 Marriott Hotel, Mill Lane, Cardiff CF10 1EZ
 Tuesday 27 September 2022, 9:00 - 12:45 BST

Present (Virtual)	Peter Wyman	Chairman
	Charles St John	Non-Executive Director
	Prof. Charles Craddock	Non-Executive Director
	Jo Lewis	Non-Executive Director
	Phil Huggon	Non-Executive Director
	Prof. Deirdre Kelly	Non-Executive Director
	Wendy Clark	Interim Chief Executive Officer
	Rob Bradburn	Director of Finance
	Dr Gail Miflin	Chief Medical Officer and Director of Clinical Services
	Anthony Clarkson	Director of Organ and Tissue Donation and Transplantation
	David Rose*	Director of Donor Experience and Communications
	Helen Gillan*	Director of Quality
	Gerry Gogarty*	Director of Plasma for Medicines
	Paul O'Brien*	Director of Blood Supply
Deborah McKenzie*	Chief People Officer	
Rebecca Tinker*	Interim Chief Digital and Information Officer	
In attendance		
(Virtual)	Helen McDaniel	Department of Health and Social Care, England
(Virtual)	Joan Hardy	Northern Ireland
(Virtual)	Andrew McKie	Scotland
	Pat Vernon	Wales
	Janet Kidd	General Counsel/ Company Secretary
	Zeeshan Asghar	Co-Chair GRacE (Group for Racial Equality) Network
(Virtual)	Ian Freestone	Assistant Director of Estates and Facilities (<i>item 5 only</i>)
(Virtual)	Dan Jeffery	Deputy Chief Information Officer (<i>item 6 only</i>)
(Virtual)	Anna Butterfield	AD Leadership Performance and Culture (<i>Item 7 only</i>)
	Brenda Thomas	Interim Deputy Company Secretary (minutes)
	Rachel May	Freedom to Speak Up Guardian
	Ben Hume	Assistant Director of Organ and Tissue Donation and Transplantation (<i>item 9 only</i>)
	Ranjit Kirton	The Behaviour Garage Ltd (<i>item 20 only</i>)

*Non-voting members of the Board

The minutes have been recorded following sequence of items on the agenda and not sequence of discussion at the meeting.

		Action
1	Meeting Administration	
1.1	Welcome and apologies	
	<p>The Chairman welcomed everyone present to the One Hundred and Ninth Board Meeting in Public, particularly:</p> <ul style="list-style-type: none"> ▪ Wendy Clark, in her new role as Interim Chief Executive Officer; ▪ Janet Kidd, newly appointed General Counsel and Company Secretary; ▪ Zeeshan Asghar, Co-Chair GRacE (Diversity) Network; ▪ Rebecca Tinker, Interim Chief Digital and Information Officer; and ▪ Paul O'Brien, newly appointed Director of Blood Supply. <p>Apologies for absence were noted from Piers White, Non-Executive Director (NED).</p>	

1.2	Register of Interests	
	No new interests were declared.	
1.3	Board ways of working	
	The Board noted the Board ways of working.	
1.4	Minutes of the previous meeting	
	The minutes of the meeting held on 27 July 2022 were approved as a true and accurate record of the meeting.	
1.5	Matters arising from previous meeting	
	There were no matters arising from the last meeting. The two open actions on the action log would be addressed at the November Board meeting.	
2.	Patient Story	
	<p>A Clarkson shared the patient story on behalf of the patient's parents. The story was about a child, Grace, who was waiting for a heart transplant and was offered one from a family who lost their beloved child. Grace's parents are eternally grateful to the donor and their brave and benevolent family.</p> <p>The story highlighted the need for organ donation; the benefits of organ donation and transplantation; and the work of NHSBT.</p> <p>The Chairman thanked Grace's parents for allowing NHSBT to share her story during organ donation week.</p>	
3.	Chief Executive's Board and Board Performance Report	
	<p>W Clark presented her report, which was taken as read. The following key areas were highlighted:</p> <ul style="list-style-type: none"> - The on-going support of donors and dedicated staff has delivered continuity of supply to patients through a very challenging period. - High levels of vacancies and absences continued in some areas of the organisation. She thanked the recruitment and operational teams for their hard work in onboarding new staff. - Engagement and communication with staff and partners on racism, discrimination, bullying and harassment and the impact of press and social media reports. Further work on bullying and harassment has been prioritised, whilst continuing with existing plans. Alongside this, work would be ongoing on a longer term plan for sustainable change. - Carl Vincent, the newly appointed Director of Finance would be joining NHSBT on 10 October, to succeed R Bradburn who would be leaving NHSBT at the end of October. - The first draft of the Well-led Care Quality Commission (CQC) report has been received. The report was being checked for factual accuracy and publication of the final report is expected in mid-October. <p>G Mifflin updated the Board on the first Never Event which occurred at NHSBT. This was an unintended transplant of three ABO incompatible organs due to an incorrect blood group temporarily put into a Trust LIMS (Laboratory Information Management System) during a massive haemorrhage situation. Investigations have not yet concluded. However, a number of mitigating actions have been taken. This has also been reported to the Regulators and a number of stakeholders have been informed. A Clarkson added that the team involved were devastated by the impact and were being supported.</p>	

	<p>P O'Brien gave an update on blood stocks. As at the time of reporting, blood stocks were at 4.7 days of stock (DOS) across the board. Both O blood groups were just over three days of stock. Over the past eight to 10 weeks, the range was 4.5 to 4.7 DOS. It is expected that an increase in blood stock levels would be seen from mid to late October, due to a number of actions being taken including: recruitment, innovation and partnership with some stakeholders. Sickness absence remains a challenge and was at about 7%. Planning would commence for the Christmas period, which is the next big challenge.</p> <p>Responding to P. Huggon's query on concerns about winter and trajectories, specific product lines and lapse versus new longer-term donors, P O'Brien advised that winter remains a risk and variability would be seen on a week-by-week basis, but this would be monitored closely.</p> <p>There was a discussion about seeking new donors from ethnic minorities being put on hold to concentrate on increasing blood stocks, particularly O+ and O-. D Rose advised that recruitment caps have been reduced to the lowest for most of the mobile teams to protect short term operational key performance indicators (KPIs), and there is continued reliance on returning and retention. Some of the donors that register weekly would be converted into new donors once capacity gets to a level where the caps could be released. A piece of work was being undertaken to understand capacity to get back on track on the growth objectives. Priorities for the next few months would be on diversification.</p> <p>The Board noted the report.</p>	
	For Approval	
4	Governance Review of all Board Committees	
	<p>The Chairman presented the report which was taken as read. The proposal was for a new Clinical Governance Committee (CGC) to be formed; the remit of the Audit, Risk and Governance Committee (ARGC) revised to include Finance and Performance assurance; and a new Research and Development forum established. The aim is to improve the flow from the Executive Team (ET) through to Board Committees and ultimately to the Board, and to reduce the burden of preparing for and managing meetings.</p> <p>C St John referenced the incorporation of finance and performance assurance into the ARGC and raised concern as to whether this arrangement would provide sufficient time for scrutiny and focus on financial performance. P Huggon advised that the Finance and Performance Committee (FPC) largely deals with finance and not necessarily performance matters. The direction was right in terms of improvement and thought should be given to what this means for the new NEDs and what further improvements could be made on the process.</p> <p>P White, Chair of ARGC had fed back that he was content that the Committee would provide the needed scrutiny and provide assurance to the Board on financial matters. The Chairman added that there was a need for papers submitted to the ARGC to be succinct. In addition, since CGC would now have responsibility for the clinical governance risks, the ARGC could fulfill all its function within a reasonable meeting schedule. The People Committee membership would be amended from two to three as highlighted by J Lewis.</p> <p>The Chairman commented that this was a better structure which would be kept under review and the Committee membership would be reviewed once the new NEDs are in post.</p>	

	The Board approved the new governance structure, to commence from October 2022, kept under review and fully implemented by 31 December 2022.	
5	Colindale Outline Business Case	
	<p>R Bradburn introduced the paper and I Freestone joined the meeting to present it. The paper, which was taken as read, sought approval to replace the Heating, Ventilation and Air Conditioning (HVAC) system at the Colindale site which is well beyond its recommended working life. The cost of the programme is estimated to be £6.6m with £2.3m of capital (or replacement of the HVAC equipment) and £4.3m of revenue to facilitate the temporary relocation, and refurbishment, of the laboratories, plus reconfiguration and relocation the canteen and Tissues. The primary rationale for the investment is to ensure the business continuity of the critical services provided by the Colindale Site, in addition to taking the opportunity to substantially improve the working environment, particularly the laboratories.</p> <p>J Lewis stated that it would be helpful to understand the costing for the optional additional works. I Freestone advised that this was circa £1m.</p> <p>C St John queried whether the contingency set at 15% was also intended to cover aspects that may not be fixed price and therefore could be subject to inflationary risk. In addition, whether proper consideration has been given to any other changes that could be done at Colindale and whether there was clarity on the escalation parameters for the various oversight boards.</p> <p>I Freestone advised on inflation, that there was surety on some of those costs, and it was believed that the 15% was reasonable at the time. However, inflationary risk remains. In relation to other works, there has been engagement with the leads and there is still work to be done strategically but not within the next 4 to 5 years. On escalation, it was noted that some of the parameters require finalising. W Clark suggested that very clear parameters should be defined at the full business case (FBC) stage. In addition to the 15% contingency, there was a 10% optimism bias, therefore, circa £1m built in which would be refreshed if necessary for inflation, as the project moves from the outline business case (OBC) to the FBC stage.</p> <p>P Huggon noted that an overview of the Estates Plan was presented to the FPC. This plan would be presented to the Board at a future meeting. I Freestone advised, in relation to P Huggon's comment about staff and what it means for the Colindale site to be an efficient place, that the investment would be uplifting for staff.</p> <p>The Board approved the Colindale OBC and approved delegated authority to the Executive Team to approve the FBC move to implementation, provided the financial case is within 10% of the OBC.</p>	CV
6	Connectivity Project Outline Business Case	
	<p>R Tinker introduced the paper and D Jeffery joined the meeting to present it. The paper was taken as read. NHSBT has a contract with Vodafone for Connectivity Services which expires in February 2023. The OBC as designed would maintain continuity of service as well as delivering improvements in the quality of service and cost savings. The strategic, economic, financial, commercial and management cases were presented. Four options were considered for the renewal of this contract, and the OBC recommended option two which minimises business risk by contracting for a further 5-year term with Vodafone, improves services and provides a saving of £3.17m (29%) across the 5-year term.</p> <p>The Chairman queried why option four was discounted without the FPC, ARGV and Board being made aware. W Clark assured that this was discussed at the ET and it</p>	

	<p>would not have been possible to undertake a technology refresh within the available time. Under the new governance structure, these decisions would be reviewed in terms of presenting to the relevant Board committee prior to the Board.</p> <p>In relation to P Huggon's query on the £3m discount, D Jeffery advised that the service being bought is a commodity type service whereas it was leading edge when purchased 7 years ago. In addition, some of the services are now provided in-house.</p> <p>R Tinker, in response to P Huggon's query on what the reasons are for not seeking a new supplier, advised that it is a common approach to explore with the current supplier a reduction in price, and that disruption would occur with a new supplier. R Bradburn added that this was about getting the right service, technology and cost reduction that is benchmarked externally. It was suggested that a paragraph should have been included within the report explaining why option 4 was discounted.</p> <p>R Thinker conveyed thanks to Andrew O'Connor, Delivery Director who authored the report but was unable to attend the meeting to present it.</p> <p>The Board:</p> <ul style="list-style-type: none"> ▪ Approved the renewal with Vodafone for a 5-year term using a Crown Commercial Services framework at £1.53m per annum saving £3m (29%) across the 5-year term compared to the existing arrangements. ▪ Approved investment of £2m to replace network components at each NHSBT site which are now more than 7 years old. 	
	<p>For Strategic discussion</p>	
<p>7</p>	<p>Our Voice Staff Survey and Result</p>	
	<p>D McKenzie introduced the report and A Butterfield joined the meeting to present it. The report was taken as read. The organisational engagement score was 7.5 out of 10.</p> <p>Z Asghar referenced the higher level of bullying and harassment experienced by Black, Asian and Minority Ethnic (BAME) staff, but no reference has been made to tackling these issues within the priorities. A Butterfield advised that this was being taken very seriously and a much more detailed action plan would be developed, overseen by the Diversity and Inclusion Committee.</p> <p>Z Asghar reported on the findings on a survey carried out by the Network following recent media coverage of NHSBT. Early indications of the results suggest that whilst there were some positives, there were some troubling responses which reflect staff feelings on racism.</p> <p>The Chairman advised that the Board was committed to changing the culture of the organisation to being genuinely inclusive, with zero tolerance for bad behaviours. G Mifflin suggested that executive directors review equality as part of their directorate priorities to ensure this is addressed at every level.</p> <p>Responding to the Chairman's query on what the plans are for measuring progress, D McKenzie advised that the overall staff survey would be repeated to give a one year on picture. There is need to bring together in a coherent dashboard all the different plans for tracking individual initiatives. The Board would be presented with an outline of what those measures are and how these are tracked. P Huggon suggested that a qualitative in-depth report would be helpful.</p> <p>J Lewis noted that a version of the report was presented to the People Committee and the Committee was invited to undertake a quarterly check on the actions. J Lewis was of the view that full ownership should be taken at ET level who should provide</p>	<p>DMc</p>

	<p>the assurance that the actions are being driven to completion. Furthermore, it is important to communicate the results to the wider organisation promptly for transparency and care must be taken when interpreting feedback about reward.</p> <p>D Rose advised that consideration be given to all quantitative and qualitative data. Furthermore, there is work to be done on getting staff to believe in the plan and in the ET to deliver on it. W Clark added the importance of transparency, making data available to all staff, and allowing the organisation to hold the ET to account on this.</p> <p>Z Asghar commented on the growth and development for BAME staff since the Globis report. In addition, whether non-desk based staff have access to the survey.</p> <p>The Chairman noted that as progress is tracked it was important to include the network chairs and also important for staff to be able to access the survey and express their honest views. An improved picture is expected to be seen.</p> <p>The Board noted the next steps and plans for future engagement survey.</p>	
8	Freedom to Speak Up Annual Report	
	<p>R May presented the first Freedom to Speak Up (FTSU) Annual Report which has been reviewed by the ET and People Committee. The report was taken as read. Quarterly reports have been presented to the ET and the NED for whistleblowing. The goal is to have an inclusive and respectful work environment. This report showed emerging trends found in NHSBT Speak Up data, highlighted continuing areas of concern, and made recommendations for service improvement.</p> <p>C St John asked whether the FTSU parameters were broadening or whether it was still focused on the areas initially agreed upon. Furthermore, whether there was a policy that gives clarity on what staff should be speaking to the FTSU Guardian about. R May advised that the provision of a FTSU service which only provides one Guardian severely limits the accessibility of the service and the plan is to have 2x 0.5 FTSU Guardian and to increase the size of the FTSU Champions from five to 50, starting in October. The Speak Up Policy was being reviewed and this would include clear signposting.</p> <p>D McKenzie assured that a screen saver on raising concerns has been introduced and the work on a Resolution Framework has progressed. A working group would be established and would work closely with the FTSU.</p> <p>Z Asghar highlighted the need for clarity in the process of resolving issues and the length of time it takes to resolve them. In addition, what support was being provided to the volunteers. R May clarified that primary role of the Champions is to signpost people and training is provided by the National Guardians Office.</p> <p>The Chairman commended R May for a job well done.</p> <p>The Board approved the expansion of the FTSU Guardian provision by 1 WTE, band 8a (2 x 0.5 WTE) and the FTSU Champions from five to 50 with protected time one day a month.</p>	
9	Organ Donation and Transplantation Strategy Update and Forward Plan/ Funding	
	<p>A Clarkson introduced the report and B Hume attended the meeting to present it. The Organ Donation and Transplantation (ODT) 2030 Strategy was launched in summer 2021 as an NHS and UK-wide vision. There was a substantial increase in transplantation and organ donation last year, against a base line from 2020/21 that</p>	

	<p>was significantly impacted by the pandemic. Whilst a substantial increase in donation was demonstrated, the transplant waiting list numbers increased substantially.</p> <p>The Board's attention was drawn to the mission to increase the rate of consent for organ donation. The levels are below the target set last year at circa 70%. However, organ utilisation has been sustained at a higher level than expected. Overall, good progress was made last year, and we are starting to deliver on some promises for the current year, but given the rising demand, there was still much work to be done.</p> <p>C St John commented on the effect of Covid-19 on the consent process and asked whether there was a feeling that this could return to pre-pandemic levels or if it was a permanent change. B Hume advised that there has been a variation in the rate of consent and the level of consent increased above 70% last year for a period; however, some semi-permanent lower level was being seen. It was noted that lower consent rate is a global phenomenon. D Rose added that a paper would be brought to the Board at a future meeting to present options and recommendations to return to a place-based approach for blood donation to some of the locations in the UK. Which might also enhance consent rates for organ donation.</p> <p>The Board noted the progress that has been made in delivering the ODT Strategy one year on from its launch.</p>	
10	Sub-Committee readouts	
10.1	People Committee	
	<p>J Lewis gave an update on the People Committee meeting held on 21 September 2022. The Committee now has a new broader remit with almost 100% change in attendance. The Committee reviewed the Gender Pay Gap which would be presented to the Board in November. There was discussion about an internal audit on some of the recruitment processes in relation to training and preparation for hiring managers, which received limited assurance. Actions are being taken by the ET and plans in place to address this gap. A deep dive into the Board Assurance Framework (BAF) people risk was deferred to the next meeting due to delays that occurred in other actions that needed to happen.</p> <p>The Board noted the update.</p>	
11	Reports from the UK Health Departments	
11.1	England	
	<p>H McDaniel gave a verbal update, highlighting the organ donation week and the actions being taken to celebrate it. A new Secretary of State for Health and Social Care and a new ministerial team have been appointed, although portfolios were yet to be confirmed. The Secretary of State has set out her plans for patients and the plan is for the department to shape its efforts around the delivery of those priorities.</p>	
11.2	Northern Ireland	
	<p>J Hardy gave a verbal update, noting that secondary legislation has been drafted following the Organ and Tissue Donation (Deemed Consent) Bill receiving Royal Assent. The Revised Codes of Practice was laid before Parliament on 5 September. Both the legislation and revised codes of practice are to be laid before the Assembly, which is currently suspended. This situation would be monitored. There is available funding for new legislation. The change in law would require additional nursing capacity and training was on track. Clinical engagement events were planned in October. The second round of temperature checks were undertaken during the summer and the result was positive. All the NHSBT operational processes</p>	

	documentation review are on track to be updated ahead of the law change and education of NHSBT nursing team has been completed.	
11.3	Scotland	
	In addition to the submitted report, A McKie advised that the resources for schools have been launched and are available to view on the organ donation Scotland website. Overall, the plan was progressing well.	
11.4	Wales	
	In addition to the submitted report, P Vernon advised that the Welsh Government has provided funding on a recurrent basis for the transplant games team. She advised that the Chairman and A Clarkson had a useful meeting with the Minister of Health and Social Care in Wales, Eluned Morgan who undertook to take forward a number of actions following the meeting. The Chairman requested that P Vernon convey thanks to E Morgan.	
12	Board Forward Plan	
	The Chairman advised that the Board meeting in March 2023 would be held in Barnsley, not in London as stated within the plan.	
13	For Consent	
14	Clinical Governance Report	
	The Board noted the Clinical Governance Report.	
15	Finance Performance Report	
	The Board noted the Finance Performance Report.	
16	Trust Fund Annual Report	
	The Board noted the Trust Fund Annual Report.	
17	Any Other Business	
	The Chairman noted that there was one question from a member of the public which would be addressed by A Clarkson outside of the meeting given its complicated nature. The Chairman, on behalf of the Board thanked R Bradburn for his contribution and commitment to NHSBT over the years. R Bradburn was attending his last Board meeting, as he would be leaving NHSBT at the end of October.	
18	Resolution on Confidential Business and Close	
	The Board resolved to proceed to the private business.	
19	Date of Next Meeting	
	The date of the next meeting is Tuesday, 29 November 2022.	
20	Psychological Safety in the Workplace	
	The Chairman introduced R Kirton who attended the meeting to give a short presentation on psychological safety and its importance in the workplace. The presentation was scheduled at the end of the meeting to allow time for an informal discussion. R Kirton explained the four behaviours of psychological safety, which, if embedded in an organisation, would tackle psychological harm. These are: inclusion, challenging, contributing and learning. Behavioral change however is not limited to senior leadership, but the onus lies on everyone. C Craddock noted the importance of the lessons articulated and raised concern on the challenge of embedding within the organisation to become a standard of care. R	

	<p>Kirton advised that embedding the four behaviours requires the power of many to create group conformity, and for every person to play their part.</p> <p>D McKenzie asked what immediate steps could be taken that would start to make a difference and what could sabotage progress. R Kirton advised that people should be allowed to take time away to think about their and others behaviours, with leaders setting the tone. Inconsistent messaging could sabotage progress.</p> <p>D Rose encouraged the ET and their senior leadership teams to take one of R Kirton's courses for consistency of application across the organisation.</p> <p>The Chairman noted the need to celebrate good behaviour as a positive culture creator and that the Board was committed to eliminating bad behaviours.</p> <p>The Chairman thanked R Kirton for the presentation.</p>	<p>ET</p>
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