

Minutes of the One Hundred and Eleventh Board Meeting in Public of NHS Blood and Transplant

The Tower Hotel, St Katherine's Way, and Zoom
Tuesday 31st January 2023, 13:00-16:00

Present (virtual)	Peter Wyman	Chair
	Charles St John	Non-Executive Director
	Prof. Charles Craddock	Non-Executive Director
	Prof. Deirdre Kelly	Non-Executive Director
	Joanna Lewis	Non-Executive Director
	Phil Huggon	Non-Executive Director
	Piers White	Non-Executive Director
	Wendy Clark	Interim Chief Executive Officer
	Anthony Clarkson	Director of Organ and Tissue Donation and Transplantation
	Carl Vincent	Chief Financial Officer
	Dr Gail Mifflin	Chief Medical Officer and Director of Clinical Services
	David Rose*	Director of Donor Experience and Communications
	Deborah McKenzie*	Chief People Officer
	Gerry Gogarty*	Director of Plasma for Medicines
	Helen Gillan*	Director of Quality
	Janet Kidd*	General Counsel/ Company Secretary
Paul O'Brien*	Director of Blood Supply	
Rebecca Tinker*	Interim Chief Digital and Information Officer	
In attendance		
	Brenda Thomas	Interim Deputy Company Secretary
	Claire Williment	Chief of Staff
	Katie Barrowclough	Board Secretary (minutes)
	Phil Walton	Neurodiversity Network Co-Chair
	(Virtual) Robert McDonald	Department of Health and Social Care, England
	(Virtual) Helen McDaniel	Department of Health and Social Care, England
	(Virtual) Joan Hardy	Northern Irish Government
	(Virtual) James How	Scottish Government
	(Virtual) Pat Vernon	Welsh Government
	(Virtual) Mark Taylor	Divisional Finance Director, Clinical, Planning and Performance (item 3.4 only)
	(Virtual) Anna Butterfield	Assistant Director, Leadership, Performance and Culture (items 4.2 and 4.3 only)
	(Virtual) Jo Harry	Diversity and Inclusion Manager (items 4.2 and 4.3 only)
	(Virtual) Aliyyah Balson	Diversity and Inclusion Manager (items 4.2 and 4.3 only)

*Non-voting members of the Board

		Action
1	Opening Administration	
1.1	Welcome and apologies	
	The Chair welcomed everyone present to the One Hundred and Eleventh Board Meeting in Public, particularly Phil Walton, Co-Chair of the Neurodiversity Network. Apologies for absence were noted from Piers White, Non-Executive Director (NED).	

1.2	Register of Interests	
	The Register of Interests was updated in January 2023 and 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 Tuesday 29 November 2022 were approved as a true and accurate record of the meeting, subject to a minor amendment under 3.2.	
1.5	Matters arising from previous meeting	
	The Board discussed the actions the action log and agreed to close action B42.	
2	Patient Story	
	<p>G Miflin introduced the patient story.</p> <p>Donors with rare blood types have been required to support unwell patients both nationally and internationally. NHSBT has played a central role in establishing and maintaining the systems and services which underpin this support.</p> <p>The patient story detailed two patients requiring support from the International Rare Donor Panel, one a young patient from Hong Kong and another an antenatal patient at risk of bleeding on delivery. Both patients' treatments were successful, and the story demonstrated the value of the International Rare Donor Panel and NHSBT's pivotal role in mobilising and delivering rare blood to other countries. The story also demonstrated the willingness and commitment of UK blood donors to help patients across the world.</p> <p>The Board discussed the reciprocal relationship of international blood banks and how NHSBT works with ultra-rare donors to ensure donations are only requested from them when required. It was also noted that NHSBT is starting to genotype more donors, which would increase the number of donors fully typed and thus increase the number of donors with rare blood types available to support these kinds of cases.</p>	
3.	For Assurance	
3.1	Chief Executive's Board and Board Performance Report	
	<p>W Clark introduced the report and extended her thanks to NHSBT staff's hard work over the last few months through industrial action, adverse weather and blood stocks, to maintain NHSBT's critical services. W Clark also thanked donors and patients who have been flexible and patient. NHSBT is currently focusing on building its blood stock resilience after having exited Amber alert before Christmas. NHSBT continues to prepare for industrial action which would directly affect NHSBT but also indirectly (e.g., train strikes and teacher strikes).</p> <p>NHSBT continues to make strong progress in its Plasma programme. A recent paper from UK Blood Services and international blood partners has concluded that UK plasma is as safe as any other plasma for the manufacture of medicines. Albumin has been approved to be manufactured from UK plasma, marking a significant milestone for the Plasma programme.</p> <p>NHSBT is reaching the end of its first phase of intentionally inclusive work, which has seen the successful implementation of different actions, such as anti-racism training for Board members. NHSBT will start a series of workshops across the organisation to design the next phase of the intentional inclusion work. Additional staff for the Diversity and Inclusion team has been approved and in the change programme for this work which would help drive delivery and improvements.</p>	

	<p>A Clarkson informed the Board on the recently published ethnicity differences report for Organ Donation and Transplantation. The report detailed that deceased donations from ethnic minority donors increased by 31%. There has been an increase of 61% on the previous year for living donors from an ethnic minority background but is still below pre-pandemic levels. There is a balance of transplantation rates and waiting list rates for ethnic minority patients, however White patients still have lower waiting times. Black patients have the longest waiting times so there is still progress to be made in this area. For Asian Heritage donors and patients in 2022; 3% were donors, 15% received a transplant and there is a further 18% on the waiting list. For Black Heritage donors and patients in 2022, 3% were donors, 9% received a transplant and 10% are on the waiting list. There is an ongoing work to increase consent rates and NHSBT is developing work on community engagement to support this.</p> <p>W Clark updated the Board on upcoming ballots and industrial action. The Chair highlighted that strikes not directly concerned with healthcare or the NHS will continue to affect NHSBT's services, such as teacher strikes. J Lewis extended her thanks to the staff who have prepared NHSBT for industrial action and the effective communication between staff, patients, donors and the Board.</p> <p>The Board discussed different opt-in/opt-out models utilised internationally and how deemed consent and the registry works in the UK. D Rose gave the Board an overview of the marketing and communications plan designed to support an increase in consent rates.</p> <p>W Clark introduced the Performance report which was taken as read. The Board requested a quantum graph to represent the RO gap for collections in further iterations of the report. (ACTION B46)</p> <p>The Board discussed cornea demand and donations. NHSBT would have to consider importing corneas in the short-term. The conversion rates in hospitals are very low and not improving. Historically, cornea has relied on discretionary approaches by colleagues in hospitals to ask patients and families to consider donating corneas. There are more people dying outside of hospitals now (for example in hospices). Therefore, NHSBT needs to change its approach in cornea retrieval and consider different systems.</p> <p>The Board discussed mandatory training and Personal Development and Performance Reviews (PDPRs). New starters receive their training before commencing work and completion rates are increasing across the organisation. A closer focus on mandatory training completion is seen at the Audit, Risk and Governance Committee (ARGC).</p> <p>The Board noted the Chief Executive's report and the Board Performance report.</p>	DR
3.2	Care Quality Commission Action Plan	
	<p>H Gillan provided an update on the progress of the CQC action log. The 'Shoulds' overdue actions were closed. There were two 'Musts' overdue, but it was noted that these were completed from NHSBT's perspective and awaiting final sign off at the appropriate committees or awaiting action from an external body. The Quality Directorate are reviewing the action plan on a regular basis and are documenting updates on QPULSE. There are some actions with close dates in January, but the Quality team are awaiting evidence to close them down. The CQC have agreed to a 2-month extension to complete the actions around Equality, Diversity and Inclusion (EDI), to allow NHSBT to provide evidence.</p> <p>The Chair thanked H Gillan for the work on the CQC Action plan to date.</p> <p>The Board noted the report.</p>	

3.3	Committee Assurance Reports	
3.3.1	<p>Audit, Risk and Governance Committee Assurance Report</p> <p>D Kelly presented the ARGC Assurance report. The Board discussed the role and importance of internal audit within NHSBT. H Gillan assured the Board that the Quality team are working with directorates to plan and improve the internal audit process. The Board noted the report.</p>	
3.3.2	<p>Clinical Governance Committee Assurance Report</p> <p>Professor Charlie Craddock presented the Clinical Governance Committee (CGC) Assurance report. The CGC met for their inaugural meeting in January for two hours. The Terms of Reference were approved in principle and the Committee discussed two Serious Incidents. The Board noted the report.</p>	
3.3.3	<p>People Committee Assurance Report</p> <p>Jo Lewis presented the People Committee Assurance report. the ongoing work on Strategic Risk 7 was highlighted and the Board was informed that further work was underway on this risk, which would be revisited at the February People Committee. The Board noted the report.</p>	
3.4	Finance Report	
	<p>M Taylor joined the meeting and co-presented this report with C Vincent. They reported a high level of confidence that NHSBT can remain within its financial envelope for the current financial year, with stable forecasts for most areas of the business. Blood and Group are spending above budget, with increased expenditure on blood supply, which was partially offset by lower than expected spend on transformation. Clinical services are performing better than budget, driven by lower staff expenditure and underspending on transformation.</p> <p>The Board discussed customers and the volatile market at Clinical Biotechnology Centre (CBC). NHSBT has not lost customers due to the delay in moving but has had reduced orders due to customers changing their minds. G Miflin updated the Board that the Langford site is being decommissioned. Some aspects of the move are delayed due to teams having to undertake dual-running of machines, validation of machines and the business-as-usual work. A new business development role has been brought in to support the move.</p> <p>The Board requested an update regarding the CBC business plans in 4-6 months' time. ACTION B47: GM to liaise with Company Secretary about which Board Committee to bring the CBC Business plan and agree a time scale.</p> <p>The Board noted the report.</p>	GM
3.5	Board Effectiveness Review Report	
	<p>The Chair thanked B Thomas for the considerable amount of work done on conducting the Board effectiveness review and drafting the report.</p> <p>The Board deferred discussion of the report to a Board seminar to be held before the next Board meeting in March to give sufficient time to discuss the report in detail.</p>	
4	For Approval	
4.1	Governance	
4.1.1	Standing Orders	
	<p>J Kidd advised that the Standing Orders were significantly amended when the previous review was done; therefore, the only revisions required reflected the new Board</p>	

	<p>Committee structure. The Standing Orders were reviewed by the ARGC at its meeting on 12 January 2023 and recommended them to the Board for approval.</p> <p>The Board approved the Standing Orders.</p>	
4.1.2.	Terms of Reference	
	<p>J Kidd presented the Terms of Reference for the ARGC, CGC and People Committee. The Terms of Reference have been reviewed by the various committees and they recommended them to the Board for approval.</p> <p>The Board discussed the engagement of NEDs for business cases and procurement and agreed these should be seen on an informal basis by NEDs rather than at Board committees. There was ongoing discussion on moving the reporting of management quality review (MQR) and regulatory radar to the CGC from ARGC.</p> <p>Subject to a final discussion on the reporting of management quality review and regulatory radar, the Board approved the Terms of Reference for the following Committees:</p> <ul style="list-style-type: none"> a) Audit, Risk and Governance Committee b) Clinical Governance Committee c) People Committee. 	
4.2	Workforce Disability Equality Standard	
	<p>D McKenzie introduced the paper. This item was presented by A Butterfield and J Harry. The Workforce Disability Equality Standard (WDES) data is based on a snapshot data capture from 31st March 2022. NHSBT need more staff to declare their protected characteristics on myESR (Electronic Staff Record) for reporting to be more accurate. This would allow NHSBT to improve its support for staff and increase the organisation’s understanding of staff experience. The paper demonstrates lower engagement scores than for NHSBT overall, spread across all engagement drivers. The progression of disabled staff within the organisation compared to data within the NHS is concerning. NHSBT aims to improve its dialogue with disabled staff. Staff should feel valued and confident about inclusive recruitment and reasonable adjustment processes. J Harry acknowledged that the language used in the questions asked within the snapshot survey vary between NHS organisations. This makes benchmarking NHSBT results against the wider NHS challenging.</p> <p>P Walton highlighted that staff response to surveys is part of a larger issue regarding how staff view themselves and how they view others. P Walton explained the social and medical model of disability and how the different models would affect declaration rates. P Walton highlighted the recent Diversity and Inclusion campaign, Count me In!, which aims to gain staff’s trust with regards to sharing sensitive information. This information cannot be seen by line managers and is only used for data generation. These data points support development of inclusive processes and policies.</p> <p>As the Executive sponsor of the Neurodiversity Network, A Clarkson reinforced the above commentary and highlighted the need for development in this area.</p> <p>The Board approved the report.</p>	
4.3	Workforce Race Equality Standard	
	<p>D McKenzie introduced the paper. This item was presented by A Butterfield and A Balson. A Balson provided an overview of the report and associated action plan. The paper set out what good race equality practice looks like. This included access to career</p>	

	<p>opportunities and progression and inclusive treatment in the workplace. The report showed poor results for Indicators 1, 4 and 9 and evidenced there was no concrete improvement in the disparity of these indicators.</p> <p>The Board discussed the inputs and corresponding actions. The Board requested the data be split geographically to give a regional view of racial disparities to highlight any problematic areas. (ACTION B48)</p> <p>J Lewis requested a publishable report be drafted by distilling the current WRES report.</p> <p>The Chair thanked J Harry and A Balson for their work on the WRES and WDES report.</p> <p>The Board:</p> <ul style="list-style-type: none"> a) Approved the report for actions to be undertaken by those accountable; and b) Approved the production of a publishable report with infographics for NHSBT's website regarding the NHSBT Workforce Race Equality Standard (WRES) 2022. 	DMcK
5	For Report	
5.1	Reports from the UK Health Departments	
5.1.1	England	
	<p>H McDaniel provided the Board with a verbal update from the Department of Health and Social Care (DHSC). H McDaniel noted how closely NHSBT and the Sponsorship team have been working to ensure blood stock resilience and service resilience to industrial action. H McDaniel extended her thanks to NHSBT for the rapid work and quick mobilisation of staff. DHSC submitted their closing statements to the Infected Blood Inquiry and now awaits the findings from the Inquiry.</p> <p>An all-staff event was held the previous week and the Chief Medical Officer provided some headline information of the current health picture in the UK. COVID and flu numbers and corresponding hospital numbers are decreasing which was received positively.</p> <p>Ministers are focused on addressing the backlog in the NHS at present and prioritising work on industrial action.</p> <p>The Board noted the report.</p>	
5.1.2	Northern Ireland	
	<p>J Hardy provided an overview of the report. Although the primary legislation to introduce deemed consent for organ donation in Northern Ireland received Royal Assent in March 2022, secondary legislation is required before the change in law can come into effect. As the secondary legislation requires the Northern Ireland Assembly to be sitting, it is not possible to complete the legislative process at this time. Unfortunately, this means that the planned commencement date of spring 2023 will be delayed. However, contingency plans have been developed with NHBST that would enable the new system to go live 12 weeks after the secondary legislation is passed whenever the Assembly returns. J Hardy extended her thanks to NHSBT who have supported this process.</p> <p>J Hardy noted that there is a strong online campaign by some charities asking the Northern Ireland Secretary of State to intervene to make the necessary secondary legislation in Westminster. However, the position remains that the Northern Ireland Assembly is required to pass the necessary legislation.</p> <p>The Board noted the report.</p>	

5.1.3	Scotland	
	<p>James How provided an overview of the paper. The Scottish Government is focused on taking forward actions in the Scottish Donation and Transplantation Plan 2021-26 (including on eye donation given that Scotland is seeing similar issues to NHSBT in this area). Work is ongoing on blood plasma for medicines, following meetings facilitated by the Welsh Blood Service and DHSC. Regarding the Infected Blood Inquiry, the Scottish National Blood Transfusion Service and the Scottish Government have both submitted closing statements and reiterated apologies.</p> <p>The Chair noted how well the devolved nations and NHSBT are working together.</p> <p>The Board noted the report.</p>	
5.1.4	Wales	
	<p>P Vernon introduced the report. The Welsh Government are concerned about a decrease in consent rates. There has been a deep dive into the issue between North and South Wales teams to try to understand the issue further.</p> <p>The Welsh Government is ready to lay the NHSBT Annual Report and Accounts before the Senedd as soon as they are ready for laying in Parliament.</p> <p>The Board noted the report.</p>	
5.2	Board Forward Plan	
	The Board noted the recently updated Board Forward Plan, and no edits were made.	
6	Closing Administration	
6.1	Any Other Business	
	<p>No other business was raised by the Board, and no questions were asked by those watching the livestream or members of the public.</p> <p>The Chair noted that Jo Lewis was standing down as NED and thanked her for all her contribution and hard work during her time with the organisation. The Board extended their thanks and well wishes for her future.</p>	
6.2	Close of Meeting	
	The Chair thanked everyone for their attendance and contribution.	
6.3	Date of Next Meeting	
	The date of the next meeting is Tuesday, 28 th March 2023.	