

**Minutes of the One Hundred and Twelfth Board Meeting in Public of NHS Blood and Transplant**  
 NHSBT Barnsley, Unit D, Capitol Wy, Dodworth, Barnsley S75 3FG  
 Tuesday 28 March 2023, 13:00-16:00

<b>Present</b>	Peter Wyman	Chair
	Charles St John	Non-Executive Director
	Prof. Charles Craddock	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
	Paul O'Brien*	Director of Blood Supply
	Rebecca Tinker*	Interim Chief Digital and Information Officer
<b>Apologies</b>	Prof. Deirdre Kelly	Non-Executive Director
<b>In attendance</b>	Brenda Thomas	Interim Company Secretary
	Claire Williment	Chief of Staff
	Fahim Ahmed	Co-chair, Disability and Wellbeing Network (DAWN)
	Tapiwa Songore	Interim Corporate Governance Manager (minutes)
	(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) Richard Rackham	Asst Director Governance and Resilience ( <i>item 3.5</i> )
	(Virtual) Matt Kay	Strategy Lead ( <i>item 3.6</i> )
	(Virtual) Anna Butterfield	Asst Director, Leadership, Performance and Culture ( <i>item 3.6</i> )
	(Virtual) Mark Taylor	Divisional Finance Director, Clinical, Planning and Performance ( <i>items 3.4, 4.3.4 and 4.3.5</i> )
	(Virtual) Holly Mason	Head of Organ Donation Marketing ( <i>item 4.1</i> )
	(Virtual) Helen Duggan	Asst Director, Marketing and Creative Services ( <i>item 4.1</i> )
		Two members of staff

\*Non-voting members of the Board

		<b>Action</b>
<b>1</b>	<b>Opening Administration</b>	
<b>1.1</b>	<b>Welcome and apologies</b>	
	The Chair welcomed everyone present, particularly Fahim Ahmed - Co-chair, Disability and Wellbeing Network (DAWN).  Apologies for absence were noted from Professor Deirdre Kelly, Non-Executive Director (NED).	
<b>1.2</b>	<b>Register of Interests</b>	
	No new interests were declared.	

<b>1.3</b>	<b>Board ways of working</b>	
	The Board noted the Board ways of working.	
<b>1.4</b>	<b>Minutes of the previous meeting</b>	
	The minutes of the meeting held on Tuesday 31 January 2023 were approved as a true and accurate record of the meeting.	
<b>1.5</b>	<b>Matters arising from previous meeting</b>	
	The Board discussed the action log and agreed to close the following actions: B41, B44, B46, B47 and B48.	
<b>2</b>	<b>Patient Story</b>	
	<p>Anthony Clarkson introduced the Patient Story.</p> <p>The Board welcomed a patient (Laura) who had two cornea transplants at Moorfields Eye Hospital about 10 years apart. Laura related how her life had been changed by the cornea transplants she received and was in no doubt that all aspects of her life, family, work and social, would have been different. Laura's mother had also benefitted from cornea donation, meaning that a remarkable two generations in one family were living with the benefits of eye donation.</p> <p>Laura expressed how grateful she was for the donors and their families. She would continue her work to spread awareness and understanding of the need for cornea donation as her way of giving back to society.</p>	
<b>3.</b>	<b>For Assurance</b>	
<b>3.1</b>	<b>Chief Executive's Board and Board Performance Report</b>	
	<p>Wendy Clark presented the Chief Executive and Board Performance Report noting that this would be the last report for the 2022/23 financial year. The Chief Executive provided the following highlights:</p> <ul style="list-style-type: none"> <li>• The delivering of products and services had continued at a 'managed level' through industrial action, bad weather and staff and donor illnesses. This was mainly due to the unwavering dedication by our people and the NHS flexibility to change.</li> <li>• Changing priorities which had contributed to some of the targets not being met, and this had underlined the importance of developing the Tissue and Eye Services Strategy. The Director of Donor Experience and Communications highlighted some of the challenges that had contributed to the donor targets not being met and the work underway to remedy that.</li> <li>• Work underway on People and Culture programme and the improvement in culture related to bullying harassment and racism. The CEO underscored the importance of focusing on the improvement plan and the organisation wide Our Voice survey would be launched in April to collect quantitative and qualitative feedback.</li> <li>• Innovation and growth in services including treatment of patients with sickle cell, work in genomics and cellular and gene therapies.</li> </ul> <p>The Board sought clarity on the timescales for recruitment which were at the highest level this financial year at 16.51 weeks. The Chief People Officer reported that the February half term holidays had impacted on recruitment timescales with a high proportion of vacancies taking significantly longer to progress through shortlisting and interview stages, however the metrics had started to improve, and focus was on driving further improvements.</p>	

	<p>The Board noted that most of the metrics for organ donors were not being met and the Director of Organ and Tissue Donation and Transplantation (OTDT) reported that this was mainly due to the reduction in consent rates and the pool of potential donors. Work was underway to identify the cause of the trend.</p> <p>The Board queried how 1.37m donors had been recruited for the STRategies to Improve Donor ExperienceS (STRIDES) research. The Research Ethics Committee (REC) approved trial used a trial design where the centres were randomised to interventions such as the use of an electrolyte drink instead of water. Anonymous data was reviewed on these donors with donors having the ability to opt out of their data being used.</p> <p>The Board noted that the percentage of completed personal development reviews were low and the Chief People Officer attributed to this to the time of the year where focus was on other elements of staff development.</p> <p><b>The Board noted the report.</b></p>	
<b>3.2</b>	<b>Care Quality Commission Action Plan</b>	
	<p>Helen Gillian presented the report highlighting progress being made against the Care Quality Commission (CQC) action plan, which was developed following the Well-Led and regulated activity inspections in June and August 2022.</p> <p>32 actions had been created to mitigate all six MUST (Well-Led) findings. 20 actions had been closed and there were no overdue actions. Significant progress was being made with the 16 SHOULD findings.</p> <p>The Board noted that Audit, Risk and Governance Committee had recommended an external review of the completeness of actions, and this was being taken forward.</p> <p>The Board <b>APPROVED</b> the proposed amendments to the eight actions and assurance was provided that the amendment to 'Should Do' Action 6 related to the Workforce Disability Equality Standard (WDES) would not de-prioritise work on the experience of LGBTQ+ and female staff.</p>	
<b>3.3</b>	<b>Committee Assurance Reports</b>	
3.3.1	<p><b>Audit, Risk and Governance Committee Assurance Report</b> The Board noted the assurance report from Audit, Risk and Governance (ARGC) Committee.</p>	
3.3.2	<p><b>Clinical Governance Committee Assurance Report</b> One new Serious Incident (SI) was recorded in this reporting period regarding a fault in an analyzer machine. A review had been completed with no patient harm reported. It was noted that The Patient Safety Incident Response Framework (PSIRF) Policy would be coming to the meeting in September.</p> <p>The Board noted the assurance report from the Clinical Governance Committee.</p>	
3.3.3	<p><b>People Committee Assurance Report</b> The Board noted the assurance report from the People Committee.</p>	
3.3.4	<p><b>Trust Fund Committee</b> The Committee considered the feasibility of growing the Trust Fund including governance.</p>	

	<p>The Board noted the report from the Trust Fund Committee and <b>APPROVED</b> the Committee recommendation to appoint Phill Huggon as Chair to succeed Charles St John, who has served the maximum term on the Board.</p>	
<b>3.4</b>	<b>Finance Report</b>	
	<p>Carl Vincent reported that the forecast had remained stable and there were no material changes in the forecast from the M10 finance report, with the overall net forecast being close to budget.</p> <p>There was a potential cost pressure relating to the 2022/23 Pay Proposal. If the offer in principle was accepted by the trade unions, this would impact the organisation by c£12m. The Department of Health and Social Care (DHSC) guidance had been sought on the source of funding for this additional cost.</p> <p>The Board <b>NOTED</b> the Finance report.</p>	
<b>3.5</b>	<b>Annual Board Assurance Framework - Assurance Mapping and Legislation Mapping Review</b>	
	<p>Richard Rackham joined the meeting to present the Annual Board Assurance Framework (BAF). The Board was provided with an update on the BAF risk scorings and the risks and issues for attention.</p> <p>The Board noted that following the Risk Workshop at the Board Seminar on 27 March 2023, the risks and mitigations on the Board Assurance Framework (BAF) would be refined in line with the discussions at the workshop and the risk narrative would be driven by the risk scores. The revised BAF would be discussed at the next ARGC meeting.</p> <p>The Board noted that compliance with legislative was not always evidenced, and assurance was provided that a key workstream for the Executives the coming year would be to elevate the actions taken on a daily basis to ensure legislative compliance was evidenced.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>3.6</b>	<b>People and Culture Programme- Status update</b>	
3.6.1	<p><u>Intentional Inclusion</u></p> <p>Deborah McKenzie introduced the report outlining the approach being taken towards achieving the vision of becoming a purposefully inclusive and anti-racist organisation. The Board welcomed Anna Butterfield and Matt Kay to update on progress and the key learnings to date.</p> <p>The Board commented that the recent media posts seemed to suggest the programme was not being taken seriously and sought clarity on how the approaches were driving change within the organisation. It was noted that the approaches had been developed using insight from previous work and the inclusion and anti-racist organisation framework was being co-produced with relevant stakeholders. The work was guided by evidence and feedback from colleagues, including from reports and surveys.</p> <p>Four workstreams had been established as follows:</p> <ul style="list-style-type: none"> <li>• <b>Workstream 1:</b> Co-create and launch an Anti-Racism Framework to provide NHSBT directorates, regional centres, leaders, and teams across the organisation the means to embrace the spirit of our anti-racism commitment, and the recommended actions to put these ideas into practice.</li> </ul>	

<p>3.6.2</p>	<ul style="list-style-type: none"> <li>• <b>Workstream 2:</b> Review and redesign our structures, systems, policies and processes to identify and eliminate systemic discrimination, racism and bias at NHSBT, starting with inclusive recruitment.</li> <li>• <b>Workstream 3:</b> Launch an organisational wide development offer to build knowledge, confidence and capability in being an anti-racist and intentionally inclusive organisation.</li> <li>• <b>Workstream 4:</b> Launch and embed our new behaviours to provide a clear set of expectations and definitions to underpin and support each other in being intentionally inclusive and anti-racist.</li> </ul> <p>The Board acknowledged the challenge facing the organisation and agreed that Board involvement was fundamental in progressing the work. The key was working collaboratively and transparently especially in response to the views of those that had been harmed. It was agreed that People Committee would have oversight of the work and a Seminar on inclusion would be arranged.</p> <p style="text-align: right;"><b>Action B49</b></p> <p><u>Leadership and Management</u></p> <p>The Board received a report on the approaches being taken to progress the Leadership and Management programme. The programme had been developed following a proposal from the Leadership Performance and Culture team (LPC) to develop the capabilities of the organisation's leaders both for the present and future needs and recommendations from the CQC Well Led inspection.</p> <p>The Board noted the progress to date and sought clarity on the structure and the number of staff involved with the management programmes. It was noted that about 650 people would be involved across all the programmes. The offer was meant to equip managers with the tools required to drive change within the organisation. Programmes for non-managers were still being scoped out.</p> <p>The Board agreed that engagement was a key part of the programmes and ensuring people felt heard and valued.</p> <p>A query was raised on training and whether any gaps had been identified in the appraisal process. It was noted that a broad suite of training was on offer, however research had suggested people were not partaking in some of training on offer and the need to identify training that staff would own and enhance leadership capability.</p> <p>The Board <b>NOTED</b> the report.</p>	<p>DMcK</p>
<p><b>4</b></p>	<p><b>For Approval</b></p>	
<p>4.1</p>	<p><b>Health of the Organ Donor Registry</b></p> <p>David Rose introduced the report and the Board welcomed Holly Mason and Helen Duggan to present the report seeking approval of the new approaches required to increase consent and grow the donor base and the key audiences to be targeted to reduce disparities and improve health inequalities</p> <p>The Board noted that new approaches were required due to a worsening situation on consent for organ donation and a growing transplant waiting list. Currently there was a dual system of consent. A registry for people to use to opt-in or opt-out of organ donation, and a system of deemed consent for those who do not register a decision. The approach required motivating individuals to register their decision on the Organ Donation Register (ODR) to provide their families with certainty to support their decision at a difficult time; and to reduce the number of families who are faced with a deemed consent decision.</p>	

	<p>The Board noted that the marketing budget could not support a national campaign; the focus would be on London, the Midlands, and north-west England where there were a high number of eligible deaths, lower consent rates and lowest proportions of the population on the ODR. This approach effectively targeted £/population marketing investment. Target groups would be those in older age groups (50-80 years) and from the lowest social economic groups, those of Black and Asian heritage. and women.</p> <p>The Board also noted the importance of developing data relationships with other Arm's Length Bodies (ALB).</p> <p>The Board <b>ENDORSED</b> the new approaches to increase consent and grow the donor base.</p>	
4.2	<p><b>Organ Utilisation Group Recommendations - Year one update</b></p>	
	<p>Anthony Clarkson presented the report seeking approval of the proposed approach for preparing the first meeting of the DHSC Implementation Steering Group</p> <p>The Board noted that the DHSC's Organ Utilisation Group (OUG) report complemented the UK Strategy Meeting the Need, meaning that work was already underway within NHSBT to support delivery of several recommendations. However, significant additional activity was required across NHSBT and other relevant organisations, to deliver the recommendations in full. To date, DHSC had confirmed funding for Clinical Leads for Utilisation for FY 2023/24, but no further funding was confirmed. DHSC was establishing an Implementation Steering group for Organ Utilisation (ISOU) and NHSBT was preparing for the first meeting on 18<sup>th</sup> April.</p> <p>The Board commended the team for a job well done.</p> <p>The Board <b>APPROVED</b> the following approaches:</p> <ol style="list-style-type: none"> <li>i. OTDT leads work within NHSBT to identify:             <ol style="list-style-type: none"> <li>a. supporting actions NHSBT will lead or support in line with ISOU steer.</li> <li>b. co-dependencies and priorities for action to support successful, timely delivery.</li> <li>c. resourcing requirements.</li> <li>d. how to maximise the potential benefits the publication of the OUG report offers to raise awareness of the need to support the resilience of the transplant service.</li> </ol> </li> <li>ii. As with all implementation work, placing the patient and carer voice at the centre of delivery will be essential in delivering those actions where NHSBT has a role in delivery.</li> <li>iii. Initial work should be completed quickly, so that NHSBT can attend the first meeting of ISOU with first thoughts on the delivery approach.</li> <li>iv. OTDT and DHSC will provide the Board with regular updates on delivery approach.</li> </ol>	
4.3	<p><b>Governance</b></p>	
4.3.1	<p><b>List of Policies for Board Approval</b></p>	
	<p>The Board received and <b>APPROVED</b> a list of policies proposed by the Executive Team, that require Board approval. The list was as follows:</p> <ul style="list-style-type: none"> <li>• Anti-fraud, Bribery and Corruption</li> <li>• Conflicts of Interest</li> <li>• Data Security and Protection</li> <li>• Dignity at Work</li> <li>• Disciplinary</li> <li>• Grievance</li> </ul>	

	<ul style="list-style-type: none"> <li>• Health, Safety and Wellbeing</li> <li>• Modern Slavery</li> <li>• NHSBT Environment and Sustainability Statement</li> <li>• Speak up (whistleblowing)</li> <li>• Safeguarding</li> </ul> <p><b>Post meeting notes:</b> <i>The PSIRF is a legal requirement and was therefore added to the list outside of the meeting.</i></p> <p>The Board agreed that the existing policies listed above should be shared with the Board for approval, whilst a timetable for updating and presenting them for approval was agreed.</p>	
4.3.2	<b>Campbell Tickell Board Effectiveness Review Tracker</b>	
	<p>The Campbell Tickell Board Effectiveness Review Report, which was issued in October 2021, made several recommendations regarding improvements which could be made both at Board level and at Audit Risk and Governance Committee level. The Government Internal Audit Agency (GIAA) conducted an audit of the Campbell Tickell Board Effectiveness Review Report, to provide assurance on the implementation of the recommendations made. During their audit, several areas for improvement were noted. This report detailed the actions that had been taken to close the recommendations made by the GIAA.</p> <p><b>[Post meeting notes:</b> <i>the tracker was reviewed by the Executive Team on 14 December 2022, not 9 November 2022, as stated on the cover report].</i></p> <p>The Board <b>APPROVED</b> the proposal to close the Campbell Tickell Board Effectiveness Review Recommendations Tracker.</p>	
4.3.3	<b>Process for the Appointment of Associate Non-Executive Directors</b>	
	<p>The Board had earlier discussed the need to introduce associate NEDs to complement the skills, diversity or number of the NEDs, or where there are gaps on the Board. The paper was presented for the Board to agree the process for the appointment of associate NEDs.</p> <p>The Board was asked to give consideration to having a patient voice on the Board. It was noted that this was most relevant on patient safety and there would be a patient representative on the Patient and Donor Safety Group.</p> <p>The Board <b>APPROVED</b> the nomination and appointment process, and terms of appointment of an associate NED. It was agreed that the Board Chair and the People Committee Chair should determine the need for an associate NED.</p>	
4.3.4	<b>Standing Financial Instructions</b>	
	<p>Carl Vincent introduced the report and invited Mark Taylor to update the Board on the amendment to the Standing Financial Instructions (SFIs). It was noted that the SFIs had been reviewed by the ARGC on 14 March 2023 and recommended for approval by the Board. The Board noted that the changes were predominantly administrative in nature.</p> <p>The Board <b>APPROVED</b> the Standing Financial Instructions.</p>	
4.3.5	<b>Scheme of Delegation</b>	
	<p>The Board noted that the proposed Scheme of Delegations was based on NHSBT's current delegations from the DHSC but it is likely they will be revised in the coming</p>	

	<p>period, partly as a result of the wider Transformation and Efficiency initiatives being asked of Arm's Length Bodies (ALBs).</p> <p>The Board <b>APPROVED</b> the Scheme of Delegation which had been reviewed and recommended for approval by the ARGC on 14 March 2023.</p>	
<b>5</b>	<b>For Report</b>	
<b>5.1</b>	<b>Reports from the UK Health Departments</b>	
<b>5.1.1</b>	<b>England</b>	
	Helen McDaniel updated the Board on the work underway in the implementation of the OUG and improving blood stock resilience, and conveyed thanks to the OTDT team for supporting the DHSC team.	
<b>5.1.2</b>	<b>Northern Ireland</b>	
	In addition to the submitted report, Joan Hardy updated the Board on the passing of 'Daíthí's Law' by the Northern Ireland (NI) Assembly in February 2022 and the initial discussions on the recommendations contained in the Organ Utilisation Report.	
<b>5.1.3</b>	<b>Scotland</b>	
	In addition to the submitted report, James How updated the Board on the ministerial changes in Scotland, the Transplant Recipient Support and Aftercare plan to issue a patient survey between April – June 2023 the Renal Education and Choices at Home and the Organ Donor Register figures in March 2023.	
<b>5.1.4</b>	<b>Wales</b>	
	In addition to the submitted report, Pat Vernon updated the Board on the organ donation and transplantation position for Wales and the progression of the recommendation from the Organ Utilisation report.	
<b>5.2</b>	<b>Board Forward Plan</b>	
	The Board noted the updated Board Forward Plan. The Chair urged executive directors to review the forward plan and ensure it is kept as a living document.	
<b>6</b>	<b>Closing Administration</b>	
<b>6.1</b>	<b>Any Other Business</b>	
	<p>The Board noted that the Workforce Adjustment policy had been co-produced with the DAWN Network and the Neuro Diversity Network and would be formally launched in April.</p> <p>There was a question from a member of the public, but because it related to an ongoing employment tribunal, the Chair ruled it inadmissible.</p> <p>The Board noted that this would be the last Board meeting for Charles St John. The Chair, on behalf of the Board thanked Charles for his contribution over the past seven years which has initiated progress in several areas during his tenure on the Board.</p>	
<b>6.2</b>	<b>Close of Meeting</b>	
	The Chair thanked everyone for their attendance and contribution.	
<b>6.3</b>	<b>Date of Next Meeting</b>	
	The date of the next meeting is Tuesday, 6 June 2023 at Tower Hotel, London.	