

Minutes of the One Hundred and Tenth Board Meeting in Public of NHS Blood and Transplant
etc. venues, Edgware Road London, and Zoom
Tuesday 29 November 2022, 14:00-16:00

Present	Peter Wyman	Chair
	Charles St John	Non-Executive Director
	Prof. Charles Craddock	Non-Executive Director
	Prof. Deirdre Kelly	Non-Executive Director
	Jo Lewis	Non-Executive Director
	Phil Huggon	Non-Executive Director
	Piers White	Non-Executive Director
	Wendy Clark	Interim Chief Executive Officer
	Carl Vincent	Chief Financial Officer
	(virtual) Dr Gail Mifflin	Chief Medical Officer and Director of Clinical Services
	(virtual) David Rose*	Director of Donor Experience and Communications
	Deborah McKenzie*	Chief People Officer
	Gerry Gogarty*	Director of Plasma for Medicines
	Janet Kidd*	General Counsel/ Company Secretary
	Paul O'Brien*	Director of Blood Supply
Rebecca Tinker*	Interim Chief Digital and Information Officer	
In attendance		
	Ben Hume	Assistant Director of Organ and Tissue Donation and Transplantation
	Brenda Thomas	Interim Deputy Company Secretary
	Claire Williment	Chief of Staff
	Iroro Agba	Assistant Director of Quality
	Katie Barrowclough	Board Secretary (minutes)
	Matt Clee	LGBT+ Network Co-Chair
(Virtual)	Guy Parkes	Head of Stem Cell Donation and Transplantation (<i>item 1.6 only</i>)
(Virtual)	Pav Akhtar	Chief Diversity and Inclusion Officer (<i>item 3.3 only</i>)
	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

*Non-voting members of the Board

		Action
1	Opening Administration	
1.1	Welcome and apologies	
	<p>The Chair welcomed everyone present to the One Hundred and Tenth Board Meeting in Public, particularly:</p> <ul style="list-style-type: none"> ▪ Iroro Agba, Assistant Director of Quality, who was deputising for Helen Gillan, Director of Quality ▪ Ben Hume, Assistant Director of Organ and Tissue Donation and Transplantation (OTDT), who was deputising for Anthony Clarkson, Director of OTDT. ▪ Claire Williment, newly appointed Chief of Staff ▪ Matt Clee, Co-chair of the LGBT+ Network <p>Apologies for absence were noted from Helen Gillan, Director of Quality; and Anthony Clarkson, Director of OTDT.</p>	

1.2	Register of Interests	
	The Register of Interests was updated in November 2022 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 27 September 2022 were approved as a true and accurate record of the meeting, subject to a minor amendment to paragraph two of section three.	
1.5	Matters arising from previous meeting	
	P White stated that he was not assured that the Action B42 from 29 th March 2022 pertaining to the business plan was closed and requested that it remain open until evidence of completion has been provided. The Executive Team (ET) will re-examine the scope of the initial ask, and it's predicted close date.	
2	Patient Story	
	G Mifflin introduced the item and G Parkes shared the patient story and corresponding video. The story was about a blood donor, Steven Dawkins, who was identified as a perfect human leukocyte antigen (HLA) matched donor for a retired fireman, Sal Parisi, from New York City. Sal was a 9/11 firefighter who developed leukemia after he retired. His life was saved after receiving a bone marrow transplant from Steven's donation. Sal's bone marrow transplant was successful and has extended his life. The two met earlier this year in New York and the Fire Department New York (FDNY) held a ceremony. The story highlighted the importance of international collaboration between global blood services and the success of the stem cell register.	
3.	For Assurance	
3.1	Chief Executive's Board and Board Performance Report	
	W Clark introduced the report, emphasizing the high levels of productivity at NHSBT since the last Board meeting in September. There has been considerable ongoing work on diversity and inclusion (D&I), including attaining the highest recruitment of Black heritage donors during Black History Month. NHSBT has signed a contract with Oxford Nanopore and will begin work to apply genomics to revolutionise the transplantation matching process, especially for those with rare blood types and from ethnic minority backgrounds. W Clark also highlighted the RESTORE trials where red blood cells are grown in NHSBT laboratories and then successfully transplanted into patients. NHSBT Plasma and several collaborative bodies have published a paper last week on the safety of UK plasma. Organ and Tissue Donation and Transplantation has completed its largest transplantation matching run since 2020 and is above its targets in live donor conversions. NHSBT is about to launch a pilot with a new marketing approach to improve deceased donor transplantation targets. In technology, NHSBT has launched the new e-recruitment platform, and selected a new partner and product for the new donor marketing platform which will transform much of how NHSBT engages with donors. Additionally, NHSBT has moved more of its aging infrastructure to the cloud which has increased cyber stability and agility. NHSBT has also successfully moved its passive data centre from Birmingham to Northampton. Investment in people and culture has continued, including delivery of several Let's Talk about Race webinars.	

	<p>P O'Brien updated the Board on NHSBT's most recent blood stock situation. A 4-week amber alert was called which successfully resulted in a reduction in demand of blood from hospitals. Workforce shortages are being addressed by recruitment to blood collection and processing and the current workforce is working overtime to expand collection capacity. Following the announcement of the amber alert, there was a large response from donors which has improved the current fill rate of sessions. However, the alert also provided frustration to donors who were unable to find an appointment.</p> <p>Planning for industrial action will soon commence.</p> <p>The Chair highlighted that this is the most resilient position NHSBT has been in for some time and extended his thanks to P O'Brien, NHSBT colleagues and its donors.</p> <p>D Kelly highlighted the work undertaken by C Williment and the Organ Utilisation Group (OUG) to maximise the potential for organ transplantation. The OUG had submitted recommendations to the Department of Health and Social Care (DHSC), with hopes to publish the report in January. C Williment praised the hard work of NHSBT and DHSC colleagues. H McDaniel highlighted that the DHSC sponsor team are working hard to prioritise this work with DHSC.</p> <p>D McKenzie provided the Board with an update regarding people and culture. The Our Voice staff survey will be relaunched in March/April 2023 and NHSBT has started to see some progress in areas of diversity and inclusion from work implemented earlier in the year.</p> <p>M Clee highlighted that NHSBT must listen to colleagues who are speaking up and ensure that Freedom to Speak Up Guardians are diverse. Whilst progress is being seen, NHSBT must nurture this to ensure its continuation.</p> <p>D Rose updated the Board on new donor recruitment numbers. There were between 40,000 and 50,000 new donors recruited since the September Board meeting, with notable increases in black heritage donors. The Communications team are prepared to issue communications to first time donors to ensure that they are prepared for their first appointment, and it is anticipated that the new blood typing home kit will help with engagement. D Rose emphasised that communications with donors is proactive and was increased when NHSBT was preparing to come out of amber alert. The new marketing platform will enable individualised communication.</p>	
<p>3.2</p>	<p>Clinical Governance Report</p>	
	<p>G Mifflin provided an oversight of a Never Event which occurred in September whereby three patients received organ transplantation which had the blood grouping labelled incorrectly. NHSBT procedure had been followed and the incorrect labelling of blood group occurred within the trust. NHS England have taken over the investigation and are ascertaining hospital timelines. The Board was informed that NHSBT had correctly followed procedure. This has been discussed with the NHSBT Sponsorship Team and DHSC, and there has been frequent communication with the hospitals.</p> <p>The Board was previously informed of a Serious Incident (SI) whereby a cornea had been transplanted and the patient later developed a problem. A growth was identified on the cornea and was concluded as a very rare fungal infection. The corneal preparation procedure has been modified to include anti-fungal treatment. Appropriate action has been implemented and SI will close soon.</p> <p>The Board was notified of another incident relating to a transmission of Hepatitis B which occurred when a patient received a transfusion which was infected with Occult Hepatitis B. This was discovered following a lookback after a donor was identified</p>	

	<p>following a previously notified transmission and the recipients of their other blood components traced. The implementation of anti-Hepatitis B core antibody testing which is currently being introduced will reduce the risk of a repeat SI to almost zero.</p> <p>The Board noted the report.</p>	
3.3	Gender Pay Gap Report	
	<p>D McKenzie introduced the report and welcomed P Akhtar to the Board. P Akhtar provided an overview of the report and informed the Board that the overall Gender Pay Gap, which NHSBT has a statutory duty to report, has reduced from 8% to 5.2%. This relates to the 12 months to 31st March 2022, versus the 31st March 2021, and is a snapshot of the organisation on that date. This analysis has been a collaborative effort between the D&I team, the Women’s Network, the Equality, Diversity and Inclusion (EDI) Council and the EDI Partnership Consultative Committee.</p> <p>NHSBT’s overall gender pay gap has reduced from 10% in 2020 to 8% in 2021 to 5.2% now, indicating a positive trend.</p> <p>Whilst there are signs of improvement in the bonus gap data, the reduction of disparity is largely due to the retirement of two individuals who received Clinical Excellence awards. This evidences that small changes in the workforce have a significant impact on the bonus gender pay gap at NHSBT as a small proportion of people are eligible for this. The Board requested that the report include the allocation of national and local Clinical Excellence awards.</p> <p>P Akhtar highlighted that once the comprehensive data has been disaggregated, a clearer picture of variance between geographies and directorates will be seen. Following which, the extent to which there is a ‘glass ceiling’ in the organisation will be determined. These insights will guide our action plans.</p> <p>M Clee highlighted the significance of data which illustrates the intersectional nature of D&I and development is needed in this area. The LGBT+ Network would welcome intersectional data.</p> <p>J Lewis flagged the importance of forensically looking at data and to ascertain why changes occur. This will ensure that progress is deliberate rather than due to change in circumstance.</p> <p>In the gender pay gap report for next year, the ESM award will be included, and this may impact NHSBT’s bonus gender pay gap.</p> <p>The Board noted the report.</p>	
4	For Approval	
4.1	Care Quality Commission Action Plan	
	<p>W Clark introduced this item and stated that NHSBT has worked hard over the last month to progress the Action Plan. I Agba gave an overview of the Action Plan and its creation and stated that it was a collaborative effort spanning multiple directorates and colleagues. I Agba outlined that NHSBT has a healthy working relationship with the Care Quality Commission (CQC) and anticipates challenge to the Action Plan which is usual practice.</p>	

	<p>M Clee stated that staff trust, and sentiment needs be considered to ensure actions are delivered in full. Cultural change will take a long time and metrics to measure progress must be considered and this should be communicated to staff frequently.</p> <p>Action: The Chief Executive Report should include an update on NHSBT’s progress pertaining to the Action Plan.</p> <p>The Board approved the CQC Action Plan, subject to minor amendments to be made outside of the meeting.</p>	
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 DHSC. Minister Neil O’Brien has been named as the new Minister for Blood and Organ Transplantation with Minister William Quince now the Minister for Life Sciences. Minister O’Brien is engaged with blood stocks and industrial action and receives regular updates.</p> <p>The Board noted the report.</p>	
5.1.2	Northern Ireland	
	<p>Joan Hardy provided an overview of the report and updated the Board on developments since its submission. Northern Ireland currently does not have an Executive and there may be some delay for laying the Organ and Tissue Donation (Deemed Consent) Act (Northern Ireland) 2022 legislation and its secondary legislation. The legislation does have priority to be seen at the Assembly.</p> <p>NHSBT is working with NI DHSC on scenario planning for Opt Out legislation process</p> <p>The Board noted the report.</p>	
5.1.3	Scotland	
	<p>J How provided an overview of the paper. The Chair thanked J How and the Scottish Government for the inclusion of the NHSBT-led eye retrieval work.</p> <p>The Board noted the report.</p>	
5.1.4	Wales	
	<p>P Vernon introduced the report and provided a short update on the submission. The Welsh Blood Service are seeing a reduction in sickness absence rates. Additionally, the Welsh Blood Service will be advertising for a full-time medical director shortly.</p> <p>The Board noted the report.</p>	
5.2	Board Forward Plan	
	The Board noted the Board Forward Plan.	
6	For Consent	
6.1	Finance Performance Report	
	<p>C Vincent gave an overview of the report to the Board and highlighted three areas. The plan at the start of the year was to overspend by £8m, funded from reserves derived from previous underspends. Since then, the financial position has deteriorated, due to three main areas: higher than expected pay rise; supporting blood supply challenges; and under delivery of efficiency plans. There remain some</p>	

	<p>downside/upside risks on expenditure, but the current forecast suggests that any increase in expenditure this year will need offsetting savings.</p> <p>B Hume provided the Board with an update regarding OTDT funding, including the confirmation from the DHSC of DCD funding this year. There was a discussion about the need to engage carefully with the DHSC on OTDT funding given the very tight funding position.</p> <p>The Board noted the report.</p>	
6.2	Governance Update	
	<p>J Kidd presented the report, noting that the one of the recommendations of the Campbell Tickell Board effectiveness review was to have a Governance Update as a standing item on the Board agenda. The report was taken as read.</p> <p>The Terms of Reference for NHSBT Board Committees will be presented to the Board in January. There will be an internal review of Board effectiveness, the report of which will be presented to the Board in January.</p> <p>The Board noted the report.</p>	
7.	Closing Administration	
7.1	Any Other Business	
	No other business was raised by the Board, and no questions were asked by those watching the livestream or members of the public.	
7.2	Close of Meeting	
	The Chair thanked everyone for their attendance and contribution.	
7.3	Date of Next Meeting	
	The date of the next meeting is Tuesday, 31 st January 2023.	