

Minutes of the One Hundred and fourteenth Public Board Meeting of

NHS Blood and Transplant

NHSBT, Filton, Bristol and MS Teams

Tuesday 25 July 2023 11:15 -14:45

Present	Peter Wyman	Chair
	Prof. Charles Craddock	Non-Executive Director
	Phil Huggon	Non-Executive Director
	Piers White	Non-Executive Director
	Rachel Jones	Non-Executive Director
	Stephanie Itimi*	Associate Non-Executive Director
	Bella Vuillermoz *	Associate Non-Executive Director
	Nicola Yates*	Associate Non-Executive Director
	Wendy Clark	Deputy Chief Executive Officer
	Anthony Clarkson	Director of Organ and Tissue Donation and Transplantation
	Carl Vincent	Chief Financial Officer
	Deborah McKenzie	Chief People Officer
	David Rose*	Director of Donor Experience and Communications
	Gerry Gogarty*	Director of Plasma for Medicines
	Paul O'Brien*	Director of Blood Supply
In attendance		
	Iroro Agba	Assistant Director of Quality
(Virtual)	Michael Hopkinson	Department of Health and Social Care, England
(Virtual)	Joan Hardy	Northern Irish Government
(Virtual)	James How	Scottish Government
(Virtual)	Pat Vernon	Welsh Government
(Virtual)	Andrew Angeli	Government Internal Audit Agency
	Rachel Meeke	Co-Chair of Women's Network.
	Ella Poppitt	Chief Nurse, Blood Supply <i>(Item 2.1 only)</i>
	Mary Gallagher	Session Sister, Bradford Donor Centre <i>(Item 2.1 only)</i>
	Mark Taylor	Assistant Finance Director Planning & Performance <i>(Item 3.2 only)</i>
	Richard Rackham	Assistant Director Governance and Resilience <i>(Item 3.3 only)</i>
	Brad Parker	Assistant Director, Strategy, Planning and People
	Graham Bowditch	Engagement Lead <i>(Item 3.7 only)</i>
	Jamie Parker	Head of OD and Engagement <i>(Item 3.7 only)</i>
	Tapiwa Songore	Interim Corporate Governance Manager
Apologies		
	Caroline Serfass	Non-Executive Director
	Jo Farrar	Chief Executive Officer
	Dr Gail Mifflin	Chief Medical Officer and Director of Clinical Services
	Helen Gillan*	Director of Quality
	Rebecca Tinker*	Interim Chief Digital and Information Officer

*Non-voting members of the Board

		Action
1	Opening Administration	
1.1	Welcome and apologies	
	The Chair welcomed everyone to the One Hundred and fourteenth Public Board meeting, particularly Bella Vuillermoz and Nicola Yates, Associate Non-Executive Directors, attending their first NHS BT Board meeting and Rachel Meeke, Co-Chair of Women's Network. The Chair also welcomed Andrew Angeli from Government Internal Audit Agency (GIAA) attending as part of the Corporate Governance audit.	
1.2	Register of Interests	
	The Board noted the Register of Interests, and no new interests were declared. No conflicts of interests were declared on items on the agenda.	
1.3	Minutes of the previous meeting	
	The minutes of the meeting held on 6 June 2023 were approved as a true and accurate record of the meeting.	
1.4	Matters arising from previous meeting	
	<p>The Board noted the action log and agreed to close actions B50 and B52. It was noted that Job Description for the Chair of the Forward Together Programme would be circulated to the Board.</p> <p>The Board discussed the ideal size of a donor database and agreed this would be discussed at a future Board meeting.</p>	Deb McKenzie
2	Patient Story	
2.1	Patient Story	
	<p>Paul O'Brien introduced the Patient story and the Board welcomed Ella Poppitt and Mary Gallagher to present. Ella and Mary informed the Board of an incident where frontline Mary Gallagher and staff in Blood Donation had identified a vulnerable adult and escalated their concerns to ensure the individual received appropriate support. Mary Gallagher and colleagues had been commended for their caring nature by the Police and Social Services. The case demonstrated an example of due diligence and appropriate escalation in relation to NHSBT's statutory duties for Safeguarding and Prevent and was being used as a case study to train other teams on NHSBT's duties.</p> <p>The Board thanked Mary and Ella for the story and the way the case was handled. The Board asked whether support was available in case it was required, and Mary reported that the supervisor and a colleague on shift would offer support if required.</p> <p>The Board pointed out the challenges experienced when making referrals of this nature and sought to find out the level of support afforded to Mary in escalating the referral. Ella reported that Mary was experienced in handling referrals from her other roles, and that was why the case was being used for training.</p> <p>The Board thanked Ella Poppitt and Mary Gallagher for the story.</p>	
3.	For Assurance	
3.1	Chief Executive's Board and Board Performance Report	
	Wendy Clark presented the CEO report, and highlighted the key priorities for the CEO which were People, Delivery and Innovation. The CEO report had been structured around these themes.	

People

Wendy Clark reported on the following:

- Thanked the Board for attending the Equality, Diversity and Inclusion (EDI) Seminar to hear about the priorities from each of the EDI lead and their sponsors.
- The results from the Our Voice survey which would be discussed as a separate agenda item.
- The deep dive into the Forward Together programme and the focus on becoming an intentionally inclusive and anti-racist organisation. The pace of progress hasn't been as fast with some gaps identified and adjustments would be agreed with the Executive.

Delivery

- Good progress with the 'Future Proofing Blood' programme which continued to deliver its objectives to improve resilience in the blood supply chain.
- NHSBT had exceeded the deceased organ donor target in the first three months.
- The executive team have reviewed targets within the Performance Report. Discussions were held on Plasma collection targets, the size of the donor base and income for the Clinical Biotechnology Centre. Discussions were continuing and a proposal to adjust some targets would come to the September Board.

Innovation

- The Pathology Strategy which had been approved by the Board.
- The recruitment into the 'Our future health' research programme.

The Board expressed concern at the levels of cancellations for donor sessions, which incurred a cost to NHSBT and was a source of frustration to donors. Paul O'Brien reported that most of the cancellations were from the mobile teams and about fifty percent were mainly due to staff sickness or shortage of staff. A new robust model of working was going to be introduced. The other fifty percent were due to other unexpected incidents. David Rose added that the number of complaints on cancellations had dramatically reduced, and the post donation survey had also shown the same trend.

The Board noted that in recruitment, the time to offer had increased from 12.33 weeks to 12.61 weeks in May and sought the reasons for this. Deb McKenzie reported that this was due to the impact of a surge in levels of recruitment. The team were working to get a better understanding of the surges, to better respond to that. Priority was being given to frontline posts ahead of other areas, however a new model had been developed to ensure each business area had a dedicated recruitment team to look after their recruitment needs. The timescales between advert close, interviewing and time to offer had also been condensed and improvements were being made to meet the target of 11 weeks.

Clarity was sought on the timeframes for registered donors to become active, and David Rose explained that this was variable, with the average being around 90 days and operational resilience was the main determinant. Wendy Clark added that this was governed by the Blood Operations Leadership Team to ensure demand was met.

The Board requested an update on corneas and Anthony Clarkson reported an increase in the number of donations. The team are working with NHS England to increase the number of donors, and advanced discussions are underway on developing an enabling funding model. An update will be made to the meeting in September.

	The Board noted the report.	
3.2	Finance Report	
	<p>Carl Vincent introduced the report and the Board welcomed Mark Taylor to the meeting. Mark Taylor reported that the year-to-date position was surplus of around £4m and the full year forecast of a £9m deficit, an improvement of almost £11m from the original forecast reported in June. The forecast cash position was around £30m and the capital allocation of £20.5m had now been received from DHSC.</p> <p>The Board asked when the confirmation from DHSC on salary and pensions was expected and Mark Taylor reported that this was in their plans, and they would confirm when this would happen.</p> <p>The Board noted the importance of accelerating the business cases to ensure the capital allocation was fully utilised and to cover the backlogs. Carl Vincent highlighted that capacity within the teams would be the major challenge. The Board requested an update at the meeting in September. Action B54</p> <p>The Board noted the report.</p>	Carl Vincent
3.3	Annual Strategic Risk Register	
	<p>Richard Rackman joined the Board to present the Annual Strategic Risk Register. The Executive Team and Board members had reviewed the risks at workshops in March, and the recommendations had been incorporated. The Board Assurance Framework (BAF) had been changed in structure and appearance, and there was a realignment of some risks with new risks added to the list of principal risks.</p> <p>Risks 2A (service disruption – internal) and 2B (service disruption – external) had been merged into a single service disruption risk owned by the Director of Quality. Risk 10 had been added to cover service disruptions related to IT systems and services. Risks 5A (Financial Shortfall – sudden policy changes) and 5B (Stakeholder and partner support for strategic objectives) had been merged into a single risk 5 (Finance) which was owned by the Chief Financial Officer. Risks 10 (Service Disruption - Loss of Critical ICT), 11 (Reputation), 12 (Commercial Exposure) and 13 (Governance Failure) had been added to the BAF and more work would be done to provide information into these risks. Wendy Clark added that the Executive Team were still discussing Risks 10 and its status.</p> <p>The Board queried the risk scoring and why <i>P-02 Service Disruption</i> and <i>P-03 Change Programme scale & pace</i> risks with the same residual score were rated differently, one as amber and the other as red. Richard Rackman explained that this was determined by the organisation’s risk appetite which would be discussed further at the next Board. The main difference was on the treatment of risk. The Board queried why <i>P-07 Staff Capacity / Capability / Recruitment / Retention</i> was rated amber and whether the risk appetite in this area was right. It was resolved that this would be discussed at the People Committee. Richard Rackman added that the aim was to reduce all scores to green.</p> <p>The Board asked when the remedial actions for <i>P-02 Service Disruption</i> were expected to reduce the risk in line with the risk appetite, and when the Board would be notified. Paul O’Brien reported on the actions being taken which were expected to reduce the risk by end of September. The Board queried the timescale and Paul reported that this was due to the practicality of actions required to bring down the risk, which included putting policies together and training.</p>	

	<p>Piers White informed the Board that the Audit, Risk and Governance Committee (ARGC) reviewed the Risk Management Policy and had requested that the policy include the escalation process from the Senior Management Team (SMT) to the Executive Team, the Chief Executive and to the Board. The Risk Management Committee would also be bringing a report to ARGC outlining the changes in score to each risk.</p> <p>The Board commended the improved layout of the BAF thanked Richard Rackman for the work.</p> <p>The Board noted the report.</p>	
3.4	Care Quality Commission Action Plan	
	<p>Irero Agba presented the update on progress against the Care Quality Commission (CQC) action plan. Of the 32 actions raised to address the six MUST (Well-Led) findings, 29 had been closed. Two actions had been closed since the last Board. All actions for Blood Donation had been closed and IT were still exploring the feasibility of an app for staff reporting bullying, harassment, and discrimination concerns. Progress with the action plan was reviewed at Executive Team meetings.</p> <p>Other actions were still being progressed and the auditing of the Board level committee structure to provide assurance of their effectiveness would be completed in February 2024. The work on the Well Led domain would recommence and a gap analysis undertaken to identify any gaps and a report would be made to the Board.</p> <p>The Board sought assurance that these insights from the CQC, Freedom To Speak Up Guardian (FTSUG), Our Voice and the EDI networks were being used to inform the Forward Together Plan. Deb McKenzie reported that this was still work in progress and was being reviewed to ensure the themes were picked up in a confidential way. The insights from the forums would provide themes for the organisation to address.</p> <p>The Board sought assurance that training was being continuously rolled out to members new to the organisation and the Board. Irero reported that induction packs had been updated to ensure that happened. Deb McKenzie added that the induction and on-boarding processes had been updated.</p> <p>The Board sought assurance that the actions were providing the desired outcomes and whether this was validated externally. It was expected that the Well Led domain would be re-inspected to gauge the impact of the actions. The Our Voice survey was also used to get feedback from staff alongside the visits to various areas.</p> <p>The Board noted the report.</p>	
3.5	Committee Assurance Reports	
3.5.1	Audit, Risk and Governance Committee	
	<p>Piers White updated the Board on the discussions from the ARGC meeting on 13 July 2023. The Committee had discussed:</p> <ul style="list-style-type: none"> • The response from the Executive Team to the Internal Audit Report and Opinion and the recommendations made in the GIAA Risk Management Audit in April 2023. • The Risk in capacity and resources in Digital Data and Technology Service (DDTS) and the impact of power outages. • The Annual Health, Safety and Wellbeing (HS&W) Report. <p>The Board noted the report.</p>	

3.5.2	Clinical Governance Committee	
	<p>Charles Craddock presented the report from the Clinical Governance Committee (CGC) meeting held on the 14 July 2023. The Committee noted the</p> <ul style="list-style-type: none"> • The Serious Incidents in the quarter and the learning from them. • The review of the Committee to ensure more robust discussions. • The challenges with NHS emails. <p>The Board noted the report.</p>	
3.5.3	People Committee	
	<p>Peter Wyman presented the report from the People Committee meeting on 21 June 2023. The Committee had discussed.</p> <ul style="list-style-type: none"> • Fit and Proper Persons Regulations Report. • CQC Well Led Action Plan. <p>The Board noted the report.</p>	
3.6	Annual Health, Safety and Wellbeing Report	
	<p>Deb McKenzie presented the Annual Health, Safety & Wellbeing Report outlining the HS&W progress in the 2022/23 financial year, including information on accident, wellbeing performance and the HS&W strategy.</p> <p>The Board noted the report and approved the report for publishing on the website.</p>	
3.7	People and Culture Update - Our Voice Survey Results	
	<p>Graham Bowditch and Jamie Parker joined the meeting for this item. Deb McKenzie delivered a presentation on the results from the Our Voice survey. Key highlights were:</p> <ul style="list-style-type: none"> • participation in the survey increased from 56% to 63% which was above the NHS average. • Overall engagement score was 7.1, compared to 7.3 in 2022 which again was above the NHS average. • The results showed improvements in 13 of the 14 drivers of engagement and a slight decrease in one. • Progress in at least eight of the 14 drivers for colleagues with protected characteristics. • The Harassment and Bullying scores related to Managers and Colleagues have increased slightly by 0.2% to 13.2%. • Discrimination from Managers and Colleagues increased by 1.5% to 9.5%. <p>The Board sought clarity on the legitimacy of the data, the robustness of methodology and the validity of the results. Jamie Parker explained that the questions from the survey had been developed by experienced business psychologists and the modelling around benchmarks was created from international and government datasets. Deb McKenzie added that the response level means the data was statistically valid. Whilst the results did not paint the whole organisational picture they provide sufficient data sets to work with to develop action plans.</p> <p>The Board discussed the results in detail, and it was noted that the data collected would be used to develop the top corporate priorities which would be discussed at an Executive Team meeting. It was noted when the survey had ended, this was followed by a period of engagement with managers on the results from their areas and each</p>	

	<p>directorate would review their own data. The system was able to pick ‘key words and the themes from the verbatim comments were going to be shared with the Executive Team.</p> <p>The Board also noted that the disabled were the lowest scoring of all the protected characteristics. Once the survey had embedded, it could be possible to have the surveys more than once a year and there was scope for adding questions to the survey.</p> <p>The Board sought clarity on the monitoring and evaluation of the reverse mentoring scheme, and it was noted that an earlier version had been trialed in the People Directorate and a report presented to the Executive Team before the scheme was deployed. A set of questions had been developed to gauge its effectiveness.</p> <p>The Board sought assurance on the timescales for the resolution framework and it was noted that this was being developed in partnership with the Trade Unions and the timescales were being worked through.</p> <p>The Board noted the report.</p>	
3.8	Freedom To Speak Up Guardian Report	
	<p>The Board welcomed Brad Parker to present the Freedom to Speak Up Guardian Report highlighting the service activity and improvements for the period January to June 2023.</p> <p>The Board noted that the team capacity had been doubled and the FTSU Champions increased from five to 32. The top themes of concerns raised were bullying & harassment; inappropriate attitudes/behaviours, workload, and management/HR processes. Work was being done to increase awareness and improve the confidentiality of the service. Learning from concerns raised and addressing the underlying causes was key to achieving excellence as an organisation and would be useful in developing the Behaviours Framework, the Resolution Framework and training for managers.</p> <p>The Board noted that the policy had been reviewed in May and would be further reviewed when the Resolution Framework was in place. The Board also noted that the FTSU champions were trained to give confidence to staff and ensure they trusted the service. It was agreed that the People Committee would review the themes coming out from FTSU and the actions being taken to ensure confidence and trust in the service.</p> <p>The Board discussed the app and noted the main concern was data sharing and DDTs were exploring the options further. It was also noted that the FTSU service also housed the whistleblowing services although there were different routes and the email for non-Executives still existed and but was now called ‘Speak to a NED’. It was agreed that the Whistleblowing process/flowchart be brought to the Board.</p> <p>The Board noted the report.</p>	
3.9	Governance	
3.9.1	Governance Update	
	<p>Peter Wyman presented the Governance Update with some recommendations for the Board.</p> <p><u>Board Effectiveness review</u></p>	

	<p>The Board agreed to defer the review of the effectiveness of the Board committees to coincide with the internal Board effectiveness review at the end of 2023/early 2024.</p> <p><u>Trust Fund Committee</u> The Board approved the revised Terms of Reference for the Trust Fund Committee as recommended by the Trust Fund Committee, subject to one amendment. It was agreed that the compliance with the Charity Commission would be reviewed for the Fund.</p> <p><u>Board Committee membership</u> The Board approved the updated Board Committee membership, as detailed within the report.</p> <p><u>Board Skills and Capability Framework</u> The Board ratified the approval of the Board Skills and Capability Framework which the Board approved outside the meeting.</p> <p><u>Board Policies</u> The Board approved the addition of the following policies to the list of policies requiring Board approval: <ul style="list-style-type: none"> - Fit and Proper Persons Policy - Risk Management Policy The Board queried the timetable for approval, and it was agreed that the this could be expedited.</p>	
4	For Report	
4.1	Reports from the UK Health Departments	
4.1.1	England	
	Michael Hopkinson thanked NHSBT staff for the productive working relationship with the DHSC and the solid foundation for future work.	
4.1.2	Northern Ireland	
	Joan Hardy reported on the Northern Ireland promotional activity around deemed consent legislation, the Organ donation week and the outcome Organ Utilisation meeting.	
4.1.3	Scotland	
	James How reported on the preparation for the Donation and Transplantation Group meeting and a patient survey.	
4.1.4	Wales	
	<p>Pat Vernon reported on the following:</p> <ul style="list-style-type: none"> • The meeting on 10 July meeting with Jo Farrar, Peter Wyman and the Welsh Deputy Chief Medical Officer . • A meeting will be arranged for Jo Farrar with the Welsh Health and Social Minister and a visit to the Cardiff Transplant Centre. • Webinars to be arranged by Kidney Wales in collaboration with Kidneys UK. • The NHSBT Annual Accounts had been laid before the Welsh Parliament. • The launch of the five-year strategy for Welsh Blood Services. • A Request to attend the Board meeting from a member of the team. 	
4.2	Board Forward Plan	
	The Board noted the updated Board Forward Plan.	

5	Closing Administration	
5.1	Any Other Business	
	The Board noted that this would be the last Board meeting for David Rose, Director of Donor Experience and Communications. The Chair, on behalf of the Board thanked David for the invaluable contribution over the years and wished him well in his new role.	
5.2	Close of Meeting	
	The Chair thanked everyone for their attendance and contribution.	
5.3	Date of Next Meeting	
	The date of the next meeting is Tuesday, 26 September 2023 in Edinburgh.	

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