

Blood and Transplant

Minutes of the One Hundred and Fifteenth Public Board Meeting of

NHS Blood and Transplant

The Place Hotel, Edinburgh and MS Teams

Tuesday 26 September 2023 13:00 -15:30

Present	Peter Wyman	Chair
	Caroline Serfass	Non-Executive Director
	Phil Huggon	Non-Executive Director
	Piers White	Non-Executive Director
	(Virtual) Rachel Jones	Non-Executive Director
	(Virtual) Stephanie Itimi*	Associate Non-Executive Director
	Bella Vuillermoz *	Associate Non-Executive Director
	Jo Farrar	Chief Executive Officer
	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
	(Virtual) Gail Mifflin	Chief Medical Officer and Director of Clinical Services
	(Virtual) Helen Gillan*	Director of Quality
	(Virtual) Gerry Gogarty*	Director of Plasma for Medicines
(Virtual) Rebecca Tinker*	Interim Chief Digital and Information Officer	
In attendance	Brenda Thomas	Interim Company Secretary
	Helen McDaniel	Department of Health and Social Care, England
	James How	Scottish Government
	(Virtual) Pat Vernon	Welsh Government
	(Virtual) Joan Hardy	Northern Irish Government
	Nicola Thorn	Co-Chair of Neurodiversity Network
	(Virtual) Dean Neill	Assistant Director Planning, Performance & Stock Management
	(Virtual) Louise Hubner	Head of Education and Professional Development (Item 2.1 only)
	(Virtual) Mark Taylor	Assistant Finance Director Planning & Performance (Item 3.2 only)
	(Virtual) Balvinder Everett	Head of Equality, Diversity, and Inclusion (Item 4.1 only)
	(Virtual) Jo Harry	Equality, Diversity, and Inclusion Data Insights Manager (Item 4.1 only)
	(Virtual) Richard Rackham	Assistant Director Governance & Resilience (Item 4.4 only)
	(Virtual) Neil Powell	Environmental Manager (Item 4.6 only)
(Virtual) Tapiwa Songore	Interim Corporate Governance Manager	
Apologies	Prof. Charles Craddock	Non-Executive Director
	Paul O'Brien*	Director of Blood Supply
	Nicola Yates*	Associate Non-Executive Director
Public		
		One member of the public

*Non-voting members of the Board

		Action
1	Opening Administration	
1.1	Welcome and apologies	
	The Chair welcomed everyone to the 115th NHS Blood and Transplant (NHSBT) Board meeting in public, particularly Nicola Thorn, Co-Chair of Neurodiversity Network.	
1.2	Register of Interests	
	The Board noted the Register of Interests, and no new interests were declared. No conflicts of interests were declared in respect of the items on the agenda.	
1.3	Minutes of the previous meeting	
	The minutes of the meeting held on 25 July 2023 were approved as a true and accurate record of the meeting.	
1.4	Matters arising from previous meeting	
	The Board noted the action log and agreed to close actions B47, B51 and B54.	
2	Patient Story	
2.1	Patient Story	
	<p>The Board welcomed Louise Hubner to talk about her sister, Janet's corneal transplant journey. Janet was diagnosed with glaucoma in 2018 and she was listed for a transplant in 2021. She waited for over two years for her transplant and eventually had her transplant in February 2023. However, her postoperative recovery was not straight forward. She suffered immediate sight loss in both eyes and was in severe pain. Janet is seen regularly by her specialist team and her mental, physical and sight health is improving. She is waiting for her vision to settle before having an eye test for prescription glasses and she is back at work. Despite her difficult recovery Janet is hugely grateful to her donor and their family.</p> <p>The Board thanked Louise and Janet and noted the importance of understanding the patient journey.</p>	
3.	For Assurance	
3.1	Chief Executive's Board and Board Performance Report	
	<p>Jo Farrar presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • Visits to different centres, visiting the labs in Filton and Liverpool and meeting the teams and discussing what inspired and motivated them. • Denise Thiruchelvam would be joining the organisation as the first Director of Nursing in October. • The Workforce Race and Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap Reports were on the agenda for discussion. • The Fit and Proper Persons Regulations Policy had been reviewed and would be discussed and work was underway to identify a Wellbeing Guardian from one of the non-executive directors (NEDS). • The launch of a single registration and booking experience for blood and plasma services and the opening of two new centres in Birmingham and Reading. • The offer of a new genotyping test for all sickle cell and thalassemia patients. • The announcement by the Home Office and DHSC that a link for people applying for a passport would allow them to join the organ donation registry if they wished. 	

	<p>The Board sought to understand the impact of cancellation on donors' satisfaction levels and Wendy Clark acknowledged that the number of times that donors got cancelled had an impact on their satisfaction levels. A small number of donors had taken themselves out of donating as a result of having been cancelled multiple times. The blood operations leadership team were reviewing cancellations and a paper on the annual health of the donor base would be coming to Board in November.</p> <p>The Board asked for more details on the work with hospitals to manage blood stocks. Dean Neill reported that the work involved small-scale trials to look at better ways for managing inventory, particularly rare blood types. The other strand, related to the Transfusion Strategy 2024, was examining system wide approaches to better understand how much stock hospitals were holding in real time and manage instances of over ordering or under stocking.</p> <p>The Board expressed concern at some of the metrics, including the organ consent rate particularly amongst the ethnic minorities which had parallels to blood donation for minority groups. With regards to the time to offer, Deb McKenzie explained that the recruitment team had done an analysis to understand the spikes and there was a better understanding of the impact on performance. The aim was to streamline the processes to consistently deliver a target of 11 weeks. This would place the organisation in the upper quartile position when benchmarked against other NHS organisations.</p> <p>The Board sought clarity on the impact of the fit and proper person tests on recruitment time scales and it was noted this would affect Board level appointments only.</p> <p>The Board noted the report.</p>	
<p>3.2</p>	<p>Finance Report</p>	
	<p>Mark Taylor joined the meeting to present the Finance Report and reported the underlying year to date position was currently broadly in line with budget, with underspends in Group Services offsetting Blood Donation pressures. There was an increased cost pressures within Blood Services which was likely to increase the cost base by (c£5-6m). This was subject to a full Q2 reforecast.</p> <p>NHSBT had used higher level of cash from reserves and the deficit position would now increase to £21.5m. NHS England (NHSE) had requested the utilisation of cash reserves to meet additional pay inflation costs (versus receiving additional funding in year).</p> <p>It was unlikely that NHSBT would fully utilise this year's capital allocation and there was reasonable confidence in utilising around £15m capital against the allocated £21m. However, work was underway with the Department of Health and Social Care (DHSC) on the implications for 2024/25 to ensure the allocation was not lower than that required.</p> <p>The Board sought clarity on the overspend in blood supply and it was noted that this was due to staff and agency cost and this was being managed down to align with the budget. The Board requested an update on progress with the downward trajectory at the next meeting to be included in the CEO report.</p> <p style="text-align: right;">Action B55</p> <p>The Board asked whether there was a way of ring fencing the unused capital allocation and Mark Taylor explained that this was not possible as the year-to-year allocation was based on cash; however, NHSBT would ensure that DHSC recognise</p>	<p>Carl Vincent</p>

	<p>and understand the needs of the business as most of the capital spend was for replenishment and to support licensing and regulatory requirements.</p> <p>The Board noted the report.</p>	
3.3	People and Culture Update: Forward Together Programme	
	<p>Deb McKenzie provided an update on the Forward Together Programme and the work to deliver an intentionally inclusive anti racist organisation. The programme had had been officially launched internally with leaders for different work streams coming from within the organisation. Anthony Clarkson would be taking over as the Executive Sponsor for the programme to oversee the designing and embedding of all the work.</p> <p>The Board noted the update.</p>	
3.4	Care Quality Commission Action Plan	
	<p>Helen Gillan presented the CQC action plan and reported that of the 33 actions raised to address the 6 MUST (Well-Led) findings, 30 had been closed in total (1 more since the last update to the Board). All actions from the blood donation plan had been closed.</p> <p>There was an existing MUST action pertaining to Regulation 17 relating to expert-led training on anti-racism for the board. This had a target date of November 2023.</p> <p>The Therapeutic Apheresis Service (TAS) had completed the strategic outline case (SOC) for the procurement of a digital solution for its data and information management. This would be reviewed by Investment Committee in September 2023, which has resulted in a delay to close this action and an extension request for the review of TAS SOC to 30th September 2024. <i>[Post meeting note – this was approved at Investment Committee and therefore the action is now closed]</i></p> <p>The Board queried the closure of action on TAS Action tracker 3A which was about <i>ensuring that we have enough staff in all units and locations</i> when the report mentioned that 14 centres had insufficient staff. It was noted that this particular action related to one service area which was fully staffed, and assurance was provided that processes were in place to ensure staffing levels were adequate.</p> <p>The Board sought clarity on the appraisals done as the report referenced that PDRs were at 90%. It was noted that appraisals were due at different parts of the year and performance was monitored on a regular basis monthly in the performance executive meeting.</p> <p>The Board requested that the agreed cycle of Board and Committee effectiveness reviews be published.</p> <p style="text-align: right;">ACTION B56</p> <p>The Board approved the extension request for the review of Therapeutic Apheresis Service Strategic Outline Case (SOC to 30th September 2024).</p>	Brenda Thomas
4.0	FOR APPROVAL	
4.1	Workforce Race and Equality Standard/Workforce Disability Equality Standard Gender Pay Gap Report	
	<p>Deb McKenzie introduced the report and the Board welcomed Balvinder Everett to present the first single NHSBT Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap report, bringing together three separate reports. The Board noted that there were nine metrics for the WRES and 10 for the WDES and there was a well-established performance</p>	

framework within the NHS. The report had been running since 2018 for the WRES and 2019 for WDES.

The Board noted the improvements in the metrics, especially with black minority ethnic (BME) staff and disabled staff on Bands 8a and above, and the number of disabled people declaring their disability status. There was a significant improvement in disabled staff reporting that they had had the reasonable adjustments that they require in order to do their job. The number of BME staff and disabled people likely to experience the disciplinary had also declined and there were fewer disabled people being added into formal capability processes.

Bullying and harassment had increased across all staff groups and there were higher levels of reporting in BME and disabled staff.

The Gender pay gap had a mean of 5% and median of 3.5% and this was significantly below the NHS average.

Six priorities had been identified and these were:

1. Reduce the % of BME and Disabled staff experiencing bullying, harassment, and discrimination by 2%.
2. Increase the proportion of BME staff at Band 8a and above from 15% to 19% (in line with the overall BME workforce profile by 2027).
3. Close the ethnicity recruitment likelihood gap from 1.4 to 1.0 through the application of positive action measures.
4. Improve access to workplace adjustments for disabled staff from 55% to 60% by increasing manager awareness.
5. Improve access to career progression for protected characteristic groups through initiatives including Career Kickstart and leadership and development opportunities.
6. Grow and support our staff networks.

The Board discussed Priority 4 above and the importance of addressing access to workplace adjustments for all. It was noted that the aim was to create awareness, gradually increase access, remove any unfair barriers to reasonable adjustments and that staff could request them appropriately and get the right support. The Staff Networks were working create the awareness. It was agreed that the measure should record what it meant to record and be more ambitious.

The Board commented on the barriers to flexible working and the impact on women's careers and whether there was parity in the organisation. It was noted that this was reviewed and would be reported on when the full analysis was completed.

The Board asked for the measures in place to improve metrics on recruitment of BME staff which had not changed for almost six years. It was noted that the organisation was fully aware of the metrics, and a number of measures and activity were planned or in train to address that and this included diversifying, broadening and upskilling recruitment panels to influence decision making. These measures had proven to be successfully in other organisations.

The Board asked for the key areas that WINLAB could help drive the strategy and it was noted that the principles around WINLAB were to support the application of equity centered methodologies to design projects and programmes. Engagement with the Staff Networks and key staff was essential to the development of the workstream.

The Board enquired on the main drivers for discrimination at work, which was at 16.5%. Wendy Clark reported that the data available was helping in getting the insight

	<p>and it had been noted that BME staff were reporting higher levels of discrimination in a number of centres, namely, Colindale, Liverpool, Manchester and Tooting. The work done in Colindale had also identified a challenge with women reporting discrimination. The data would help in developing the interventions required.</p> <p>The Board approved the report for design and publication and endorsed the priority areas of focus.</p>	
4.2	<p>NHSBT 2023/24 Business Plan</p>	
	<p>Jo Farrar presented the 2023/24 Business Plan which was approved by both the Executive Team and Board in March 2023, after which it progressed to the DHSC for their sign-off. Approval was provided contingent on some amendments to the measures of success and metrics of Priority 3, <i>Invest in our people and culture to ensure a high performing, inclusive organisation</i>.</p> <p>Two performance targets had been identified as unachievable and one was to increase the blood donor base which was set in the business plan at 856,000. The proposal was to reduce that to 805,000. The second was related to plasma and the plasma supply agreement, which was aligned with the NHSE fractionator agreement, which required NHSBT to delay the initial supply of plasma to the fractionator until July 2024. This would reduce the targets by 20,000 litres.</p> <p>The Board queried the idea of accepting a target which was moving away from the Board's medium-term objective of increasing the number of donors. Assurance was provided that growing the donor base was dependent on having sufficient collection capacity to accommodate the right percentage of new donors. The challenge was that new donors were likely to get cancelled before giving blood and currently there were enough donors to meet demand. A report on the management of the donor base going forward would be coming to the Board in November.</p> <p>The Board</p> <p>a) Approved the revisions to the measures of success and metrics of Priority 3 <i>Invest in our people and culture to ensure a high performing, inclusive organisation</i> in the 2023/24 Business Plan approved by DHSC and Ministers.</p> <p>b) Approved the amendments to 2023/24 Business Plan targets proposed by Donor Experience and Plasma.</p>	
4.3	<p>Tissue and Eye Services Strategy</p>	
	<p>The Board received the Tissue and Eye Services Strategy for approval. It was noted that the Strategy had been discussed extensively at the Private Board meeting.</p> <p>The Board approved the Tissue and Eye Services Strategy.</p>	
4.4	<p>Risk Management Policy including Risk Appetite Statement</p>	
	<p>Helen Gillan introduced the Risk Management Policy including Risk Appetite Statement and the Board welcomed Richard Rackham to present the Policy.</p> <p>The Board noted that the Policy and the Risk Appetite Statement had been recommended for approval by the ARG. The Board discussed the Risk Appetite for People, and it was noted that this would be reviewed at the People Committee.</p> <p>The Board approved the Risk Management Policy.</p>	
4.5	<p>Fit and Proper Persons Regulations Policy</p>	
	<p>Deb McKenzie presented the Fit and Proper Persons Regulations Policy which had been developed in response to recommendations made by Tom Kark KC in his 2019</p>	

	<p>review of the FPPT (the Kark Review). The People Committee at its meeting on 6 September 2023 reviewed the policy and recommended the policy to the Board for approval. The FPPR Framework was published on 2 August 2023 alongside guidance for Chairs and for staff on implementation. NHSE expected elements of the framework to be used from 30 September 2023 with full implementation by 31 March 2024,</p> <p>The Board asked whether this applied to Associates NEDs, and it was noted that this applied to all members of the Board whether voting or non-voting.</p> <p>The Board approved the Fit and Proper Persons Regulations Policy.</p>	
4.6	Environment and Sustainability Statement	
	<p>Carl Vincent presented the Environment and Sustainability Statement which had been changed to reflect the appointment of the CEO. Neil Powell joined the Board to co-present the report. It was noted that the Sustainability Strategy for 2020 to 2025 was in place.</p> <p>The Board asked whether the Health and Social Care Act was applicable to NHSBT and whether NHSBT was required to produce a Green Plan as was the case with other NHS organisations. Neil Powell reported that some elements of the Act were applicable to NHSBT and while some of the elements were not legally applicable, stakeholders and customers frequently asked about sustainability issues. It was noted that sustainability was also an attraction to staff. The Board requested the deployment of resources towards the sustainability plan.</p> <p>The Board approved the Environment and Sustainability Statement</p>	
5.0	GOVERNANCE	
5.1	Committee Assurance Reports	
5.1.1	Audit, Risk and Governance Committee	
	<p>Piers White reported on the ARGC meeting on 14 September and highlighted the following.</p> <ul style="list-style-type: none"> • Review of the Indemnity cover and financial risk in Mesothelioma and Plasma • A deep dive into Principal Risk NHSBT-09 Non-compliance with Current or Emerging Regulations and the development of assurance map • The proposal to pass oversight of Mandatory Training to the People Committee. 	
5.1.2	People Committee	
	Peter Wyman reported meeting on 6 September 2023 and the development of the Freedom to Speak Up (FTSU) Policy.	
5.2	Board Skills Matrix	
	The Board noted the heat map from the Board Skills analysis.	
6	For Report	
6.1	Reports from the UK Health Departments	
6.1.1	Scotland	
	James How thanked the Board for coming to Scotland and reported on the transplant patient survey which had had gone live and the activities during the Organ and Tissue Donation Week.	

6.1.2	England	
	Helen McDaniel reported on the consultation on minimum service level agreements that had been launched, progress with the implementation of the Steering Group for Organ Utilisation and the link within the passport renewal system to organ donation.	
6.1.3	Northern Ireland	
	Joan Hardy reported on progress with the deemed consent, getting feedback from patients in the renal transplant system, the activities during the Organ and Tissue Donation Week and the ongoing promotional activities.	
6.1.4	Wales	
	Pat Vernon reported on the announcement by the Minister on the implementation of the SaBTo recommendations which would introduce more equitable questions with the donation of tissues and cells, the activities during the Organ and Tissue Donation Week, transplant symposium in Cardiff and the Wales transplantation advisory group meeting.	
6.2	Board Forward Plan	
	The Board noted the updated Board Forward Plan. The Board effectiveness plan would be added together with the Cyber Security exercise.	
7	Closing Administration	
7.1	Any Other Business	
7.1.1	Gail Miflin reported that the Clinical Governance Committee would be meeting later in the week. There had been two Serious incidents and the Board had been made aware by e-mail and the final report of the infected blood inquiry had been delayed.	
7.1.2	Deb McKenzie reported that it was national inclusion week, and the theme was take action, make impact .	
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, 28 November 2023.	