

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

Tower Hotel, St Katherine's Way, London and MS Teams

Tuesday 6 June 2023 12:45 -16:00

Present	Peter Wyman	Chair
	Caroline Serfass	Non-Executive Director
	Prof. Charles Craddock	Non-Executive Director
	Prof. Deirdre Kelly	Non-Executive Director
	Phil Huggon	Non-Executive Director
	Piers White	Non-Executive Director
	Rachel Jones	Non-Executive Director
	Stephanie Itimi (SI)	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
	Dr Gail Mifflin	Chief Medical Officer and Director of Clinical Services
	David Rose*	Director of Donor Experience and Communications
	Gerry Gogarty*	Director of Plasma for Medicines
	Helen Gillan*	Director of Quality
	Paul O'Brien*	Interim Director of Blood Supply
Rebecca Tinker*	Interim Chief Digital and Information Officer	
In attendance		
	Brenda Thomas	Interim Company Secretary
	Claire Williment	Chief of Staff
	Zeeshan Asghar	Co-Chair GRaCE Network
	Tapiwa Songore	Interim Corporate Governance Manager
	Helen McDaniel	Department of Health and Social Care, England
	(Virtual) Joan Hardy	Northern Irish Government
	(Virtual) Linda White	Scottish Government
	(Virtual) James How	Scottish Government
	(Virtual) Pat Vernon	Welsh Government
	(Virtual) Alexandra Ross	Cellular Apheresis & Gene Therapies Strategy Lead (<i>Item 2 only</i>)
	(Virtual) Julie Alexander	Director of Strategy (<i>Item 3.2</i>)
	(Virtual) Mark Taylor	Assistant Finance Director Planning & Performance (<i>Items 3.3 and 3.4</i>)
	(Virtual) Ruth Saunders	Assistant Director Talent Acquisition and Recruitment (<i>Item 3.7</i>)
		One member of staff and one member of the public

		Action
1	Opening Administration	
1.1	Welcome and apologies	
	The Chair welcomed everyone to the Board meeting, particularly Rachel Jones, Non-Executive Director (NED), Caroline Serfass (NED), Stephanie Itimi, Associate NED, and Jo Farrar, Chief Executive Officer (CEO) who were all newly appointed and were attending their first Board meeting. The Chair also welcomed Zeeshan Asghar who was representing the Networks, and the member of staff and member of the public who were in attendance.	

	The Chair thanked Wendy Clark for an excellent job done over the last nine months, whilst she was interim CEO.	
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 28 March 2023 were approved as a true and accurate record of the meeting.	
1.4	Matters arising from previous meeting	
	The Board agreed to close action B49 but advised that action B47 should remain open until the action was done. Action B47 was scheduled for September, not July.	
2	Patient Story	
	<p>Gail Miflin introduced the Patient story and the Board welcomed Alexandra Ross to the meeting. Alexandra informed the Board of a successful cord transplant for monozygotic twins who had been diagnosed with Hurler syndrome soon after their first birthday. The donor stem cells had engrafted by sixteen days after receiving their hematopoietic stem cell transplants and they remained disease-free, with no graft versus host disease and with full donor chimerism. The story highlighted the collaborative ways of working between NHSBT and transplant centres and the versatility of cord blood as a source of stem cells.</p> <p>The Board members asked if there were any difficulty getting donors from mothers. It was noted that there was a low refusal rate and NHSBT staff in maternity worked hard to build up relationships with midwives and other healthcare professionals. They would also be speaking to the donors and answering questions that come up including on barriers. Feedback to the donor was also provided on the usage. The Board noted that the UK Stem Cells Strategic Forum report would be formally launched in June 2023.</p> <p>The Board thanked Alexandra for the uplifting story, and her role in helping to establish the impact transplant trials network and accelerating clinical trials. The Board noted the importance of developing a facilitative role on clinical trials aimed at creating evidence base for cord blood.</p> <p>The Board noted the Patient Story.</p>	
3.	For Assurance	
3.1	Chief Executive's Board and Board Performance Report	
	<p>Jo Farrar expressed delight at being able to start her role and thanked Wendy Clark for her work in the last nine months to build a stronger platform. She reported that she would be focusing on people and culture, delivery, and innovation.</p> <p>Jo Farrar invited Wendy Clark to present the Chief Executive's Board and Board Performance Report. Wendy reported on the following.</p> <ul style="list-style-type: none"> • Work with the devolved nations on the opt out legislation which had now gone live in Northern Ireland. This was an important milestone as all four nations had an 'opt-out' system. • The work on updating organ donation preferences in the NHS App in Wales. • Progress in addressing health inequalities including the launch of Community Grants Programme to fund community, faith, and belief organisations to deliver projects that encouraged more Black and Asian people to become donors, and the plans for the new donor Centre in Brixton. 	

	<ul style="list-style-type: none"> • Work to stabilise stocks, the Future Proofing blood programme to increase capacity and the campaign activity planned for National Blood Week commencing on 12 June. • Consent for organ and tissue donation which had improved and the current discussions with NHSE to reduce the cornea transplant backlog. • The risk of further industrial action with the Royal College of Nursing (RCN) and UNITE unions balloting their members. • Work to deliver the people agenda, the Forward Together program and the improved recruitment metrics. • The results of the Our Voice Survey which would be discussed at the July Board meeting. <p>The Board observed that some targets which had not been met and did not have remedial plans and questioned whether targets were aspirational. It was noted that all the targets were developed as part of the Business Plan approved by the Department of Health and Social Care (DHSC) and Ministers and the DHSC sponsor team would hold NHSBT to account through monthly, quarterly, and annual meetings against these targets, some of which were not entirely within NHSBT control.</p> <p>The Board queried the need for an Independent Chair for the Forward Together Programme; it was explained that the role was to provide independent challenge and reassurance on the intentionally inclusive and anti-racist programme. It was agreed that the job title is changed to Independent Reviewer. The Board requested that the Job Description be circulated to the Board.</p> <p>The Board requested further information on the plans to improve the metrics on the 'Grow and diversify our donor base'. David Rose reported that a focus on stock for the past 12 months had limited the opportunity to grow the donor base as prioritising current donors impacted on operations. Instead, focus had been on diversifying the donor base through new marketing campaigns (such as launched in National Blood week) and creating new platforms for recruitment (such as with cheek swabs to help recruit new stem cells donors from less well represented groups). The targets initially stated in the strategy last year were aspirational, and a number of further foundations need to be in place to create the conditions for growth.</p> <p>The Board sought clarity on the driver of the change BAF Risk P-02a Service Disruption, and it was noted that this was largely driven by the threat of industrial action.</p> <p>The Board noted the report.</p> <p>The Board</p> <ol style="list-style-type: none"> a) noted the report. b) agreed that the job title for the Chair for the Forward Together Programme to be changed to Independent Reviewer and the Job Description be circulated to the Board. <p style="text-align: right;">Action</p> <p>B50</p>	DMcK
3.2	NHSBT Strategy and service and functional strategies status	
	<p>The Board welcomed Julie Alexander for this item and Wendy Clark provided an overview of the report summarising the status of each service and functional strategy and a proposal to hold a Board Strategy review session in November, to assess the need for adjustments in the strategic direction.</p> <p>The Board discussed the proposal to hold a strategy review day in November and requested that the questions be framed and approved before the session. Also, that the</p>	

	<p>session should identify gaps in performance and resources required to achieve that outcome.</p> <p>The Board sought clarity on the intention and scope of the arm's length body review, and Helen McDaniel reported that this would be undertaken around September, however the scope was still to be clarified. Wendy Clark reported that NHSBT was working with the NHS Business Service Authority (NHSBSA) who had been through the review and one of the Executives would be attending an Executive Team (ET) meeting. The plan was to get the organisation ready beforehand. Julie Alexander added that the focus of the questions was on efficacy, efficiency, governance and accountability and some of the detail on NHSBT's governance and performance management. The exercise was expected to be labour intensive and would require significant resource. The Terms of Reference would map out the scope.</p> <p>The Board</p> <p>a) noted the report; and b) Approved the proposal for a Board Strategy review session in November.</p>	
3.3	Sustainability Strategy Update	
	<p>Mark Taylor joined the meeting for this item.</p> <p>Carl Vincent provided an update on progress in delivering the Sustainability Strategy 2015-2025.</p> <p>The Board noted that most of the ambition set out in the Sustainability Strategy covering the period up to 2025 had been delivered. The proposal was to set further stretch targets for the next two years up to 2025, and in parallel start work on a longer-term strategy to deliver the NHSBT Net Zero ambition. The supply chain would be critical to meeting this ambition, where NHSBT had influence but it would also be driven by regulation and the wider economy.</p> <p>Carl Vincent emphasised that future sustainability work needed to focus on climate resilience as well as carbon reduction, and the Board pointed out the importance of tackling other emissions and waste as part of a broad-based approach.</p> <p>The Board noted that NHS Trusts were required by the Health Social Care Act to develop a Green Plan. Clarity was sought on whether this applied to NHSBT, and the Board suggested linking with other organisations that have developed good practice in this area.</p> <p>The Board noted the report.</p>	
3.4	Finance Report	
	<p>Mark Taylor provided an update on NHSBT's financial outlook for 2023/24 and reported that the overall position was broadly on plan, although there continued to be significant risks.</p> <p>The key risk was in Blood Supply where the expenditure run rate was above plan, driven by the collection team and national operations (overtime and agency). Were this to continue at the same trajectory, there would be an unfunded pressure of c£5.0m for the year. Actions were in place to address this and would continue to be monitored carefully. Group Services, OTDT, Plasma and Clinical Services remained in line with expectation.</p> <p>The Board asked if the incremental staff pension costs were funded, as they had been in the years since the employer pension contributions were increased. Assurance was</p>	

	<p>provided that the DHSC were aware of the incremental cost, and there was reasonable confidence the funding would be provided.</p> <p>The Board sought clarity on the efficiencies that were required. It was reported that the efficiencies were being met by reductions to the budget envelope for each Directorate, and the reductions were subject to extensive review as part of the budget setting process.</p> <p>The Board sought clarity on the position with the Capital Plan. It was noted that a detailed plan for 2023/24 and 2024/25 had been developed. Over the years, the rate of expenditure had been marginally lower than the allocation, however there was a stronger and better plan for this year.</p> <p>The Board is noted the report.</p>	
3.5	Care Quality Commission Action Plan	
	<p>Helen Gillan provided an update on the progress being made against the Care Quality Commission (CQC) action plan, which had been developed following the Well-Led and regulated activity inspections in June and August 2022.</p> <p>Good progress had been made against the plan. Of the 32 actions raised to address the 6 MUST (Well-Led) findings, 26 had been closed (six more since the last update to the Board).</p> <p>A further action had been added to the Blood Donation plan to assign each NED to a Centre and the fixed and mobile donation teams associated with it, based, so far as possible, on the NED's geographical location. This would increase the visibility of NEDs and was also an opportunity for them to see for themselves what was happening on the ground.</p> <p>The aspirational target of having 50 Freedom To Speak Up (FTSU) champions had been reviewed. The number had increased from six to 31 and on review, 30 was deemed a reasonable number to provide sufficient coverage across the directorates. This was in the upper quartile of comparative organisations. There was a potential security risk identified with the implementation of a FTSU app, however there were sufficient control measures in place, and this did not pose an increased risk to staff. A request had been made for the extension for two of the therapeutic apheresis service (TAS) actions.</p> <p>The Board discussed the progress. Assurance was provided that meetings were held with the CQC on a monthly basis, and they were comfortable with the progress made. A gap analysis on the regulations to ensure compliance was planned.</p> <p>Board members stressed the importance of ensuring that objectives set were designed to achieve the intended outcome. Clarity was sought on some of the closed actions, and it was noted that the main ambition was for the organisation to be well led, closing the CQC actions and reflecting on what else could be done better.</p> <p>The Board</p> <ul style="list-style-type: none"> a) Noted the report. b) Approved the addition of a new action to assign NEDs to a site, centre and /or mobile team. c) Approved the request to reduce the target of recruiting 50 FTSU champion down to 30 and noted the possible delay pertaining implementation of a FTSU App. d) Approved the request to grant a three-month extension of TAS actions 2b and 2f. 	
3.6	Committee Assurance Reports	

3.6.1	Audit, Risk and Governance Committee	
	<p>Piers White updated the Board on the discussions from the Audit, Risk and Governance Committee (ARGC) meeting on 19 May 2023. The following points were noted:</p> <ul style="list-style-type: none"> ▪ There was a subset of activities that the organisation was exposed to not having insurance because the work was undertaken outside of the NHS. Work was underway to identify and review each of them to determine whether or not it was appropriate to self-insure. To access commercial insurance, Treasury permission was required. ▪ Work was underway to review the risk management processes throughout the organisation, following the risk management audit which scored poorly. ▪ The Committee discussed functional standards and agreed that it was not necessarily desirable to be 100% compliant with all functional standards in a short period, however a gap analysis was required to identify the gaps and close them. ▪ The Government Internal Audit Agency (GIAA) had assigned a limited internal audit opinion score despite the progress made so far. The Committee had noted the importance of demonstrating evidence of the progress made and closing recommendations in a timely manner. <p>The Board noted the report.</p>	
3.6.2	Clinical Governance Committee	
	<p>Charles Craddock and Gail Mifflin presented the report from the Clinical Governance Committee (CGC) meeting held on the 9 May 2023. The following issues were noted:</p> <ul style="list-style-type: none"> ▪ Two serious incidents that had been reported in blood donations. Gail Mifflin provided the details of the two incidents. ▪ A six months extension had been agreed with NHSE for the implementation of the Patient Safety Incident Response Framework (PSIRF). An update would be provided to the Board in September and the policy presented in January. ▪ A complaint had been made concerning whether consent had been effectively given by donors when blood was released for research studies. Assurance was given that the guidance issued by the Health and Tissue Authority was being properly followed. <p>The Board sought clarity on the contamination at the Clinical Biotechnology Centre (CBC) and it was noted that consultants had been commissioned to understand the root cause and corrective actions required.</p> <p>The Board noted the report.</p>	
3.7	People and Culture Programme- Status update	
	<p>The Board welcomed Ruth Saunders to the meeting and Deborah McKenzie introduced the report on work delivered to support Inclusive Recruitment in 2022/23.</p> <p>Ruth Saunders reported that focus was on securing a solid foundation for our inclusive recruitment. The team had been restructured to support the approach of managing vacancies and delivering services in the organisation and the changes would enable support to directorates in a different way, and support to hiring managers in a business partnering way. A new eRecruitment system had been introduced to enable better insight and NHSBT was now able to understand and analyse the related insights at every stage of the recruitment process, to a level that was impossible in the old system.</p> <p>The employee value proposition (EVP) had been developed to position NHSBT in a crowded market and an end-to-end diagnostic review of NHSBT's recruitment process would be undertaken. This would involve partnering with an external organisation to review the process, from going to the market, writing adverts, what the entire candidate</p>	

	<p>experience was, what the interview process looked like, how the selection decisions were made and how people are brought into the organisation.</p> <p>Zeeshan Asghar commented that the new process would be helpful in eliminating bias to a degree in terms of identifying people and encouraged that the end-to-end review look at how the whole application is assessed. The Network had identified internal progression as an important area to focus on.</p> <p>Board members commented that some of the networks, such as the LGBT network, had been pushing for the organisation to capture more characteristics as people go through the process. It was noted that this would be an opportunity to progress this work.</p> <p>The Board noted the report.</p>	
3.8	Annual Management Quality Review Report	
	<p>Helen Gillan presented the Annual Management Quality Review Report highlighting the performance against external inspection by the CQC, Medicines and Healthcare products Regulatory Agency (MHRA) and the Human Tissue Authority (HTA).</p> <p>Apart from the CQC inspection, no major findings had been identified by external regulators. The MHRA would be conducting a series of routine inspections in Tooting, Barnsley, and Colindale in June. Some issues with the donor safety check forms had been identified and the corrective actions put in place and these had been effective. Overdue actions associated with items in the Quality Management System continued to be a challenge and was being raised regularly at ET and Senior Management Team (SMT) meetings.</p> <p>The Board discussed the issue of overdue actions and the impact on productivity, noting that this had become a recurring issue and asked the Executive Directors to remedy the situation. The Board noted that a granular approach would be taken if progress was not seen in three months' time. Assurance was provided that no patients were at risk due to the overdue actions.</p> <p>The Board observed that another recurring theme was incomplete audit programs and associated actions. Both the GIAA internal audit plan and the clinical governance internal audit program were not completed. It was commented that the organisation was either setting programs of audits which were too large or too ambitious or not recruiting the audit resources needed to be able to get the planned work done on time.</p> <p>The Board noted the report.</p>	
4	For Approval	
4.1	Governance	
4.1.1	Conflicts of Interest Policy	
	<p>Brenda Thomas presented the Conflicts of Interest Policy which had been developed in response to the recommendations from the Campbell Tickell Board Effectiveness Review. The draft Policy was in line with NHS England's Guidance for Managing Conflicts of Interest and was discussed at the Executive Team meeting on 3 May 2023, and the feedback received from directors have been incorporated.</p> <p>The ARGC had reviewed the policy at its meeting on 19 May 2023 and recommended it to the Board for approval.</p> <p>The Board approved the Conflicts of Interest Policy.</p>	
4.1.2	Board Effectiveness Review Action Plan	

	<p>Brenda Thomas presented the Board Effectiveness Review Action Plan which had been developed to carry forward the recommendations agreed by the Board following the internal Board Effectiveness Review carried out in December 2022, the results of which were discussed at the Board seminar in March 2023. Progress of the action plan would be monitored by the ET and a progress report provided to the Board.</p> <p>The consideration being given to a future board session on NHSBT's statutory obligations, in conjunction with the DHSC Sponsor Team, was welcomed by Piers White.</p> <p>The Board agreed that the narrative for the action on the development of the long-term plan should be reworded following the discussions held earlier. Action B51</p> <p>Subject to the above proposed change, the Board approved the Internal Board Effectiveness Review Action Plan.</p>	BT
4.1.3	Board Committee Membership	
	<p>Brenda Thomas presented the proposed membership of the Board Committees for the NEDs. The appointment of two new NEDs has necessitated the need to review the Board Committee membership.</p> <p>The Board approved the NEDs Membership of the Board Committees.</p>	
5	For Report	
5.1	Reports from the UK Health Departments	
5.1.1	England	
	<p>Helen updated the Board on the first meeting of the Implementation Steering Group of the Organ Utilisation Group. The next meeting was scheduled for 11 July and discussions were underway to identify owners of the recommendations and actions. For the upcoming National Blood Week, the communication team were working on issues to raise the profile of the week.</p>	
5.1.2	Northern Ireland	
	<p>Joan Hardy reported on the implementation of Deemed Consent Legislation in Northern Ireland and thanked NHSBT for the advice and guidance that had been provided over the past three years. Claire Williment reported on the events and mood after the implementation of the legislation, which was well received.</p>	
5.1.3	Scotland	
	<p>James How congratulated Northern Ireland on the achievement of implementing the Deemed Consent Legislation and reported on the preparation for the Blood Week, the activities underway to support the Donation and Transplantation Plan for Scotland 2021-2026 and the appointment of a Scottish Research Transplant Manager.</p>	
5.1.4	Wales	
	<p>Pat Vernon congratulated Northern Ireland on the achievement of implementing the Deemed Consent Legislation and reported an increase in organ donors and transplants for 2023, the Wales Kidney Network workshop on Friday, 9 June on the effect of utilisation of kidneys and which recommendations they can take responsibility for specifically and the meeting on 26 May to discuss the proposed marketing strategy.</p>	
5.2	Board Forward Plan	
	<p>The Board noted the updated Board Forward Plan.</p> <p>It was agreed that Board policies should be added to the Planner. Action B03</p>	BT
6	Closing Administration	
6.1	Any Other Business	

	The Board noted that this would be the last Board meeting for Professor Deirdre Kelly. The Chair, on behalf of the Board thanked Deirdre for her invaluable contribution over the years and wished her well in her new role.	
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, 25 July 2023.	