NHS
Blood and Transplant

Board Meeting in Public
Thursday, 06 June 2024

Title of Paper	Board Policies Review		Agenda No.	4.4
Nature of Paper	☒ Official		☐ Official Sensitive	
Author(s)	Silena Dominy, Company Secretary			
Lead Executive	Helen Gillan, Director of Quality			
Non-Executive Director Sponsor	Piers White			
Presented for (tick all that applies)	☒ Approval ☒ Assurance		☐ Information* ☒ Update	

Executive Summary (max 300 word count)

Following the Board Effectiveness review undertaken in September 2021 (report issued in October 2021), principles for the selection of policies which require Board approval were approved by the Board on the recommendation of the Executive Team. An initial list of such policies was determined by the Executive Team and subsequently approved by the Board on 28 March 2023.
 	
A review has been undertaken to:
    a) Provide an update in relation to action taken to review and gain Board approval for the agreed policies.
    b) Consider whether the list of policies remains accurate and appropriate.
    c) Review the appropriate future structure of Board Level Policies.
    d) Consider the timeframe for the review of Board Level Policies.

Previously Considered by
28 March 2023: Principles for selection policies required to be approved by the Board, and initial list of Board approved policies agreed by Board. 16 May 2024: Audit Risk and Governance Committee considered the report and it was agreed that the list of Board Approved Policies should be revised to include separate policies in relation to Speak Up and Whistleblowing, otherwise ARGC recommend the revised list and policy format for approval. It was noted that a number of policies require discussion with the Trade Union which is scheduled for July, and therefore the People Committee would not review these until September. The timeframe for review of policies has been updated accordingly and is recommended to the Board for approval, by ARGC.

Recommendation	The Board is asked to: • note the update, • consider the recommendations in relation to additions to the list of policies for Board approval, • endorse the new format for Board Level Policies, and • approve the new annual timeframe for the review of Board Level Policies.

Risk(s) identified (Link to Board Assurance Framework Risks)
BAF Corporate Governance risk P-11

Strategic Objective(s) this paper relates to: [Click on all that apply]

☐ Collaborate with partners	☐ Invest in people and culture	☐ Drive innovation
☒ Modernise our operations	☐ Grow and diversify our donor base	

Appendices:	A – Schedule of Policy Approvals B – BLP Proposed Template

Board Policies Review

Introduction

Following the Board Effectiveness review undertaken in September 2021 (report issued in October 2021), principles for the selection of policies which require Board approval were approved by the Board on the recommendation of the Executive Team. An initial list of such policies was determined by the Executive Team and subsequently approved by the Board on 28 March 2023.

A review has been undertaken to:
   a) Provide an update in relation to action taken to review and gain Board approval for the agreed policies.
   b) Consider whether the list of policies remains accurate and appropriate.
   c) Review the appropriate future structure of Board Level Policies.
   d) Consider the timeframe for the review of Board Level Policies.

Principles for Agreeing Board Policies

The principles agreed for determining whether a policy requires Board approval are that generally, policies should be approved by the Board if specific regulation or legal requirement dictates that a Board should approve particular policies or statements.

Guidelines, protocols, plans, toolkits, procedures or documents that are operational in their content will not require Board approval and will be approved via the route prescribed for these documents.

Policies for Board Approval

The following policies were agreed to require Board approval by the Board in March 2023. Five of these policies have since been reviewed by the appropriate Board Committee and have thereafter been approved by the Board based on Committee recommendation. The remaining six policies are scheduled to be reviewed by the appropriate Board Committee at a future meeting, and will then be recommended to the Board for approval. All policies that have been determined to be Board Level Policies will have been reviewed by the end of September 2024.

Policy	Board Approved
Anti-fraud, Bribery and Corruption Policy	30 January 2024
Conflicts of Interest Policy (including Gifts and Hospitality Policy)	6 June 2023
Confidentiality and Data Protection Policy	26 March 2024
Dignity at Work Policy	*September 2024*
Disciplinary Policy	*September 2024*
Grievance Policy	*September 2024*
Health, Safety and Wellbeing Policy Statement	*September 2024*
Modern Slavery Statement	*July 2024*
Environment and Sustainability Statement	26 September 2023
Freedom to Speak up Policy	25 July 2023
Whistleblowing Policy	25 July 2023
Safeguarding Policy	*July 2024*

* Planned Dates for Review

Appendix A includes a schedule showing the ownership of the policies, the dates of the last Committee and Board review, and the proposed dates of the next review based on the recommendation set out later in this report.

The opportunity has been taken to consider whether the current list of Board policies remains appropriate.

It is considered that all policies previously determined to require Board approval should remain so. During the year a number of additional policies have been presented to the Board for approval, being:
- Risk Management Policy
- Fit and Proper Persons Regulations Policy/Process
- Patient Safety Incident Response Framework Policy.

It is recommended that these policies be added to the list of policies which require Board approval, but that in the case of the FPPR Policy/Process such approval be delegated to the People Committee, and in the case of the PSIRF Policy such approval be delegated to the Clinical Governance Committee.

The Trust Fund Committee currently approves a Reserves Policy and it is recommended that this policy be included in the list of policies which require Board approval but that the approval of such remain delegated to the Trust Fund Committee.

It is further recommended that an additional policy for Board approval be developed as a policy for Board approval via the Audit Risk and Governance Committee (ARGC), as follows:

- Audit Policy – In relation to External Audit this policy would set out clearly the areas that the ARGC should consider in relation to the provision of external audit services to NHSBT, eg. statutory/regulatory requirements, roles and responsibilities, appointment and removal, reviews of performance, independence including audit partner rotation and maximum terms of appointment. In relation to Internal Audit the policy would set out the framework in which internal audit provides objective and independent assurance and advice to NHSBT's Board and management.   The policy would include similar subject matter to that for external audit. It may be desirable for two separate policies to be developed rather than one policy incorporating both external and internal audit, particularly as there are separate executive leads for each.

Policy Format

A new Board policy prefix (BPL for Board Level Policy) is being allocated to each policy to make clear that the policies require Board approval.   Consistent policy structures would ensure that key information is included. The new policy structure is intended to include the following sections:

- Policy purpose including any legislation/regulations that the policy aims to comply with;
- Scope of application for policy;
- Policy statement and detail;
- Roles and responsibilities including Board/Board Committee oversight
- Training and awareness in relation to policy;
- Reporting in relation to policy;
- Related policies and procedures; and
- Policy review and compliance monitoring;
- Version Control and RACI view.

The proposed template for Board Level Policies can be seen in Appendix B. As policies are presented to Board Committees and the Board for future approval the new format is intended to be utilised.

An exception to the above structure is for Statement's of Intent eg Modern Slavery Statement, Health and Safety Policy Statement and Environment and Sustainability Statement. The format for these would be differ by their nature.

Timeframe for Policy Reviews

Policy review is most effective when it is undertaken regularly and proactively, rather than in reaction to an event. It is recommended that all Board Level Policies be reviewed annually. This approach will enable changes to laws or regulations to be considered together with organisational changes be they strategic, structural, technological or operational.

Currently there are a number of timeframes in use from annual to every five years.

Conclusions

Progress is being made in relation to Board policies being presented to the Board for approval and all previously agreed policies will have been considered by the Board by the end of September 2024.

Improvements to the structure and format of policies and the process for management of their review is recommended to be implemented as each Board Level Policy is reviewed by Board Committees and the Board.

Recommendations are being made in relation to the addition of a number of policies to the list of Board Level Policies, which were developed during the last year, and in addition to align with corporate governance best practice a new policy related to external and internal audit is recommended.

A consistent timeframe for the review of policies is recommended to ensure that changes can be considered where relevant, and to align with best practice.

Recommendations

The Audit, Risk and Governance Committee is asked to:
- note the update,
- consider the recommendations in relation to additions to the list of policies for Board approval,
- endorse the new structure for Board Level Policies, and
- approve the new annual timeframe for the review of Board Level Policies.

Silena Dominy
Company Secretary

APPENDIX A
Schedule of Policies Reviews

Ref	Policy	Responsible Director	Executive Team Review date	Reviewing Board Committee	Last Committee Approval	Last Board Approval	Comments	Next Review (based on annual cycle)
BOARD APPROVED ON RECOMMENDATION OF COMMITTEE								
BLP	Conflicts of Interest Policy	Director of Quality (Silena Dominy)	May 2023	Audit, Risk and Governance Committee	19 May 2023	6 June 2023	**APPROVED**	ARGC May 2024 Board June 2024
BLP-S	Modern Slavery Statement	Chief Financial Officer (Wendy Thorne)	January 2024	Audit, Risk and Governance Committee	-	-		ARGC / Board July 2024
BLP	Safeguarding Policy	Chief Nursing Officer (Andrew Broderick)	-	Clinical Governance Committee/CARE Committee	1 November 2012	-	Updated January 2022 but no clear Board approval	CGC / Board July 2024
BLP	Dignity at Work Policy	Chief People Officer (Chris Noakes)	-	People Committee	SPC 21 October 2021	-		People Com /Board Sept 2024
BLP	Disciplinary Policy	Chief People Officer (Chris Noakes)	March 2024	People Committee	SPC 21 October 2021	-		People Com /Board Sept 2024
BLP	Grievance Policy	Chief People Officer (Chris Noakes)	March 2024	People Committee	January 2018	-		People Com /Board Sept 2024
BLP-S	Health, Safety and Wellbeing Statement of Intent	Chief People Officer (Phil Tanner)	Signed by CE (JF) 23 June 2023	People Committee	-	-		People Com /Board Sept 2024
BLP	Speak up Policy	Chief People Officer (Rachel May)	-	People Committee	July 2024	25 July 2023	**APPROVED**	People Com /Board Sept 2024
BLP	Whistleblowing Policy	Chief People Officer (Rachel May)	-	People Committee	July 2024	25 July 2023	**APPROVED**	People Com /Board Sept 2024

Ref	Policy	Responsible Director	Executive Team Review date	Reviewing Board Committee	Last Committee Approval	Last Board Approval	Comments	Next Review (based on annual cycle)
BLP-S	Environment and Sustainability Statement of Intent	Chief Financial Officer (Kevin Cartwright)	-	Audit, Risk and Governance Committee	14 September 2023	26 September 2023	**APPROVED**	ARGC/Board September 2024
BLP	Risk Management Policy	Director of Quality (Richard Rackham)	July 2023	Audit, Risk and Governance Committee	13 July 2023	26 September 2023	**APPROVED**	ARGC/Board September 2024
BLP	Anti-fraud, Bribery and Corruption Policy	Chief Financial Officer (Duncan Boud)	-	Audit, Risk and Governance Committee	11 January 2024	30 January 2024	**APPROVED**	ARGC/Board January 2025
BLP	Data Security and Protection Policy	Chief Information Officer (Phil Chatterton)	-	Audit, Risk and Governance Committee	14 March 2024	26 March 2024	**APPROVED**	ARGC/Board March 2025
BLP	External Audit Policy (**recommended**)	Chief Financial Officer		Audit, Risk and Governance Committee				
BLP	Internal Audit Policy (**recommended**)	Director of Quality		Audit, Risk and Governance Committee				
APPROVAL DELEGATED TO BOARD COMMITTEE								
BLP	Fit and Proper Persons Regulations Policy	Director of Quality (Silena Dominy)	July/August 2023	People Committee	6 September 2023	26 September 2023 (as new)	**APPROVED**	People Com September 2024
BLP	Patient Safety Incident Response Framework Policy	Chief Nursing Officer (Andrew Broderick)	27 February 2024	Clinical Governance Committee	8 March 2024	26 March 2024 (as new)	**APPROVED**	CGC March 2025
BLP	Reserves Policy	Chief Financial Officer (Naomi Rae)	-	Trust Fund Committee	11 March 2024	N/A	**APPROVED**	Trust Fund March 2025

BLPxx/x – Title

NHS
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Copy No:
Effective date: DRAFT

Changes in this version, if updated from current version

Enter changes here. Reference the step that the change is within. Put changes to instructions in purple.

1. Policy Purpose

[This section should set out the need for the policy referencing any legislative/regulatory requirements that the policy is aimed at ensuring compliance with. Where possible provide a link to the official version of such legislation/regulations.]

2. Scope of Application

[This section should set out who must comply with the policy.]

3. Policy statement and detail

[This section should set out the high level policy position and main details of the policy. Avoid detailing procedures which should be followed. These should be set out in an accompanying procedural document. This section should include the consequences and process for any breach of policy.]

4. Roles and responsibilities

[This section should set out the roles and responsibilities for various individuals and groups of individuals, such as the Board of Directors, Board Committees, Executive Committees, Chief Executive, Corporate Governance Team, Clinical Governance Team, Quality Assurance Team, Line Managers, all Staff, etc. Ensure that clear responsibilities are shown together with the frequency required.

Set out the Board and relevant Board Committee's role in approving the policy and overseeing compliance with the policy.]

5. Training and awareness

[This section should set out arrangements in place to ensure awareness of the policy with those who are required to comply with it. Where specific training is required in order for compliance with the policy to be achieved this should be set out here.]

6. Reporting in relation to policy

[This section should set out any regular reporting and documentation that is undertaken in relation to the policy purpose, including the owner of the reporting, recipients and its frequency of review.]

7. Related policies and procedures

[This section should set out any related documents, policies and procedures that should be read alongside this policy, eg regulatory guidance, detailed processes, guidelines. Where possible provide a link to official up to date versions of related information.]

8. Policy Review and Compliance Monitoring

Element/Activity being monitored	Lead/roles	Reporting arrangements and frequency	Recommendations/actions
Policy review			
Assurance on Compliance			
Policy/process effectiveness			
Breaches			

[This section should confirm the owner of the various actions, the Committee or Group responsible for each element/activity and frequency of action and broadly what the action will entail.]

9. Version Control and RACI view

Version	Owner	Approved by and basis of changes	Approved Date	Effective Date	Date of Next Review

(R) Responsible	[State AD/Manager responsible for policy and compliance with it]
(A) Accountable	[State Executive Lead accountable for policy and compliance with it]
(C) Consultees	[State any individuals or teams that should be consulted in relation to the policy contents]
(I) Informed	[State those who should be made aware of the policy contents]

[This table should provide a summary view of roles and build a record of the various versions and changes made on each occasion.]