

Minutes of the One Hundred and Eighteenth Board Meeting in Public

of NHS Blood and Transplant

NHSBT Newcastle Centre, Holland Drive Newcastle

NE2 4NQ and MS Teams

Tuesday, 26 March 2024, 13:15 to 15:45

Present		
Voting Members	Peter Wyman	Chair
	Piers White	Non-Executive Director
	Rachel Jones	Non-Executive Director
	Ian Murphy	Non-Executive Director
	Prof. Lorna Marson	Non-Executive Director
	Penny McIntyre	Non-Executive Director
	Prof Charles Craddock	Non-Executive Director
	Dr 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
	Dr Gail Mifflin	Chief Medical Officer and Director of Clinical Services
Non-voting Members	Stephanie Itimi	Associate Non-Executive Director
	Bella Vuillermoz	Associate Non-Executive Director
	Nicola Yates	Associate Non-Executive Director
	Gerry Gogarty	Director of Plasma for Medicines
	Helen Gillan	Director of Quality
	Paul O'Brien	Director of Blood Supply
	Rebecca Tinker	Chief Digital and Information Officer
	Prof Denise Thiruchelvam	Chief Nursing Officer
In attendance	Brad Parker	Assistant Director, HR Strategy Planning and Change
	Mark Chambers	Deputy Director of Donor Experience
	Silena Dominy	Company Secretary
	Claire Williment	Chief of Staff
	Bekki Jeffs	Women's Network
	Tapiwa Songore	Interim Corporate Governance Manager
	Helen McDaniel	Department of Health and Social Care, England
	(Virtual) James How	Scottish Government
	(Virtual) Joan Hardy	Northern Irish Government
	Mark Taylor	Assistant Finance Director Planning & Performance <i>(Item 3.2 only)</i>
	(Virtual) Duncan Boud	Assistant Director – Financial Control <i>(Item 4.1 and 4.2 only)</i>
	(Virtual) Eleanor Ward	Head of Data Security, Privacy and Records Management <i>(Item 4.3 only)</i>
	(Virtual) Andrew Broderick,	Chief Nurse and Corporate Clinical Governance Lead, Clinical Services <i>(Item 4.4 only)</i>
	(Virtual) Richard Rackham	Assistant Director Governance and Resilience <i>(Item 5.1 only)</i>
Apologies	Deborah McKenzie	Chief People Officer
	Caroline Serfass	Non-Executive Director
	Kevin Francis	Welsh Government
Observers	One member of the public	

		Action
1	Opening Administration	
1.1	Welcome and apologies	
	<p>The Chair welcomed everyone to the 118th NHS Blood and Transplant (NHSBT) Board meeting in public, in particular: Ian Murphy, Lorna Marson and Penny McIntyre, the new Non-Executive Directors; Bekki Jeffs, Chair of the Women’s Network and Silena Dominy, the new Company Secretary, who were attending the meeting for the first time. Apologies were received from Deborah McKenzie, Caroline Serfass and Kevin Francis.</p> <p>The Chair reported that Network Chairs had been attending the Board since September 2022 and this has proved very valuable to the Board. The arrangement would be made permanent to ensure the presence of diverse perspectives and to foster engagement. He pointed out that including Network Chairs in Board meetings was not just a symbolic gesture; it was a strategic decision that enhanced the decision-making process and fostered inclusion, while driving positive change within the organisation.</p>	
1.2	Register of Interests	
	<p>Denise Thiruchelvam made the following declarations.</p> <ol style="list-style-type: none"> 1) Visiting Professor, University of Surrey. 2) Co-chair of NHS England Clinical Reference Group for Community Nursing. <p>The Register of Interest would be updated to reflect this.</p> <p>No other declarations were made, and no conflicts of interests were declared in respect of the items on the agenda.</p>	
1.3	Minutes of the previous meeting	
	The Board APPROVED the minutes of the meeting held on 30 January 2024 as a true and accurate record.	
1.4	Matters arising from previous meeting	
	The Board noted the action log, no actions were outstanding.	
2	Patient Story	
2.1	Patient Story	
	<p>Denise Thiruchelvam introduced the patient story, and the Board received a video of Donna Cullen, Head of Nursing, Plasma for Medicine having a conversation with Emma, a 37-year-old patient from Lower Earley in Reading. Emma developed the rare autoimmune disease chronic inflammatory demyelinating polyneuropathy (CIDP) and was diagnosed in January 2022. She had intensive treatment with immunoglobulin and the Board noted the impact that the use of immunoglobulin had made on Emma’s life.</p> <p>The Board noted the report.</p>	
3.	For Assurance	
3.1	Chief Executive’s Board and Board Performance Report	
	<p>Dr Jo Farrar presented the Chief Executive Report and highlighted the following:</p> <ul style="list-style-type: none"> • The Strategy and 2024/25 Business Plan, the 2024/25 Budget, the 2024-26 Transformation Investment Portfolio and the People Plan had all been approved at the Private Board meeting earlier in the day. 	

	<ul style="list-style-type: none"> • The Together Awards were held in February 2024. The winners and those nominated and shortlisted, were congratulated, in particular the NHS Cord Blood Bank in Colindale, who were awarded the 'Winner of Winners' and Colin Brown who won the Lifetime Achievement Award. • The 'Give Blood, Feel Good, No Sweat' campaign had led to a 13 per cent increase in weekly sign ups from late December to mid-February and significant increases in donors switching to both plasma and platelets. • The Medicines and Healthcare products Regulatory Agency (MHRA) had awarded licenses for processing of donated plasma which meant donated plasma could start being used for producing medicines for patients, reducing reliance on imported medicines. • The strong start of the year in Organ Donor Registrations, with nearly 75,000 opt-in registrations in January 2024 which had continued into February with opt-in registrations of over 65,000. • The open day at the new blood donor Centre site in Brixton had been very successful and was an example of NHSBT working collaboratively with local communities to design and deliver services. • The improved performance in growing and diversifying the donor base and more collaboration with partners. • Tissue & Eye Services (TES) income and Recovered Plasma for Medicine (rPFM), which were both ahead of target. <p>The Board observed that the total blood stock fell from 6.6 days of stock (dos) to 5.8 dos during February. It was noted that this was largely driven by falls in O Pos (5.9 dos to 5.1 dos) and AB Neg (6.5 dos to 5.2 dos). However, both stocks remained above minimum target levels. The teams were working to increase the number of collection sessions and to encourage donors to go into donor centres with spare capacity.</p> <p>The Board queried why the Cell and Gene therapy (CAGT) income was £2.91m (7.7%) behind budget after eleven months of the year. It was noted that this was driven by the Clinical Biotechnology Centre (CBC) income at £2.80m below plan. A bacterial infection temporarily closed plasmid manufacture at the start of the year, reducing production capacity (which could not be recovered in-year) and consequently income. CBC income was forecast to the end the year at £2.55m behind plan.</p> <p>The Board referred to the Black Heritage donor base which had a target of 3.1% (current performance was 2.6%) and sought clarity on the expected contribution from the new Brixton site, and other new sites. It was noted that the Brixton site was located in an area where there were black heritage populations, and the expectation was a growth in black heritage donors.</p> <p>The Board sought clarity on the performance of the consent rate for Ethnic Minority organ donations. It was noted that the performance was stable and there was a plan to achieve the target rate of 31%, after which a review of future targets would be undertaken.</p> <p>The Board noted the report.</p>	
<p>3.2</p>	<p>Finance Report</p>	
	<p>The Board welcomed Mark Taylor to present the Finance Report. The highlights of which were:</p> <ul style="list-style-type: none"> • £15.5m of the Capital Plan had been drawn down from the DHSC and there were plans in place to utilise these funds. For 2024/25, £21m had been allocated to the Capital Plan. • OTDT performed better than planned in cost terms, and the cash would be 	

	<p>carried forward to 2024/25 to support a combination of operational spend and some in-year developments.</p> <ul style="list-style-type: none"> • There was a higher level of plasma for diagnostics sales (£3m profiled across 2023/24 and 2024/25). This would form part of an improved cash reserve going into next year for rPfM. The cash reserves carried forward into 2024/25 would help in meeting the key milestones and support the transformation program to further develop the service. • The Investment Portfolio was now forecasting a spend of £6.0m (£5.5m lower than budget) of which, £0.8m was capitalised (as part of the capitalisation review) and a further £3.0m remained committed and ring fenced as part of the 2024/25 budget. • Confirmation that for the current year, NHSBT was working within its funding envelope. <p>The Board noted the report.</p>	
3.3	Care Quality Commission (CQC) Action Plan	
	<p>Helen Gillan presented the report to update on NHSBT's progress against the CQC action plan, following the Well-Led and regulated activity inspections in June & August 2022. All actions had now been completed and reviewed for effectiveness. The Chief Nursing Officer would now be taking over as the CQC nominated individual.</p> <p>The Board noted the report.</p>	
4.0	FOR APPROVAL	
4.1	Scheme of Delegation	
	<p>Carl Vincent presented the Scheme of Delegation and the Board welcomed Duncan Boud to the meeting.</p> <p>The Scheme of Delegation had been revised to align the delegations to the Chief Executive with the merger of the previous 'Projects' and 'Commercial Control' categories, into a combined 'Projects, Programmes and Commercial Expenditure' category, to address the current lack of clarity around the approvals required. This would align the Chief Executive's approval to the £10m previously applicable to the Commercial Control category, rather than the £3m applicable to the Projects category. The proposal had been recommended for approval by the Audit Risk and Governance Committee (ARGC).</p> <p>The Board approved the updated Scheme of Delegation subject to the incorporation of the amendments requested by ARGC on 14 March 2024.</p>	
4.2	Standing Financial Instructions	
	<p>Carl Vincent and Duncan Boud presented the updated Standing Financial Instructions. The main changes were in the responsibility for internal audit which was moving from the Chief Financial Officer to the Director of Quality, and the Deputy Chief Executive's responsibility for the Annual Business Planning. The amendments had been recommended for approval by the ARGC.</p> <p>The Board approved the updated Standing Financial Instructions subject to the incorporation of the amendments requested by ARGC on 14 March 2024.</p>	
4.3	Confidentiality and Data Protection Policy	
	<p>Rebecca Tinker introduced the Confidentiality and Data Protection Policy and the Board welcomed Eleanor Ward to co-present the paper. The Policy outlined the responsibilities, processes and procedures in place to ensure that the privacy and confidentiality of donors, patients, employees and other supporters of NHSBT were</p>	

	<p>respected and maintained. The policy was recommended by the ARGC for approval.</p> <p>The Board asked whether the current practices were sufficient in the implementation of the Policy, and it was noted that a mixture of training and communications to staff would be used to disseminate and implement the policy.</p> <p>The Board noted that the Chief Medical Officer and Director of Clinical Services was the Caldicott Guardian.</p> <p>The Board approved POL2/5 Confidentiality and Data Protection Policy.</p>	
<p>4.4</p>	<p>Patient Safety Incident Response Framework (PSIRF) Policy and Safety Incident Response Plan</p>	
	<p>Denise Thiruchelvam introduced the Patient Safety Incident Response Framework Policy and Safety Incident Response Plan, and the Board welcomed Andrew Broderick to co-present the report.</p> <p>The Board noted that the introduction of framework represented a significant shift in the way the NHS responded to patient safety incidents. There would be an increased focus on understanding how incidents happened, including the factors that contributed to them. A phased implementation had been developed to ensure a safer and more robust patient and donor safety system. The framework had been through a number of internal governance meetings including the PSIRF Delivery Group and the Clinical Governance Committee.</p> <p>The Board pointed out that a 'blame culture' had often been cited in other organisations and sought to establish the mechanisms in place to promote the duty of candour. It was noted that there would be a change in the reporting culture, and education and training was a key lever. Statutory training for senior leaders was being provided by NHSE and elements of the <i>Just Culture</i> would also be reviewed for incorporation into the framework.</p> <p>The Board queried the implications this would have for donors and donor safety. It was noted that the plan was to recruit patient and donor safety partners to join the Incident Review Group and be part of the governance structures as lay representatives. Their role would be to hold NHSBT to account and give a voice to service users. Focus would also be on learning from things that worked well, to enhance the processes in place.</p> <p>The Board queried the phased implementation and why OTDT had been chosen for the initial phase. It was noted that OTDT had a well-established clinical governance team, with the appropriate skills to be Learning Response Leads. The team was best placed to ask independent and a non-biased questions to assist in establishing processes that were effective, before rolling out to the rest of the organisation.</p> <p>Assurance was sought on the effectiveness of the proposed governance structure. It was noted that the structure reflected the current reporting lines and would be reviewed with oversight from the CGC.</p> <p>The Board inquired on the use of the risk assurance framework in clinical governance, and it was explained that the assurance framework and the three lines of defence model were also applicable to clinical governance. The CGC looked after two key risks associated with impact of clinical risk and there were different layers of assurance across the different components of the organisation, all that dovetailed to provide assurance. A safety score card would be developed to ensure monitoring and greater focus on key areas.</p>	

	<p>The Board</p> <p>a) Endorsed the approach to implementing PSIRF within NHSBT.</p> <p>b) Endorsed the approved PSIRF Policy.</p> <p>c) Endorsed the approved PSIRF Plan.</p>	
5.0	GOVERNANCE	
5.1	Board Assurance Framework (BAF)	
	<p>Helen Gillan introduced the report and the Board welcomed Richard Rackham to present the BAF.</p> <p>The Board noted that two risks remained outside the tolerance limit: P-02 Service Disruption and P-03 Loss of Critical ICT. P-02 scored 20 and was driven by the risk of the RAAC construction of the Southampton roof. Work was in progress to add further roof support to reduce the risk further and this would be completed in the coming month. P-03 Loss of Critical ICT was driven by the red status of Cyber Security contributory risk. Controls and actions were in place to contain and/or limit the damage that could occur in the event of a cyber-attack and review of the strategy was underway. It was noted that Principal Risk P-06 Clinical Outcome of Patients was being reviewed with consideration on whether this was the risk which posed a threat to the delivery of the strategy. A recommendation would be made to a future Board meeting.</p> <p>The Board observed that of the ten strategic risks, one was green, and the others were either amber or red and sought assurance on the delivery of the strategic objectives . It was confirmed that the risks were being mitigated generally and that the investment portfolio was likely to further mitigate some of the risks. It also was noted that a risk maturity workshop for the Executive Team was scheduled for the 2nd of April.</p> <p>The Board noted the report.</p>	
5.2	Governance Update	
	<p>The Board received the Governance Update seeking the approval of the revised Board Committee membership and the appointment of Ian Murphy as the nominated NED for Freedom to Speak Up / Whistleblowing.</p> <p>The Board approved the revised Board Committee membership and the appointment of Ian Murphy as the nominated NED for Freedom to Speak Up / Whistleblowing.</p>	
5.3	Committee Assurance Reports	
5.1.1	Audit, Risk and Governance Committee	
	<p>Piers White presented the report from the ARGC meeting held on 14 March 2024. The main items discussed were:</p> <ul style="list-style-type: none"> • NHSBT’s approach to developing and implementing the assurance mapping of statutory, regulatory and Government directives applicable to NHSBT. • The deep dive into the Principal Risk - 05 Finance. • Discussion on the Indemnity cover and financial risk – Property Expenses Scheme (PES). • The appointment of the new Head of Internal Audit, Stephen Wright. This had impacted on the development of the Internal Audit Plan for 2024/25. The Committee agreed that the Final Audit Plan would be approved at the meeting in May and the Quarter 1 Plan approval undertaken by email in the first week of April. 	

	<ul style="list-style-type: none"> The Committee reviewed the proposed approach for the audit of the 2023/24 financial statements, the expected significant risk areas of focus in 2023/24 and approved the audit timetable. The Committee delegated the approval of the final Audit Fees to the Chief Financial Officer The Committee also discussed the disclosures of climate-related financial information in the public sector. <p>The Board noted the report.</p>	
5.1.2	Clinical Governance Committee	
	<p>Charlie Craddock presented the report from the Clinical Governance Committee (CGC) meeting held on the 8 March 2024. Highlights were:</p> <ul style="list-style-type: none"> NHSBT's equipment management practices were deemed aligned with best practices and regulations. It was noted that all pieces had to meet a certain specification before being used. Three transfusion transmitted infections had been investigated and reported appropriately to the Serious Hazards of Transfusion (SHOT) . The report on the Infected Blood Inquiry would be published on the 20 May and an IBI Steering Group had been set up. An implementation plan had been developed together with a joint Communication Plan with NHS England, DHSC and key stakeholders to manage the response. <p>The Board noted the report.</p>	
5.1.3	People Committee	
	The Board noted the report from the People Committee and APPROVED the Term of Reference.	
5.1.4	Trust Fund Committee	
	<p>Rachel Jones presented the report from the Trust Fund Committee meeting on 11 March 2024. The following points were highlighted:</p> <ul style="list-style-type: none"> The review of Reserve Policy and the Procedures and Guidance. The review of the Committee's Terms of Reference. Proposals made to growing the Trust Fund and a review of the Charity objects which would be established with the Charity Commission. <p>The Board approved the Terms of Reference and noted that Penny McIntyre would be taking over as chair of the Trust Fund.</p>	
5.4	Self-Effectiveness Review Reports	
	<p>The Board received the report on the Board and Committee Self-Effectiveness Reviews, and it was agreed that the themes from the Board Self-Effectiveness Review would be pulled together, and an action plan developed in response to the themes. This would be discussed at the meeting in June.</p> <p>Action B01/24</p> <p>The Committee Self-Effectiveness Reviews would be reviewed when all action plans were in place.</p> <p>The Board noted the reports.</p>	Silena Dominy
6.0	For Report	

6.1	Reports from the UK Health Departments	
6.1.1	England	
	<p>Helen McDaniel presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • Development of the indicative budgets and the preparations for the spending review • Recent engagements particularly with Lord Markham. • Minister Leadsom’s attendance at the 50th year for Anthony Nolan at No 10 Downing Street. • Work with NHSBT and NHSE on looking at apheresis capacity. 	
6.1.2	Northern Ireland	
	<p>Joan Hardy presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • The Northern Ireland Assembly was reconvened on 3 February 2024 and Robin Swann MLA was returned to his former post of Minister of Health. • Although no budget has been confirmed for 2024/25 as yet, the Minister had approved the additional funding requested by NHSBT for 2024/25. • NI Promotional Activity budgets and the award for the opt out campaign in February. 	
6.1.3	Scotland	
	<p>James How presented the report from Scotland and highlighted the following:</p> <ul style="list-style-type: none"> • Discussions on the budget and the tight marketing budgets. • Support from the Minister on organs and tissues donations. • The Scottish Donation and Transplantation Plan and the plans for the Scottish Donation and Transplant Group in December. • Activities to promote donation for Blood over Easter period. 	
6.1.4	Wales	
	The Board noted the report from Wales.	
6.2	Board Forward Plan	
	The Board noted the updated Board Forward Plan.	
7	Closing Administration	
7.1	Any Other Business	
	None	
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 6 June 2024 at NHSBT, Barnsley.	