

Board Meeting in Public Tuesday, 24 September 2024

Title of Report	Board Skills, Capability and Diversity		Agenda No.	5.1.1
Nature of Report (tick one)	⊠ Official	☐ Official S	Sensitive	
Author(s)	Silena Dominy, Company Secretary			
Lead Executive	Helen Gillan, Director of Quality			
Non-Executive Director Sponsor (if applicable)	Peter Wyman, NHSBT Chairman			
Presented for	☐ Approval ⊠ Info	rmation	□ Discussion □ □ □ □ □ □ □ □ □ □ □ □	n
(tick all that applies)	⊠ Assurance □ Upo	late		
Purpose of the repor	rt and key issues			
which a skills and capat	Board Skills and Capability Framework in illustrates and Capability exercise was undertaken to evaluate to the Board for discussions.	e the Board s		•
Previously Consider	ed by			
	oility and Diversity Assessment results hair of the People Committee.	ave been disc	ussed with the N	1HSBT
Recommendation	The Board are asked to note the report in relation to Committee appointments The Board are asked to support the Se in conjunction with Executive Directors training identified.	at the relevan ecretary in dev , to address th	t time in the futureloping a trainin	ire. g plan,
	nk to Board Assurance Frameworl	(Risks)		
Click or tap here to ente				
	s) this paper relates to:			
☐ Collaborate with par ☐ Modernise our oper			☐ Drive innova	ation
Appendices:	Appendix 1: NHSBT Board Skills and 0 Appendix 2: NHSBT Board Personal A Appendix 3: NHSBT Board Diversity P	ttributes	lysis	



1. Background

In July 2023, the Board approved a Board Skills and Capability Framework (the framework) to guide the Board as to the skills, knowledge, experience, personal attributes, diversity and other criteria that NHSBT should target for their Board.

Twenty-two capabilities were identified in the framework. Twenty of these were determined to be essential for the effective operation of the Board (Tier One) and fall into five categories:

- Clinical and Quality
- Commercial: Procurement, Logistics and Supply Chains (including Sustainability)
- Data, Digital and Technology
- Governance, Finance, Risk Management and Strategy
- People, Culture and Engagement

Two further capabilities have been identified as being desirable, but not essential, (Tier Two) and are are:

- Estates / Infrastructure
- Research and Development.

On an annual basis an assessment against the framework is undertaken with the intent that the findings can assist in the following areas:

- Group Training and Awareness Identification of knowledge gaps which may be filled by group training and awareness sessions,
- Associate NED Appointments Identification of knowledge/experience or diversity gaps that the Board may consider filling through the appointment of Associate NED positions,
- Personal Development Plans Identification of individual knowledge and experience gaps for discussion in appraisal/coaching sessions,
- Board Committee Appointments and Training Identification of knowledge and experience relevant to the remit of Board Committees to assist in decisions on Board appointments and the approach of Committees to training and development,
- Chair/DHSC Succession Planning Discussions Inform discussions between the NHSBT Chair and the DHSC Sponsor Team in relation to succession planning where vacancies arise or are anticipated.

2. Review Process

Board members were asked to self-assess their level of skills, experience and knowledge against the 22 capabilities, selecting their level as expert, proficient, competent or little or no knowledge. Each of the four levels were described to guide directors when self-assessing themselves, and to seek some consistency. In addition, the Company Secretary and Chairman have reviewed the results of the self-assessments to provide a level of verification to the views



provided. A summary of the findings can be found in Appendix 1 in relation to the Board as a whole, and in Appendix 2 in relation to Board Committees.

In addition to the above, directors were asked to self-assess themselves for the personal attributes of leadership, collaborative/team player, influencer and negotiator, judgement and integrity, effective communicator, interpersonal skills and commitment to role.

Directors were asked to state whether they demonstrated the attributes consistently, variably or not at all. Each level was described to seek to achieve some consistency. A summary of the findings can be found in Appendix 3.

Directors were also asked to complete a diversity form in order that the diversity profile of the Board could be assessed. The Diversity profile of the Board can be found in Appendix 4.

3. Summary of Analyses

Skills and Capabilities

A summary of the Board skills and capabilities is provided in Appendix 1. From this the following can be noted:

- At least two non-executive directors are considered to be proficient or expert in each of the 22 capabilities thus allowing opportunities for the non-executives to support and constructively challenge executive member in these areas.
- At least two executive directors are considered to be proficient or expert in each of the 22 capabilities, again providing opportunities for peer support and challenge from an executive perspective.
- Inclusion of non-voting members within the Board can be seen to increase the level of skill and experience across all capabilities with the exception of clinical governance. There is sufficient clinical governance expertise within voting members.

Attributes

All Directors assessed themselves as demonstrating the required attributes either consistently or variably. None of the attributes were not demonstrated at all which is as expected. Where Directors have self-assessed variable demonstration of attributes these may be areas of personal development that Directors could reflect upon. This was mostly the case in respect of demonstrating strong leadership, influencing and negotiating and being an effective communicator.

Group Training and Awareness

The assessment has identified that group knowledge build sessions may be beneficial as follows:

- Continuation of knowledge builds in relation to NHSBT's services for blood supply, organ
 and tissue donation and transplantation, and/or stem cell transplantation and cellular
 therapies.
- Quality and clinical governance knowledge builds for newer members of the Board.
- Further centre visits and knowledge builds related to manufacturing.
- Knowledge builds on sustainability ahead of consideration of the strategic plan in this area.
- Continued knowledge builds in relation to cyber security.
- Further knowledge builds on donor and patient experience and stakeholder engagement. Signposting relevant directors to session held on 25 July 2024 where not viewed.



Board Committee Appointments and Training

A view of the skills and capabilities held by each Board Committee can be found in Appendix 2. The capabilities most closely aligned to the remit of the committees are shown in green text.

Audit, Risk and Governance Committee

The current composition of the ARGC provides at least two member who are proficient or expert in the capabilities most closely aligned to the remit of the Committee. There are three voting members of the Committee, plus additional expertise from an Associate NED and an Independent Member.

In February 2025, the current Chair of the Committee completes his second term of office on the NHSBT Board and therefore will leave the Board. Not only will this create a loss of expertise for the Committee but achieving a quorum for meetings may be more challenging. Whilst a plan for the succession of the role of ARGC Chair, from within the current voting membership of the Committee, has been recommended to DHSC for their consideration, it is recommended that in 2025 consideration be given to appointing an additional voting non-executive director to the ARGC to keep the number at 3.

Clinical Governance Committee

The current composition of the CGC provides a robust level of skills and experience across the capabilities most aligned to its remit. With just two voting non-executive directors and two voting executive directors achieving a quorum can be challenging, however the terms of reference allow for views to be provided and decisions confirmed via email in cases where a quorum is not possible. Ideally a third NED would be appointed however due to the nature of this Committee and the size of the Board this may not be achievable.

People Committee

The current composition of the People Committee provides a robust level of skills and experience across the capabilities most aligned to its remit. The number of appointments to this Committee is adequate to ensure that no quorum issues arise.

Trust Fund Committee

A broader range of skill and experience is appropriate to the Trust Fund Committee. Membership of the Committee currently provides expertise and proficiency in the areas of governance, finance and people leadership and there is competence across other areas. Ideally, an appointment of a member with clinical experience would benefit the Committee however this may not be possible in view of the size of our Board and the needs of other committees to include similar expertise/proficiency.

Associate NED Appointments

The skills and capabilities review and diversity assessment (see Appendix 2 for Diversity Profile) does not indicate that there is a current need for further Associate NED appointments.

The following associate non-executive terms of office expire in 2025:

- Stephanie Itimi second one year term expires 5 June 2025
- Nicola Yates second one year term expires 16 July 2025

Consideration will need to be given as to the loss of skills and expertise in 2025 from these roles to determine any action required.



Personal Development Plans

It is not a surprise that some newer members of the Board have assessed themselves as having little or no knowledge for some capabilities. Where group training and knowledge builds do not cover areas of training which would be desirable, the opportunity can be taken to discuss activities to build such knowledge, where appropriate, within the annual appraisal process or coaching reviews.

Where Directors have included narratives in respect to their developmental needs these will be discussed with the Chair and Chief Executive/Deputy Chief Executive as appropriate. These have not been included in the report.

Chair/DHSC Succession Planning Discussions

The appointment of the Chair and Non-Executive Directors is the responsibility of DHSC. Discussions between the NHSBT Chair and DHSC Sponsor Team determine future need and identify opportunities for committee membership. Succession planning is ultimately undertaken by DHSC.

The following non-executive terms of office are due to expire in 2024 or 2025:

- Peter Wyman first term of office expires 31 March 2025. DHSC will determine
 whether a second term of office for three years is to be offered to Peter, or whether
 they wish to make an alternate appointment.
- Piers White second term of office expires 17 February 2025. Piers will leave the Board at this point. A recommendation has been made to DHSC for the appointment of Ian Murphy as Chair of Audit, Risk and Governance Committee and a decision on this is awaited from the DHSC Sponsor Team. There is no intention to appoint another NED in place of Piers, however consideration should be given to appointing another voting NED to the Audit, Risk and Governance Committee to retain the number of voting members at 3.
- Charlie Craddock first term of office expires 31 May 2025. Charlie is one of two clinical NEDs on the Board. Early clarity on DHSC's intentions would be helpful to Board planning.

4. Recommendation

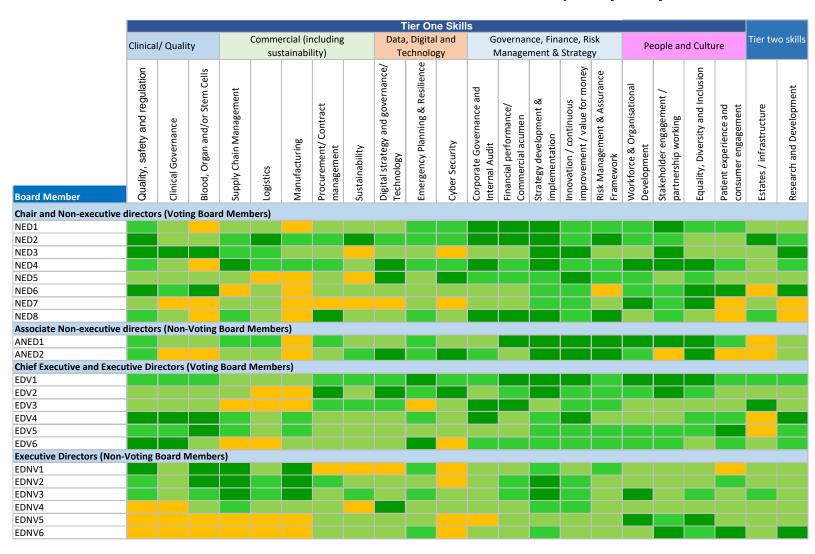
The Board are asked to note the report and consider the recommendations in relation to Committee appointments at the relevant time in the future.

The Board are asked to support the Secretary in developing a training plan, in conjunction with Executive Directors, to address the areas of group training identified.



Appendix 1

NHSBT Board Skills and Capability Analysis



Little/No Knowledge
Competent Knowledge
Proficient Knowledge
Expert Knowledge



Appendix 2 Audit Risk and Governance Committee

									Т	ier On	e Skill	S												
	Clinica	l/ Quali	ty	Commercial (including sustainability)					Data	, Digita chnolo	l and	G	iovernai Manage					& Organisational nt rengagement / working versity and Inclusion erience and ngagement				Tier tw	o skills	
Board Member	Quality, safety and regulation	Clinical Governance	Blood, Organ and/or Stem Cells	Supply Chain Management	Logistics	Manufacturing	Procurement/ Contract management	Sustainability	Digital strategy and governance/ Technology	Emergency Planning & Resilience	Cyber Security	Corporate Governance and Internal Audit	Financial performance/ Commercial acumen	Strategy development & implementation	sn.	e l	Risk Management & Assurance Framework	Workforce & Organisational			Equality, Diversity and Inclusion	Patient experience and consumer engagement	Estates / infrastructure	Research and Development
Non-executive directors (Voting I	Board N	1ember	s)																				
NED1																								
NED2																								
NED3																								
Associate Non-executive	director	s (Non-	Voting	Board I	Membe	rs)																		
ANED1																								
Regular Executive Attend	ees																							
ET1																_								
ET2																								
ET3																								
ET4																								
ET5																								

Little/No Knowledge
Competent Knowledge
Proficient Knowledge
Expert Knowledge

The capabilities most closely aligned to the remit of the Audit, Risk and Governance Committee are shown in green text.



Clinical Governance Committee

									Т	ier On	e Skill	S												
	Clinica	l/ Qualit	tv		Comme		_			, Digita		G	overna			•			Pec	ple, C	ulture a	nd	Tier tw	o skills
	Cirrica	ı, Quuii	c y		sust	tainabil	lity)		Te	chnolo	gy	1	Manage	ment 8	& Stra	ategy	/			Engag	ement			
Board Member	Quality, safety and regulation	Clinical Governance	Blood, Organ and/or Stem Cells	Supply Chain Management	Logistics	Manufacturing	Procurement/ Contract management	Sustainability	Digital strategy and governance/ Technology	Emergency Planning & Resilience	Cyber Security	Corporate Governance and Internal Audit	Financial performance/ Commercial acumen	Strategy development & implementation	Innovation / continuous	a l	Risk Management & Assurance Framework	Workforce & Organisational	Development	Stakeholder engagement / partnership working	Equality, Diversity and Inclusion	Patient experience and consumer engagement	Estates / infrastructure	Research and Development
Non-executive directors (Voting I	Membe	rs)																					
NED1															Т									
NED2															Т									
Executive Directors (Votin	ng Mem	bers)																						
ETV1																								
ETV2																								
Regular Attendees (Non-	Voting N	/lember	s)																					
ET1															Т									
ET2																								
ET3																								
ET4																								

Little/No Knowledge
Competent Knowledge
Proficient Knowledge
Expert Knowledge

The capabilities most closely aligned to the remit of the Clinical Governance Committee are shown in green text.



People Committee

									Т	ier On	e Skill	S										
	Clinical	/ Qualit	ty	Commercial (including sustainability)					Data	, Digital chnoloរុ	and	G	overnai Manage				Pe	eople, Co Engag	ulture a ement	nd	Tier two skills	
Board Member	Quality, safety and regulation	Clinical Governance	Blood, Organ and/or Stem Cells	Supply Chain Management	Logistics	Manufacturing	Procurement/ Contract management	Sustainability	Digital strategy and governance/ Technology	Emergency Planning & Resilience	Cyber Security	Corporate Governance and Internal Audit	Financial performance/ Commercial acumen	Strategy development & implementation	Innovation / continuous improvement / value for money	Assı	Workforce & Organisational Development	Stakeholder engagement / partnership working	Equality, Diversity and Inclusion	Patient experience and consumer engagement	Estates / infrastructure	Research and Development
Chair and Non-executive	director	s (Votin	ng Board	d Meml	oers)																	
NED1																						
NED2																						
NED3																						
NED4																						
Executive Regular Attende	ees																					
ET1																						
ET2																						
ET3																						

Little/No Knowledge
Competent Knowledge
Proficient Knowledge
Expert Knowledge

The capabilities most closely aligned to the remit of the People Committee are shown in green text.



Trust Fund Committee

									T	ier On	e Skill	S											
	Clinica	I/ Quali	tv	(Comme	rcial (ir	ncluding		Data, Digital and Governance, Finance, Risk							Risk	F	eople	, Cultu	re and		Tier tw	o skills
	Cirrica	ı, Quaii	Ly		sustainability)					chnolog	gy	N	/lanage	ment 8	ς Strate	gy		Eng					
Board Member	Quality, safety and regulation	Clinical Governance	Blood, Organ and/or Stem Cells	Supply Chain Management	Logistics	Manufacturing	Procurement/ Contract management	Sustainability	Digital strategy and governance/ Technology	Emergency Planning & Resilience	Cyber Security	Corporate Governance and Internal Audit	Financial performance/ Commercial acumen	Strategy development & implementation	Innovation / continuous	nent & Assu	Workforce & Organisational	Stakeholder engagement /	ip workir	Equality, Diversity and Inclusion	experience an	Estates / infrastructure	Research and Development
Non-executive directors (Voting I	Board N	1ember	s)																			
NED1																							
NED2																							
Executive Directors (Votin	ng Board	d Memb	ers)																				
ET1																							
ET2																							

Little/No Knowledge
Competent Knowledge
Proficient Knowledge
Expert Knowledge

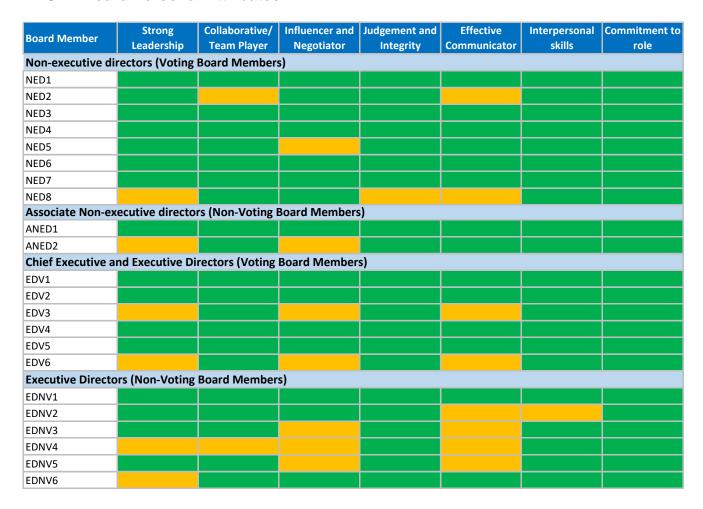
The capabilities most closely aligned to the remit of the Trust Fund Committee are shown in green text.

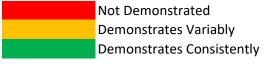
The Board membership shown assumes that the new Chief People Officer replaces the existing role holder moving forwards.



Appendix 3

NHSBT Board Personal Attributes



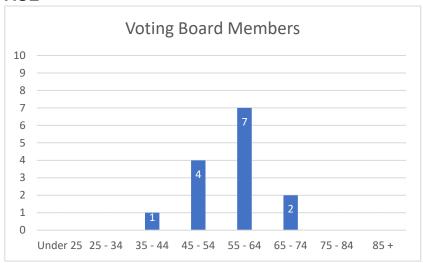


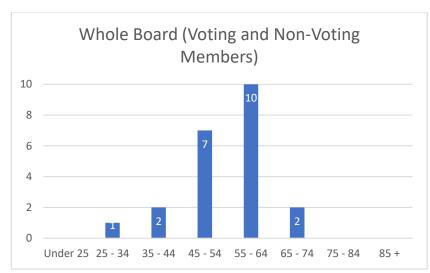


Appendix 4

NHSBT BOARD DIVERSITY PROFILE

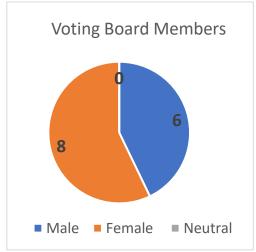
AGE

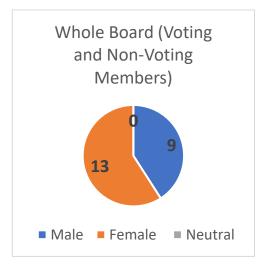




The inclusion of Associate NEDs and the wider Executive Team on the Board as non-voting members has widened the age diversity of the Board in terms of younger views.

GENDER

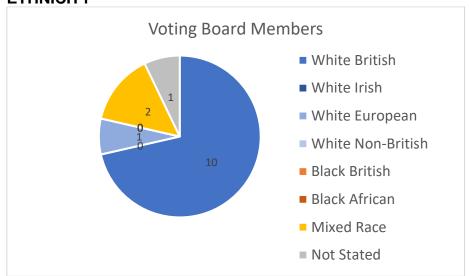


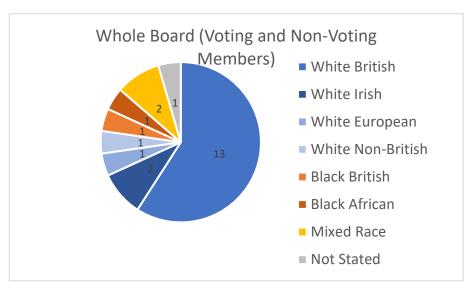


There is a healthy balance of male and female members on the Board. This is not changed by the inclusion of Associate NEDs and the wider Executive Team on the Board.



ETHNICITY





The inclusion of Associate NEDs and the wider Executive Team on the Board as non-voting members has broadened the range of ethnicity within the Board, although of those stating their ethnicity 80% are white. The Board's engagement with the Group for Racial Equality (GRacE) remains important in increasing awareness of the views from as wide a range of ethnic communities as possible.

DISABILITY

Three Board Members have stated that they have a disability. These Board Members will be able to bring their own lived experience to discussions, however the Board's engagement with the Disability and Wellbeing Network (DAWN) also helps to ensure that the perspectives of staff with one or more disabilities are heard.

SEXUAL ORIENTATION

There is no confirmed level of diversity on the Board related to sexual orientation. The Board's engagement with the LGBT+ Network is therefore important to ensure that perspectives from the LGBT+ community are considered.

RELIGIOUS BELIEFS

The religious beliefs of Board members are generally aligned to Christianity and Catholism, although five Board Members advise they have no religious beliefs or hold atheist views. Three Board Members have chosen not to confirm their views.