

**Minutes of the One Hundred and Twenty-First Public Board Meeting of
NHSBT, Ramada Hotel, Belfast, and MS Teams
Tuesday, 24 September 2024, 12:45 - 15:05**

Present		
Voting Members		
	Peter Wyman	Chair
	Piers White	Non-Executive Director
	Charles Craddock	Non-Executive Director
	Caroline Serfass	Non-Executive Director
Virtual	Rachel Jones	Non-Executive Director
Virtual	Lorna Marson	Non-Executive Director (From item 4.2)
	Ian Murphy	Non-Executive Director
	Penny McIntyre	Non-Executive Director
	Jo Farrar	Chief Executive Officer
	Wendy Clark	Deputy Chief Executive Officer
	Carl Vincent	Chief Financial Officer
	Anthony Clarkson	Director of Organ and Tissue Donation and Transplantation
	Deborah McKenzie	Chief People Officer
	Denise Thiruchelvam	Chief Nursing Officer
Non-Voting Members		
	Stephanie Itimi	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
	Mark Chambers	Donor Experience Director
	Julie Pinder	Chief People Officer
	Antony Tiernan	Director of Communications and Engagement
In attendance		
	Silena Dominy	Company Secretary
	Claire Williment	Chief of Staff
	Abisola Babalola	Head of Policy and Engagement
	Torkwase Holmes	GRacE Network Co-chair
Virtual	Helen McDaniel	DHSC (UK Health Department)
Virtual	Robert McDonald	DHSC (UK Health Department) (From item 3.1)
Virtual	Amy Parsons	DHSC (UK Health Department) (From item 3.1)
	Joan Hardy	Northern Ireland (UK Health Department)
Virtual	Anthony Davies	Wales (UK Health Department)
Virtual	James How	Scotland (UK Health Department)
Virtual	Omolola Majolagbe	Corporate Governance Officer
	Jo Dobie	Executive Assistant to the Chair
Virtual	Pav Akhtar	Chief Diversity and Inclusion Officer (item 2.1 only)
Virtual	Terry Omiyi	Assistant Director – Planning, Insight & Direct Marketing (item 2.2 only)
Virtual	Louise Davenhill	Senior Commercial Lead (item 2.2 only)
Virtual	Mark Taylor	Assistant Finance Director Planning and Performance (item 3.1 only)
Apologies		
	Lorna Marson	Non-Executive Director (apologies for items 1.1 – 4.1 inclusive)
	Gail Mifflin	Chief Medical Officer and Director of Clinical Services

1	Opening Administration	Action
1.1	Welcome and apologies	
	<p>The Chair welcomed everyone to the 121st NHS Blood and Transplant (NHSBT) Board meeting in public, in particular, new executive directors Julie Pinder and Antony Tiernan, Joan Hardy of the Northern Ireland Department of Health, and Torkwase Holmes, GRacE Network Co-Chair.</p> <p>Apologies were received from Gail Miflin.</p>	
1.2	Register of Interests	
	No declarations were made, and no conflicts of interests were declared in respect of the items on the agenda.	
1.3	Minutes of the previous meeting	
	The Board APPROVED the minutes of the meeting held on 30 July 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	<p>The Board received Mairtin Mac Gabhann, father of Dáithí Mac Gabhann, who told Dáithí's story. Dáithí was born with Hypoplastic Left Heart Syndrome (HLHS) and was placed on the heart transplant waiting list at 18 months after two major heart surgeries. Dáithí's family launched the Donate4Dáithí campaign to educate people on organ donation and to campaign for a change of law. This resulted in the passing of Dáithí's Law which introduced a soft opt out system for organ donation in Northern Ireland that took effect from spring of 2023.</p> <p>The Board congratulated Mairtin on the success of his amazing campaign that brought about the opt-out law in Northern Ireland. The Board also expressed their best wishes for Dáithí and the hope that he is able to receive the transplant he needs.</p> <p>The Board noted the patient story and thanked Mairtin Mac Gabhann for contribution.</p>	
3.	FOR ASSURANCE	
3.1	Chief Executive's Report	
	<p>Dr Jo Farrar presented the Chief Executive Report and highlighted the following:</p> <ul style="list-style-type: none"> • The first NHSBT Annual Staff conference had brought together over 230 people across the organisation to discuss plans for how to support people to join, stay and thrive in NHSBT. There was a common theme in the feedback on the need to provide opportunities to break down silos between different directorates whilst supporting people's development including through secondment and shadowing. • Minister Merron's visit to Filton and the Bristol Donor Centre was reported to be positive. • First batch of Plasma Shipments were dispatched last month. • Following the cyber-attack that impacted London hospitals there has been long term pressure on O negative blood. The Amber alert will be kept in place until it is considered safe to remove it. • Spending Review (SR) bids have been submitted to DHSC for consideration. 	

	<ul style="list-style-type: none"> Organ Transplantation – One of the SR bids focussed on Assessment and Recovery Centres (ARCs), which would maximise the potential of machine perfusion in the UK by creating a national infrastructure for improved organ quality. If fully implemented, ARCs would enable up to 750 additional transplants per annum from the current donor base. Various approaches on implementation are being considered including where the ARCs would be located. <p>Jo Farrar welcomed Julie Pinder, Chief People Officer, and Antony Tiernan, Director of Communications and Engagement, to the Executive Team. Paul O'Brien and Deborah McKenzie, who leave NHSBT in October, were thanked for their significant contributions to the organisation and the Board wished them well in their future endeavours. It was noted that Gerry Gogarty would be covering the role of Director of Blood Supply alongside his role of Director of Plasma for Medicines, on an interim basis from October until recruitment of a new Director of Blood Supply.</p> <p>The Board discussed the rationale for the rebrand of the British Bone Marrow Registry to the NHS Stem Cell Registry. Torkwase Holmes explained the position which included a hope that more eligible members of the public would sign up to the register.</p> <p>It was noted that the MP for Filton had attended the Minister's visit. The visit had included discussion on opportunities for growth, innovation and, jobs. The Board discussed the opportunity to engage more widely with local authorities and MPs.</p> <p>The Board noted the report.</p>	
3.2	Board Performance and Risk Report	
	<p>The Board received the Board Performance and Risk Report. The key points included:</p> <ul style="list-style-type: none"> The improvement in blood stock through August into September following the Amber blood shortage alert. The rise in income of clinical services operations, which is £1.1m better than budget at year-end. Growth in the blood donor base by 7.1k to 808.1k NHSBT led cancellation increased to 7.6% in September against 4.5% target in comparison with the previous month. <p>The Board discussed the benefit that viewing supply and demand trends for O negative blood could bring. Wendy Clark reassured that the data existed and was considered by management.</p> <p>ACTION (B24-01): To consider whether additional metrics related to O negative blood stocks should be included within the Board Performance and Risk Report.</p> <p>The Board raised a question on why the number of overdue actions following internal major incidents remained a persistent challenge. It was explained that issues identified that could impact quality are recorded as major incidents. The Board were reassured that overdue actions are being monitored on a weekly basis by the Quality Team and will be reviewed monthly through deep dives by the Executive Team.</p>	<p>WC (26/11/24)</p>

	<p>In relation to Investing in People, the Board enquired if the fill rate was impacting capacity. It was noted that there is no causation link and the challenge has been in filling permanent roles as opposed to covering sickness or short absence. As is common, sickness absence causes include respiratory issues linked to colds, flu and/or covid and Musculoskeletal injuries.</p> <p>A question was raised in relation to Race & Equality Standard data and the recruitment disparity between the characterised groups and their white counterpart, including what the organisation is doing to close the gap. It was confirmed that there is commitment to action through an inclusive recruitment review which would identify recommendations for improvement.</p> <p>The Board noted the report.</p>	
3.3	Finance Report	
	<p>Carl Vincent introduced, and Mark Taylor, Assistant Finance Director Planning and Performance presented the NHSBT Financial Performance Report for August 2024. It was noted that the start of the year had been challenging with significant cost pressure being managed including the cost of transport in the OTDT business unit, extra cost incurred due to the Amber alert and O negative blood stock levels. The Board noted that potential savings in costs of circa £3m had been identified, and further work was being undertaken to identify other areas of mitigation to achieve a balanced position this year. This work is ongoing and there are plans to look again in a month to make further decisions on action to take and initiatives to implement and in what order.</p> <p>The Board noted the report.</p>	
4.0	FOR APPROVAL	
4.1	Annual Reports & Accounts and Scheme of Delegations	
	<p>The Board noted that the Annual Report & Account had been laid before Parliament. This has been later than originally planned due to challenges encountered through the audit process. Lessons had been learnt and action was planned to address these.</p> <p>It was noted that DHSC had issued a Delegation Letter that notified a number of small changes, many of which were anticipated. NHSBT's Scheme of Delegations had been updated to reflect these changes and was presented to the Board for approval.</p> <p>The Scheme of Delegation was approved by the Board.</p>	
4.2	Environmental and Sustainability Statement	
	<p>The Board received the Environment and Sustainability Policy. This had been to the Audit, Risk and Governance Committee for review. It was noted that the document is the Policy Framework, and that the Strategy would follow. It was noted that a new Net Zero Strategy would be presented for approval by next spring (2025) that would set out how to deliver the Net Zero commitment in the NHSBT organisational strategy.</p> <p>The Board commended the paper and policy as good and noted that accounting standards would require additional reporting in 2025. The Board committed to making progress and contributing to meeting the policy requirements.</p>	

	The Environment and Sustainability Policy was approved by the Board.	
4.3	Risk Management Policy	
	<p>The Board received the Risk Management Policy. This had been to the Audit, Risk and Governance Committee for review and was now recommended to the Board for approval. It was noted that the Policy may be further reviewed following the Board's Risk Workshop in November if the Board made changes to its risk appetite or approach.</p> <p>The Risk Management Policy was approved by the Board.</p>	
5.0	GOVERNANCE	
5.1	Governance Update	
	<p>The Board was asked to note the Governance update and specifically to approve a change of process to allow the People Committee to be the review body for the Resolutions Policy (now encompassing Dignity and Work and Grievance), the Disciplinary Policy and Freedom to Speak Up Policy, in view of the nature of these policies. The Board were assured that the Resolution Policy would be effectively and appropriately used to seek to reduce the number of grievances but where the aggrieved is not satisfied by the resolution process, their right to go through a formal grievance process remains in place.</p> <p>The Board noted that details of the Chair and Chief Executive's engagement with DHSC and stakeholders were provided in the meeting review room on Convene for information.</p> <p>The Board noted the Governance Update and approved the change of review body for the Board Level Policies stated above.</p>	
5.1.1	Board Skills and Capability Assessment	
	<p>The Board received the findings from the recent Skills, Capability and Diversity assessment that had recently been undertaken. It was noted that whilst there was adequate expertise and proficiency collectively within the Board across the 22 identified capabilities relevant to the Board, there were individual and collective areas of development that had been identified as being beneficial.</p> <p>In terms of succession planning the Board noted the Directors whose terms of office were due to expire in 2025. Where relevant the Chair was discussing the position with the DHSC Sponsor Team. Consideration to points raised in relation to Committee membership would be considered when Board appointments are next discussed.</p> <p>The Board noted the report and supported the Secretary in developing a training plan, in conjunction with Executive Directors, to address the areas of group training identified.</p>	
5.2	Committee Assurance Reports	
5.2.1	Audit Risk and Governance Committee	
	Piers White presented the report of the Audit, Risk and Governance Committee meeting held on 12 September 2024 to the Board and highlighted the following:	

	<ul style="list-style-type: none"> Internal Audit actions – NHSBT had now closed off 40% of the outstanding recommendations, with the organisation now rated as comparable with other organisations of a similar nature. Changes in the principal and strategic risks were noted. Diversity and size of donor base has increased. Deep dive into compliance and emerging regulations was undertaken with satisfactory assurance gained. A discussion paper for DHSC is being prepared following 18 months of reviews in relation to indemnity and insurance cover. <p>The Board noted the Audit Risk and Governance Committee report.</p>	
5.2.2	Clinical Governance Committee	
	<p>The Board received the Clinical Governance Committee Report of the 13 September 2024 meeting.</p> <p>Lorna Marson presented the report and it was noted that the Safeguarding Policy had recently been transferred into the Board Level Policy template and would be further reviewed in January. The Committee received a report from the Therapeutic Safety Product Group (TPSG). The SaBTO recommendation for HEV screening and different approaches to screening for HEV across the UK was discussed by the TPSG, and the Committee. The Committee noted that both Wales and Scotland are planning on taking a more precautionary stance in terms of their screening methodology. The TPSG and Executive Team have both reviewed the position and agree that NHSBT should continue its current HEV testing processes and to acknowledge the difference in sensitivity of screening across the UK. This is consistent with the SaBTO recommendation. The Committee noted and supported the agreed NHSBT approach.</p> <p>The Board noted the Clinical Governance Committee report.</p>	
5.2.3	People Committee	
	<p>The People Committee report of 20 September was received by the Board. Caroline Serfass drew attention to the main items discussed as highlighted below:</p> <ul style="list-style-type: none"> The Executive Senior Management Pay and Bonus had been agreed following the guidelines of DHSC pay framework for the organisation. Review of key programmes such as the People Plan development of metrics and Forward Together had been undertaken. EDI reports had been approved that will come to the Board in November for approval prior to publication. <p>The Board noted the People Committee report.</p>	
6.0	For Report	
6.1	Reports from the UK Health Departments	
6.1.1	England	
	<p>Helen McDaniel presented the England Report. The highlights include.</p> <ul style="list-style-type: none"> Baroness Merron’s visit to NHSBT Filton and the Bristol Donor Centre to thank donors and to see NHSBT work in action had been a success. The EU SoHO Regs (published in July 2024) will apply in Northern Ireland from 2027, in line with the Windsor Framework agreement. 	

	<ul style="list-style-type: none"> • Spending Review is underway with decisions on 2025/26 expected in advance of those for 2026/27. • Findings from Darzi Review. <p>The Board noted the report.</p>	
6.1.2	Northern Ireland	
	<p>Joan Hardy gave a verbal report and thanked the Board for bringing the meeting to Northern Ireland.. The highlights of her report were:</p> <ul style="list-style-type: none"> • The visit to the Minister and the NI Renal Transplant Centre had been well received. • One year spending reviews were being completed and there was a hold on marketing campaigns. Focus was therefore on educational awareness, school visits and activities, SNODs engagement. There had been lots of activity for Organ Donation week and Partnership work. <p>The Board thanked the team and noted the Northern Ireland report.</p>	
6.1.3	Scotland	
	<p>James How presented the Scotland report. He noted three key areas in the report, being:</p> <ul style="list-style-type: none"> • Implementation of recommendations from the Donation and Transplantation Plan for Scotland continue. • Organ and Tissue Donation Week was being taken as an opportunity to encourage discussion of wishes with relatives. • 56.6% of population of Scotland have recorded decision on NHS Organ Donor Register. <p>The Board noted the report.</p>	
6.1.4	Wales	
	<p>The Board received the Wales report, presented by Anthony Davies. Major key points for noting are:</p> <ul style="list-style-type: none"> • Wales plan progressing against the 6 priorities. • A new First Minister who was a former Health Secretary • A reform or establishment of the leadership group called Transplantation Clinical Reference Group (formerly WTAG) which aligns with the formal NHS arrangement in Wales. <p>The Board noted the report.</p>	
6.2	Board Forward Plan	
	The Board noted the 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. Farewell message was extended to Deb Mackenzie and Paul O'Brien as it is their last board meeting with NHSBT.	
7.3	Date of Next Meeting	
	The date of the next meeting is 26 November 2024 at NHSBT, Manchester.	