

**Minutes of the One Hundred and Twenty-Second Public Board Meeting of
NHSBT, held via MS Teams
Tuesday, 26 November 2024, 12:45 - 15:30**

Present		
Voting Members		
	Peter Wyman	Chair
	Piers White	Non-Executive Director
	Charles Craddock	Non-Executive Director (from item 3.1)
	Caroline Serfass	Non-Executive Director
	Rachel Jones	Non-Executive Director
	Lorna Marson	Non-Executive Director
	Ian Murphy	Non-Executive Director
	Penny McIntyre	Non-Executive Director
	Jo Farrar	Chief Executive Officer
	Wendy Clark	Deputy Chief Executive Officer
	Gail Miflin	Chief Medical Officer and Director of Clinical Services
	Carl Vincent	Chief Financial Officer
	Anthony Clarkson	Director of Organ and Tissue Donation and Transplantation
	Denise Thiruchelvam	Chief Nursing Officer
Non-Voting Members		
	Nicola Yates	Associate Non-Executive Director
	Gerry Gogarty	Director of Plasma for Medicines
	Helen Gillan	Director of Quality
	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		
	Paul Wilcycki	BDO LLP
	Silena Dominy	Company Secretary
	Louise Espley	Corporate Governance Manager (minutes)
	Claire Williment	Chief of Staff
	Pav Akhtar	Chief Diversity and Inclusion Officer (item 3.3 and 4.1)
	Graham Bowditch	LGBT+ Network representative
	Helen McDaniel	DHSC (UK Health Department)
	Caitlin Corcoran	DHSC
	Joan Hardy	Northern Ireland (UK Health Department)
	Anthony Davies	Wales (UK Health Department)
	James How	Scotland (UK Health Department)
	Judy Coutinho	Mother of Alex Newlove (item 2.1)
	Olive McGowan	Chief Nurse (item 2.1)
	Derek Manas	OTDT Medical Director (item 3.5)
	Laura Barton	Programme Manager, OTDT (item 3.5)
	Matt Kay	Strategy Manager (item 3.6)
	Phil Tanner	Assistant Director Safety, Wellbeing and Governance (item 4.2)
	Jo Dobie	Executive Assistant to the Chair
Apologies	None	
1.0	Opening Administration	Action

1.1	Welcome and apologies	
	<p>The Chair welcomed everyone to the 122nd NHS Blood and Transplant (NHSBT) Board meeting in public, in particular, Graham Bowditch, LGBT+ Network representative.</p> <p>No apologies for absence had been received.</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 24 September 2024 as a true and accurate record.	
1.4	Action log and matters arising from previous meeting	
	The Board noted the action log and approved the closure of action B24-01 as proposed.	
2.0	PATIENT STORY	
2.1	Donor Family Experience	
	<p>The Board welcomed Judy Coutinho to the meeting. Judy shared her personal experience with the Board, recounting the tragic loss of her 27-year-old son, Alex Newlove, who passed away in January 2020 after a catastrophic brain haemorrhage. In the wake of his death, Alex's heart, lungs, liver, and kidneys were donated, ultimately saving or transforming the lives of six individuals.</p> <p>Judy emphasised several key learning points for NHSBT, particularly regarding the sensitive questions families are asked during such difficult times. She stressed the importance of providing dedicated support for families, especially at the moment when organ retrieval is taking place.</p> <p>The Board was informed that, since 2020, significant improvements have been made to the consent process, and measures taken to ensure a Specialist Nurse in Organ Donation is present to offer dedicated support to families.</p> <p>The Board noted the donor family experience and thanked Judy for sharing her experience.</p>	
3. 0	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"> a) NHSBT hosted the Alliance of Blood Operators (ABO) Board meeting, bringing together Chief Executives and senior leaders from some of the world's largest blood services. This event underscored the value of international partnerships, which foster the sharing of performance benchmarks, as well as collaborative approaches to both innovation and challenges. b) The NHSBT Stakeholder Forum was held, providing an important platform for patient and donor representatives, as well as third-sector colleagues, to engage in meaningful discussions. Key topics included strategies for expanding the donor base for blood, plasma, and tissues. The Department of Health and Social Care (DHSC) also participated, covering the consultation on the NHS 10-year plan. 	

	<p>c) The NHSBT Nursing Conference offered a valuable opportunity for nurses across NHSBT to come together, share successes, and address challenges.</p> <p>d) A Parliamentary event was planned for 04 December 2024 focused on organ donation and transplantation and encouraging MPs to raise awareness within their constituencies.</p> <p>e) The second phase of the Community Grants Programme was live. To date fifty-one community groups and organisations have received a share of £600k as part of the Governments' commitment to continue to tackle health inequalities and promote blood and organ donation among Black and Asian communities.</p> <p>f) NHSBT had implemented the Salesforce Marketing Cloud, which will transform direct marketing, email and SMS communications. The aim being to improve communication with the donor base.</p> <p>g) November has seen the launch of a new campaign tagged 'Give the best gift this winter' to encourage blood donations over the festive period. The BBC drama series, Casualty will feature a blood donation themed episode donation on 21 December 2024.</p> <p>h) The new Brixton Blood Donor Centre will open on 16 December 2024.</p> <p>The Board noted the report.</p>	
3.2	Board Performance and Risk Report	
	<p>Jo Farrar presented the performance and risk report, the following was highlighted:</p> <p>a) Overall red cell stock levels remain stable, at target levels. O negative stocks have returned to target levels, but B negative stocks have fallen. The amber stock alert will remain in place until at least January 2025.</p> <p>b) Good performance was reported in terms of manufacturing and testing, where NHSBT benchmarks favourably with other countries.</p> <p>c) The blood donor base continues to increase and good progress has been made with the number of corneas issued for transplant.</p> <p>d) The number of deceased organ donors and transplants were behind target in October 2024. This related to both organ donor numbers and numbers of people signing the organ donation register.</p> <p>e) Driving opportunities for transformation remain a focus to ensure strategies are in place to meet the growing demand for NHSBT services.</p> <p>During discussion, Board members expressed support for the back-to-green initiatives outlined in the performance report. Insights from the ABO Board meeting were shared, with a key takeaway being that international operators are facing similar challenges, particularly with donor numbers for O-negative blood and plasma supply. ABO members also agreed to explore the next generation of artificial intelligence, and its potential to help target donors more effectively.</p> <p>The issue of overdue majors was highlighted for further attention. It was explained that efforts to address the high volume of incidents were underway. In parallel, an overhaul of the incident management system was in progress.</p>	

	<p>It was agreed that an analysis of short-notice cancellations would be conducted, with the findings to be presented for focused discussion at a future Board meeting. The use of the Net Promoter Score (NPS) was suggested as a valuable tool for improving this area and it was confirmed that this was already in use within the organisation.</p> <p>The Board noted the report.</p> <p>ACTION (B24-02) A report on short notice cancellations, including the impacts and actions to reduce these, to be brought to the Board in May 2025, following analysis over a three month period.</p>	GG/MC (May 2025)
3.3	Anti-Racism Framework Launch and Update	
	<p>Anthony Clarkson (Senior Responsible Officer for the Forward Together programme and Director of Organ and Tissue Donation and Transplantation), and Pav Akhtar (Chief Diversity and Inclusion Officer), presented the final report. The Board had previously received the Anti-Racism Framework in September 2024, and it has now been published.</p> <p>A comprehensive plan has been developed to embed the framework over the next three months. The framework is designed to help identify and understand inequalities, shedding light on both their nature and causes. The report outlined the three phases of implementation. The ambition beyond the first three months was to align monitoring with the People Plan from quarter four. Alignment of framework monitoring with the People Plan governance structure was highlighted as crucial to ensuring continuous focus and support, particularly via the senior leadership development programme.</p> <p>Board members expressed their support for the framework. A discussion followed, focused on metrics and sources of data. Pulse surveys would be conducted in approximately six months to gather further insights, and other opportunities for collecting qualitative data would be explored. It was noted that wider efforts are underway to establish baseline data within the scope of the People arena, which will benefit both this initiative and delivery of the People Plan.</p> <p>Regarding support from the Board, specifically Non-Executive Directors (NEDs), it was emphasised that demonstrating commitment to the framework's four pillars was key. Additionally, opportunities for NEDs to join senior leadership team discussions and the sharing of video messages, was suggested as a proactive approach.</p> <p>The Board noted the report.</p>	
3.4	Finance Report	
	<p>Carl Vincent, Chief Financial Officer presented the financial performance report.</p> <p>During 2024/25 NHSBT had experienced higher costs across the blood supply chain to maintain service resilience. This resulted from an amber alert being in place since Summer 2024.</p> <p>The overall income and expenditure position year-to-date is reporting £9.8m better than plan, principally driven by improved contributions from Organ Donation and Transplantation (ODT), Plasma and Tissue Eye Services (TES) and re-profiled transformation costs.</p>	

	<p>While the year-to-date position and high-level forecast outturn is broadly balanced, there are underlying overspends identified at Divisional level, which were detailed in the report. The report also outlined actions agreed by the Executive Team (ET) to restore the financial position.</p> <p>The Board was advised that an exercise had been undertaken to reset the budget at the mid-year point, due to a number of extenuating circumstances, including, completion of the National Commissioning Group (NCG) process for blood and specialist services (end of September 2024), finalisation of the 5.5% pay settlement for Agenda for Change staff (end July 2024) and confirmation of additional funding from DHSC (beginning of October 2024).</p> <p>It was agreed to bring information on cash flow for the first few months of 2025/26 in the next report. Additionally, with regard to the budget reset, the Audit, Governance and Risk Committee would review the revised budget alongside the original budget.</p> <p>The Board noted the report, specifically:</p> <ul style="list-style-type: none"> a) That the next steps to restore the financial position for 2024/25 have been agreed by the ET and will be reflected in the quarter three forecast. b) That the final budget changes for 2024/25 have been actioned in the APM07 accounts. 	
3.5	Organ Utilisation Update Report	
	<p>Anthony Clarkson, Director of Organ and Tissue Donation and Transplantation, Professor Derek Manas, OTDT Medical Director, and Laura Barton, Programme Manager at OTDT, presented the report.</p> <p>Following the publication of the government report <i>Honouring the Gift of Donation: Utilising Organs for Transplant</i> in February 2023, the Organ and Tissue Donation and Transplantation (OTDT) team has collaborated closely with the Department of Health and Social Care-led Implementation Steering Group for Organ Utilisation (ISOU) to implement its recommendations.</p> <p>The paper provided an update on OTDT's progress in leading the implementation of the Organ Utilisation Group (OUG) recommendations, in addition to a broader overview of OTDT's organ utilisation improvement initiatives. Full implementation of the OUG recommendations was expected by 2028.</p> <p>Improving deceased donor organ utilisation, alongside the promotion of both deceased and living organ donation, is critical to meeting future transplant needs and sustaining services and remains a core focus for NHSBT. Key drivers include reducing inequities in access to transplantation, improving organ utilisation to reduce transplant waiting lists, and collaborating to change clinical practices to increase the number of transplantable organs per donor.</p> <p>The report highlighted key progress and achievements in delivering the recommendations.</p> <p>In discussion, the importance of this work in enhancing consent rates and maximising organ utilisation was acknowledged. In response to a question from the Board, the relationship between the Transplant Collaboratives and the National Living Donation Assembly Scheme was clarified.</p>	

	<p>The Board was reminded that patient involvement has been central to this work, with NHSBT benefiting from strong patient engagement. Additionally, the recent commissioning symposium provided a significant opportunity to influence the future delivery of transplantation services in the UK.</p> <p>The Board noted the assurance report.</p>	
3.6	People Plan Progress Report	
	<p>Julie Pinder, Chief People Officer, and Matt Kay, Strategy Manager, presented the report.</p> <p>The NHSBT People Plan was officially launched in April 2024. The report outlined key delivery highlights, including the development of essential people policies, the launch of the Anti-Racism Framework, the new Careers site, progress on the Health and Wellbeing and Equality and Diversity strategies, and the introduction of the "Managers Digest"—a weekly live document offering updates on news and development opportunities.</p> <p>While significant progress has been made, further work is required to refine the work programme plans for years two and three, as well as to finalise key performance indicators for the People Plan pillars. Additional effort is needed to address feedback from the Annual Staff Conference, which emphasised the need for a stronger focus on career development and growth opportunities. Performance management is another area for improvement. In addition, targeted efforts to increase the uptake of corporate induction for new starters, which currently stands at 61%, against the 80% target would be made.</p> <p>Back-to-green plans are in place for certain initiatives related to the Estates Strategy, Harassment, Bullying, and Abuse Directorate plans, and the finalisation of the Freedom to Speak Up Strategy and Service Design.</p> <p>The report also included an example of the Corporate Performance Dashboard. Currently, this is a work in progress aimed at utilising available data and identifying additional metrics. Feedback on its development was invited.</p> <p>The Board expressed support for the development of the Corporate Dashboard, highlighting two areas for further improvement: enhancing the efficiency of the job design and evaluation process, and addressing health and safety concerns related to estates.</p> <p>The Board noted the report.</p>	
4.0	FOR APPROVAL	
4.1	Equality, Diversity and Inclusion	
4.1.1	Workforce, Race and Disability Equality Standard Reports	
	<p>Julie Pinder, Chief People Office and Pav Akhtar, Chief Diversity and Inclusion Officer presented the reports.</p> <p>Reporting parameters for the annual Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) reports were defined by NHS England (NHSE). The Care Quality Commission (CQC) also consider performance against these indicators under their 'well-led' inspection domain.</p>	

	<p>There are ten WDES indicators and nine WRES indicators. The reports included data for the 12-month period from 01 April 2023 to 31 March 2024.</p> <p>NSHBT is committed to being an intentionally inclusive and anti-racist organisation that places its people at the heart of all its activities, seen and unseen. It seeks to create an environment where everyone's individuality is respected, and people are treated equitably. NHSBT seeks to go beyond statutory requirements on inclusion and fairness by removing all forms of discrimination.</p> <p>The WDES report indicated year-on-year improvements across four of the ten metrics and year-on-year improvements across six of the nine WRES metrics.</p> <p>Gaps and priority areas of focus were identified as:</p> <ul style="list-style-type: none"> a) Reducing bullying, harassment and discrimination experiences of ethnic minority and disabled staff. b) Increasing the proportion of ethnic minority staff at band 8a or above from 15% to 19% (to align with the ethnic minority workforce profile 2027) c) Closing the likelihood of a recruitment ethnicity gap from 1.97 to 1.0 by adopting positive action measures d) Improving access to workplace adjustments for disabled staff from 47% to 55% e) Improving access to career progression for protected characteristic groups via initiatives including the 'career kickstart' programme f) Growing and supporting the seven NHSBT staff networks <p>Noting the data contained within the reports, Board members were content that the areas identified as priorities for improvement were the right ones and were supportive of the actions outlined to address them.</p> <p>Graham Bowditch who was attending the Board in his capacity as LGBT+ Network representative, welcomed the action plans and advised that steps should be taken to ensure they align with the plans of the seven NHSBT networks. In response, Board members were advised that work is underway to develop an integrated plan.</p> <p>The Board approved the reports for publication.</p>	
4.1.2	Gender Pay Gap and Ethnicity Pay Gap Reports	
	<p>Julie Pinder, Chief People Office and Pav Akhtar, Chief Diversity and Inclusion Officer presented the report.</p> <p>The Equality Act 2010 (Gender Pay Gap (GPG) Information) Regulations 2017 require employers with more than 250 employees to publish and report specific figures about their gender pay gap on an annual 'snapshot date' of 31 March. Regulations on GPG reporting require NHSBT to publish specific data about its GPG to the government by 30 March 2025. The Care Quality Commission (CQC) include performance against these indicators in their 'well-led' inspection domain.</p> <p>NHSBT's GPG continues to reduce, with GPG as mean pay narrowed from 5.04% to 3.8% in favour of male staff. GPG as median pay has narrowed from 3.57% to 2.18% in favour of male staff.</p>	

	<p>The Ethnicity Pay Gap (EPG) report is not a legislative requirement at the current time but is expected to be included in future legislation. Ahead of the statutory requirement, and to provide assurance NHSBT's baseline EPG data has been included. EPG as mean pay is 1.28% in favour of white staff. EPG as median pay is -3.86% in favour of ethnic minority staff.</p> <p>Web versions of the Gender Pay Gap report and Ethnicity Pay Gap Report will be produced for the publication on the NHSBT website.</p> <p>The Board approved the reports for publication.</p>	
4.2	Health, Safety and Wellbeing Policy Statement	
	<p>Phil Tanner, Assistant Director Safety, Wellbeing and Governance presented the Health, Safety and Wellbeing Policy of Intent for approval.</p> <p>The policy statement of intent had been reviewed with changes made in consultation with unions. A version showing the statement revisions was shared with the Board papers.</p> <p>A wider review of the policy in its entirety would take place in 2025/26.</p> <p>The Board approved the policy.</p>	
5.0	GOVERNANCE	
5.1	Governance Update	
	<p>Silena Dominy, Company Secretary presented the Governance update.</p> <p>The Board was advised that DHSC had re-appointed Peter Wyman as NHSBT Chair for a further term of three years from 01 April 2025 and Charlie Craddock as Non-Executive Director for a further term of three years from 01 June 2025.</p> <p>In addition, DHSC had appointed Ian Murphy as Chair of the Audit, Risk and Governance Committee with effect from 18 February 2025.</p> <p>Following recent changes in the Executive Director team the opportunity had been taken to review roles on NHSBT Committees. Board approval was sought to the following changes:</p> <p><u>People Committee</u></p> <ul style="list-style-type: none"> a) Julie Pinder, Chief People Officer to be the Executive Lead for the People Committee. b) Dee Thiruchelvam, Chief Nursing Officer to be a regular Executive attendee of the Committee in place of Gerry Gogarty, Director of Plasma for Medicines. <p><u>Trust Fund Committee</u></p> <ul style="list-style-type: none"> a) Antony Tiernan, Director of Communications and Engagement, to be appointed Executive Member of the Trust Fund Committee. b) Mark Chambers, Donor Experience Director, to be a regular Executive attendee of the Committee. 	

	<p>The Board development plan was presented and had been developed following the annual skills, capability and diversity assessment. The plan would evolve to respond as needs were identified. It was suggested that the plan be called the 'Board Knowledge Development Plan' in acknowledgement that Directors were evaluated as being sufficiently skilled for the role on appointment and that the plan was designed to broaden knowledge of Directors to enhance their effectiveness within their role.</p> <p>Recent experience of Non-Executive Directors observing committees was shared and was considered a useful exercise. Non-Executive Directors who wanted to observe Committees were invited to make contact with the Company Secretary who would facilitate attendance.</p> <p>In line with corporate governance best practice and Government advice for Arms Length Bodies, an externally facilitated Board effectiveness review was being undertaken by BDO LLP, with their findings reported to the Board in January 2025.</p> <p>The Board approved the amendments to Executive Director membership/attendance at Board Committees.</p> <p>The Board approved the development plan, agreeing it would be renamed Board Knowledge Development Plan.</p>	
5.2	Committee Assurance Reports	
5.2.1	Trust Fund Committee	
	<p>Penny McIntyre presented the Trust Fund Committee's report from the meeting held on 10 October 2024, highlighting the following key points:</p> <ul style="list-style-type: none"> a) Interviews for the Head of Fundraising position are scheduled for early December 2024. This role will sit within the Director of Communications and Engagement team, reporting to Altaf Kazi, Assistant Director of Partnerships and Community Engagement. b) Progress has been made with the circa £60k in restricted funds allocated to the Royal Devon and Exeter Hospital, with several potential opportunities now identified. <p>The Board noted the Trust Fund Committee report.</p>	
5.2.2	Clinical Governance Committee	
	<p>Charlie Craddock presented report of the Clinical Governance Committee meeting held on 07 November 2024 and highlighted the following:</p> <ul style="list-style-type: none"> a) The format of the agenda had been revised to create more space for discussion and strategic thinking. The approach had been welcomed by Committee members. b) The Committee received a report related to serious incidents. A project would commence, initially focused on Clinical Services to investigate and scope the issues, ascertain their root causes, and identify recommendations, seeking to test solutions that might be rolled out to other areas of the organisation. c) The Committee received a Research and Development report, which provided and excellent, independent view of NHSBT research activity. There was agreement to strengthen the evidence related to impact on clinical delivery. The report would be presented to the Board at its January 2025 meeting. 	

	The Board noted the Clinical Governance Committee report.	
5.2.3	Audit, Risk and Governance Committee	
	<p>The Audit, Risk and Governance Committee (ARGC) report of 14 November was received by the Board. Piers White drew attention to the main items discussed as highlighted below:</p> <ul style="list-style-type: none"> a) Since the report was issued a Board risk management workshop had taken place focused on the principle risks b) ARGC received both the annual cyber stocktake and work to assess cyber risk in NHSBTs major supplier chain c) ARGC had largely completed the review of areas where insurance arrangements are not in place and assessed the risks of financial loss d) In respect of internal audit, progress had been made in completing historic recommendations. The 2024/25 internal audit plan was on track for delivery. Dave Willis would be NHSBTs new internal audit contact. e) The external audit plan is under discussion. The National Audit Office contact would be Darren Stewart going forward. f) Financial performance and plans will remain a focus for ARGC. <p>The Board noted the Audit, Risk and Governance 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 included:</p> <ul style="list-style-type: none"> a) The budget allocation process for 2025/26 b) The 10-year plan engagement exercise, focused on the move from care in hospitals to community care, the focus on prevention and the best use of technology c) Reference to the DHSC led programme on organ utilisation d) Reference to the Commissioning symposium that would focus on making sure that opportunities arising from the delegation of kidney transplant services to Integrated Care Board's from 2025/26, to ensure a shared understanding about how those services should be commissioned. e) The House of Commons debate on the findings from the Infected Blood Inquiry had taken place, where there was a focus on compensation and duty of candour <p>The Board noted the report.</p>	

6.1.2	Northern Ireland	
	<p>Joan Hardy presented the Northern Ireland report, the highlights of her report were:</p> <ul style="list-style-type: none"> a) Due to the significant budgetary deficit that the Department of Health is facing, a pause has been put on all campaign advertising. Therefore, efforts were being made to identify other methods for promotion and partnership opportunities. b) Information was being sought regarding the budgetary position for 2025/26. <p>The Board noted the 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"> a) Implementation of the recommendations from the Scottish Donation and Transplantation Plan continue to be taken forward. b) Work is ongoing to finalise the Transplant Patient Survey report, which will be presented to the Scottish Donation and Transplant Group in December 2024. c) The first tissue donor recognition event was held in Edinburgh on 15 November 2024. Guests had the opportunity to listen to speakers and meet members of staff and donor families. <p>The Board noted the report.</p>	
6.1.4	Wales	
	The Welsh Health Department confirmed that there were no policy matters to report.	
6.2	Board Forward Plan	
	The Board noted the Forward Plan and the addition of items agreed through the meeting.	
7.0	CLOSING ADMINISTRATION	
7.1	Any Other Business	
	No further business was raised.	
7.2	Close of Meeting	
	The Chair thanked everyone for their attendance and contributions to the meeting.	
7.3	Date of Next Meeting	
	The date of the next meeting, 21 January 2025, London.	