

Board Meeting in Public Tuesday, 30 July 2024

Title of Paper	IBI Update	Agenda No.	3.3
Nature of Paper (tick one)	<input type="checkbox"/> Official <i>(Denotes that report contains information that needs to be protected, but equally, it can be shared where this is appropriate)</i>	<input checked="" type="checkbox"/> Official Sensitive <i>(Denotes that the report contains sensitive information and must be shared on a 'need to know' basis only)</i>	
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Lead Executive	Chief Nursing Officer		
Non-Executive Director Sponsor	N/A		
Presented for (tick all that applies)	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information* <input type="checkbox"/> Update	* See Note i
Executive Summary (max 300 word count)			
This report provides an update in relation to the work of NHSBT's Infected Blood Inquiry Implementation Group			
Previously Considered by			
IBI Implementation Group			
Recommendation <i>Complying with Notes i and ii</i>	The Board is asked to note the progress of the IBI Implementation Plan		
Risk(s) identified (Link to Board Assurance Framework Risks)			
Strategic Risks: P-01 Donor and Patient Safety - There is a risk that harm occurs to a donor or patient owing to failure to control the safety of NHSBT clinical activities P-06. Clinical Outcome of Patients - There is a risk that NHSBT fails to deliver continuous improvements to its service provision, caused by a lack of comprehensive information about the clinical outcomes of patients we treat, or who receive our products, resulting in a failure to achieve our strategic ambition of reducing health inequalities and providing every patient with the treatment or donation they need. The work of the Implementation Group will further reduce risk.			
Strategic Objective(s) this paper relates to: [Click on all that apply]			
<input checked="" type="checkbox"/> Collaborate with partners <input checked="" type="checkbox"/> Invest in people and culture <input type="checkbox"/> Drive innovation <input checked="" type="checkbox"/> Modernise our operations <input type="checkbox"/> Grow and diversify our donor base			
Appendices:			

The Infected Blood Inquiry's final report (published 20 May) contains 12 primary recommendations with 57 sub-recommendations. The recommendations cover a range of areas including compensation, a formal government apology, enhancing healthcare and support services, improving transparency in public health communication and monitoring the long-term health impacts on those affected. These measures aim to provide justice, support to victims and prevent future incidents from happening.

Seven of the 12 primary recommendations are health-related and have been assigned to DHSC, NHSE or relevant health bodies to take forward. Recommendations 1 – 3, 5, 11 and 12 are being led by Cabinet Office (CO). The second interim report on compensation published in April 2023, included a recommendation on the implementation of a bespoke psychological support service in England (recommendation 17), work on this is already underway by DHSC and NHSE.

NHSBT Implementation group was established in May. There have been three meetings to date. We have agreed the terms of reference and completed a gap analysis of a number of the recommendations. Detailed conversations have taken place regarding recommendation number 7 on blood transfusion.

The meeting outputs are shared on the intranet, internet and update within the organisational bulletin. We have invited representatives from key stakeholder groups and affected members within the organisation.

A DHSC led program board has been established from 11 June to co-ordinate the health bodies response, with key representatives from NHSE, NHSBT, UKSHA and MHRA. Overall co-ordination of Governments response is led by Cabinet Office.

NHSE has also established a program board to lead and manage the health-related recommendations and NHSBT is a key stakeholder.

The progress and timeline for delivery of each recommendation is being clarified and updates will be provided to the next Board.