

## Board Meeting in Public Tuesday, 20 May 2025

<b>Title of Report</b>	Clinical Governance Committee Report	<b>Agenda No.</b>	5.3.1
<b>Nature of Report</b> (tick one)	<input checked="" type="checkbox"/> Official	<input type="checkbox"/> Official Sensitive	
<b>Author(s)</b>	Silena Dominy, Company Secretary		
<b>Lead Executive</b>	Dee Thiruchelvam, Chief Nursing Officer		
<b>Non-Executive Director Sponsor</b>	Lorna Marson, Clinical Governance Committee Chair		
<b>Presented for</b> (tick all that applies)	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Update		
<b>Purpose of the report and key issues</b>			
This report is submitted to the Board to draw attention to the main items discussed at the Clinical Governance Committee (CGC) held on 10 April 2025.			
<b>Previously Considered by</b>			
N/A			
Recommendation	The Board is asked to note the report for assurance.		
<b>Risk(s) identified (Link to Board Assurance Framework Risks)</b>			
The Clinical Governance Committee is a key aspect in the governance and oversight of risks to Donor and Patient Safety (P-01).			
<b>Strategic Objective(s) this paper relates to:</b> [Click on all that applies]			
<input checked="" type="checkbox"/> Collaborate with partners      Invest in people and culture <input checked="" type="checkbox"/> Drive innovation <input checked="" type="checkbox"/> Modernise our operations      Grow and diversify our donor base			
<b>Appendices:</b>	None		

**1. Background**

This report is submitted to the Board to draw attention to the main items discussed at the Clinical Governance Committee (CGC) held on 10 April 2025.

**2. Infected Blood Inquiry (IBI)**

The Committee received an update in relation to the NHS Blood and Transplant (NHSBT) programme of work following the Infected Blood Inquiry (IBI) Report (final report published in May 2024). Since May 2024, UK Healthcare, the Department for Health and Social Care (DHSC), NHS England, NHSBT, the UK Health Security Agency and others have co-operated to review the report's clinically facing findings and recommendations and progress action via a number of forums. The Inquiry Chair, Sir Brian Langstaff is scheduled to hold further hearings in May 2025 about the timeliness and adequacy of the Government's response to compensation.

**3. Clinical Quality and Safety Governance Group (CQSGG) Integrated Report**

The Committee received the Integrated Report which summarised the work of the CQSGG and highlighted matters for committee oversight and scrutiny. Specifically, the report included CARE Group reports. The Committee particularly discussed clinical complaint trends. Within Organ and Tissue Transplantation and Donation (OTDT) IT work on blood group checking and recording was noted, and it was agreed that following a significant delay in receiving guidance following a never even in 2024 there would be follow up with NHS England. The OTDT team were commended for the award they received from the British Transplant Society. In Blood Supply assurance was sought in relation to an increase in clinical complaints with a further report due in July. The Committee also received a report on the impact of genotyping on the management of donors with familial pseudohyperkalaemia.

The Integrated Report confirmed significant matters that had been considered by the CQSGG from assurance reports in relation to the Therapeutic Products Safety Group, infection prevention and control, safeguarding, the Patient and Donor Safety Incident Review Group, resuscitation, data security, privacy and records management, non-clinical issues, donor feedback and donor experience. Governance updates were provided to the Committee in relation to patient and donor safety incidents and patient safety incident investigations. Of particular note were six ongoing Patient Safety Incident Investigations, five of which are expected to be complete by the next CGC meeting. The Committee requested that in line with the Patient Safety Incident Response Framework (PSIRF) all learning responses should be complete within six months of an incident.

The Committee also received the Regulatory Radar and Management Quality Review.

A report from the Clinical Risk Review Group updated the Committee on reviews taking place of the two principal risks under the remit of the committee (P-01 and P-06). Options for merging P-06 (Clinical Outcomes and Health Inequalities) with P-01 (Donor & Patient Safety) or P-10 (Scale and pace of the NHSBT Change Programme) were noted. It was agreed that the options should be further discussed through the Risk Management Committee prior to any decision being made.

**4. Advisory Committee on the Safety of Blood Tissues and Organs (SaBTO) report on Human Herpes Virus (HHV-8)**

The Committee noted that, subject to OTDT Senior Management Team endorsement, pre-transplant testing for Human Herpes Virus (HHV-8) would ideally be undertaken in the future. Since 2023 only post donation testing has been in place.

**5. Debrief on 2024/5 flu campaign**

The Committee received a report detailing the project and management of the Winter Wellbeing Flu Vaccination Campaign in 2024/25. Despite removal of barriers staff vaccination targets had not been met. The Committee noted action planned to improve the position and suggested a simplification of vaccination forms.

**6. Patient Safety Incident Investigations (PSII) Annual Deep Dive**

The Committee received and noted the findings of a deep dive report into two PSII's completed since the implementation of PSIRF in June 2024. The need for greater independence for such reviews in the future was discussed.

**7. Clinical and GIAA audit programme update 2024/25**

The Committee received a report on the 2024/25 audit programme noting that four audits had been completed, three of which are part of the 2024/25 programme and one from the 2025/26 programme which had been completed ahead of schedule. The Clinical Audit programme for 2024/25 contained eight clinical audits, with the remaining five being reported to be unlikely to complete prior to the end of the programme period. Twelve actions arising from clinical audit activity are currently overdue and being actively managed. No outstanding actions relate to an audit that was assessed as providing limited or unsatisfactory assurance.

Following a GIAA audit of clinical audit process, only one part action remains open and this is on track to complete by the target date.

**8. Annual Audit Programme 2025/26**

Committee members approved the Clinical Audit Programme for 2025/26. The programme comprises of:

- a) Five clinical audits not completed as planned in 2024/25, which will carry over and complete in early 2025/26 (three in Clinical Services, two in OTDT)
- b) Eight clinical audits planned for completion in 2025/26 (two in Blood Supply, one in Plasma for Medicines, four in Clinical Services, one in OTDT)
- c) Eight clinical audits planned to start within 2025/26 and complete in 2026/27 (one in Blood Supply, five in Clinical Services, two in OTDT)

All clinical audits have been approved by the relevant directorate CARE groups. The Committee discussed moving to a three year rolling plan for audits and management will consider this further.

## **Blood and Transplant**

### **9. Safeguarding and Prevent: Management of the Vulnerable and At-Risk Policy Review**

Committee members received the Safeguarding Policy (BLP4/1) and noted that this had been reviewed and approved by the Safeguarding Oversight Group and Clinical Governance Committee in September 2024. The MPD961/7 Safeguarding and Prevent document that compliments BLP4/1 had been updated to reflect current safeguarding practice across NHSBT. Whilst no significant changes had been made to BLP4/1 since its last review the Committee highlighted a number of changes that were required and approved the Board Level Policy to be presented to the Board for approval, subject to those changes.

### **10. Committee Board Assurance Report**

The Committee received the Committee Board Assurance report which provided assurance that the committee has been effective in carrying out its objectives. The report summarised the Clinical Governance Committee's (CGC) activity across 2024/25 to demonstrate that the Committee has effectively discharged its delegated responsibilities, as set out within its terms of reference. The opinion of the CGC is that its risk management, control and governance processes are adequate and effective and may be relied upon by the Board. It should be acknowledged that the Committee is going through a period of transition as the newly formed Clinical Quality and Safety Governance Group (CQSGG) embeds and reporting by exception to CGC is developed. Once this is in place and embedded the Committee's operation is likely to be improved. The following gaps in assurance were noted:

- CQSGG has not yet operated for a year and therefore an assurance report has not been presented to CGC for the year 2024/25. From 2025/26 such an assurance report will be required annually.
- The assurance report in relation to nursing staff revalidations is outstanding.
- The planned clinical audits for 2024/25 have not all been completed. The five outstanding audits have been carried forward to the 2025/26 year

During 2025-26 there will be an opportunity to re-focus the approach of the CGC, particularly in view of the establishment of the CQSGG, with the goal of making the most impactful use of resources, expertise, and time. This report served as an opportunity to express thanks to all those who have devoted their time and energy to the Clinical Governance Committee to date. Their contributions have been valuable and appreciated. The Committee will determine the appropriate regular attendance at CGC moving forwards with others invited in to discuss specific matters relevant to them.

### **11. Items for escalation to the Board**

The Committee Board Assurance Report was presented to the Audit, Risk and Governance Committee on 2 May 2025, ahead of presentation to the Board on 20 May 2025.

The Safeguarding Policy is scheduled for Board approval on 20 May 2025.