

**Minutes of the One Hundred and Twenty-Fifth Public Board Meeting of  
NHSBT, held in Filton and via MS Teams  
Tuesday, 20 May 2025, 12:45 - 15:00**

<b>Present</b>		
<b>Voting Members</b>		
	Peter Wyman	Chair
Virtual	Caroline Serfass	Non-Executive Director
	Lorna Marson	Non-Executive Director
Virtual	Rachel Jones	Non-Executive Director
	Penny McIntyre	Non-Executive Director
	Ian Murphy	Non-Executive Director
	Charles Craddock	Non-Executive Director (left for item 3.4)
	Jo Farrar	Chief Executive Officer
	Wendy Clark	Deputy Chief Executive Officer
	Gail Mifflin	Chief Medical Officer and Director of Clinical Services
	Carl Vincent	Chief Financial Officer
Virtual	Anthony Clarkson	Director of Organ and Tissue Donation and Transplantation
	Denise Thiruchelvam	Chief Nursing Officer
<b>Non-Voting Members</b>		
Virtual	Stephanie Itimi	Associate Non-Executive Director (until 14:30)
	Nicola Yates	Associate Non-Executive Director
	Helen Gillan	Director of Quality and Governance
	Gerry Gogarty	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
<b>In attendance</b>		
	Silena Dominy	Company Secretary
	Louise Espley	Corporate Governance Manager (minutes)
	Jo Dobie	Executive Assistant to the Chair
	Claire Williment	Chief of Staff
	Abisola Babalola	Head of Policy and Engagement
	Andrew Costall	Disability and Wellness Network (DAWN) Chair
Virtual	Helen McDaniel	DHSC (UK Health Department)
Virtual	Joan Hardy	Northern Ireland (UK Health Department)
Virtual	Janice Sheppey	Northern Ireland (UK Health Department)
Virtual	James How	Scotland (UK Health Department)
Virtual	Catherine Cody	Wales (UK Health Department)
	David Abdo	Brand and Studio Manager (item 2.1)
	Mark Taylor	Assistant Finance Director, Performance and Planning (items 3.3.1 and 3.3.2)
	Danielle Pettitt	Strategic Lead DX and Community Management (item 3.5)
	Darren Bowen	Assistant Director, Supply Chain Planning, Performance and Stock (item 3.5)
	Brad Parker	Deputy Chief People Officer (item 3.6)
	Matt Kay	Strategy Manager (item 3.6)
Virtual	Richard Rackham	Assistant Director, Governance and Resilience (item 3.7)
Virtual	Iroro Agba	Assistant Director, Quality (item 3.8)
<b>Apologies</b>		

## Blood and Transplant

1.0	Opening Administration	Action
1.1	<b>Welcome and apologies</b>	
	<p>The Chair welcomed everyone to the 125<sup>th</sup> NHS Blood and Transplant (NHSBT) Board meeting in public. A welcome was extended to Andrew Costall, DAWN Chair, representatives from UK Health departments and members of the public.</p> <p>David Abdo was welcomed and would deliver the patient story at item 2.1.</p>	
1.2	<b>Register of Interests</b>	
	No conflicts of interest were declared in respect of the items on the agenda.	
1.3	<b>Minutes of the previous meeting</b>	
	The Board <b>APPROVED</b> the minutes of the meeting held on 1 April 2025 as a true and accurate record.	
1.4	<b>Action log and matters arising from the previous meeting</b>	
	The Board noted the action log and agreed to close action PB03/25. Action PB02/25 was scheduled for January 2026 and two further actions remained open.	
2.0	<b>PATIENT STORY</b>	
2.1	<b>Infected Blood Inquiry (IBI) anniversary - statement from David Abdo</b>	
	<p>Denise Thiruchelvam, Chief Nursing Officer introduced the patient story, which focused on the Infected Blood Inquiry, marking one year since publication of the Inquiry's report. The Board was introduced to David Abdo, Brand and Studio Manager, who had shared his personal experience by giving evidence to the Inquiry.</p> <p>David thanked the Board for taking the time to listen to the account of his personal experience following the death of his father. David's father had contracted hepatitis B and C from a blood transfusion received during a renal transplant in 1985. David's statement detailed the tragic consequences of the contaminated blood scandal on his family by highlighting systemic failures, identifying the lack of support to individuals and affected families and the ongoing fight for justice.</p> <p>David suggested several recommendations to ensure that learning from the past takes place. Those recommendations included, ensuring a patient centred approach, candour and transparent communication, improved support systems, learning and acknowledgment of past failures, cultural change, collaboration and engagement with patient groups and advocacy organisations and support for the creation of a permanent memorial to honour those affected.</p> <p>The Board were informed that steps had been taken to address some of the recommendations. For example, NHSBT has updated its Duty of Candour policy to ensure that learning from incidents and issues is effectively captured, reinforcing its commitment to becoming a learning organisation.</p> <p>Board members extended sincere thanks to David for sharing his story and for his constructive recommendations. The request for psychological support for families particularly resonated as a recommendation that required ongoing focus.</p> <p>The Chief Executive thanked David for being a courageous and important voice within NHSBT. She acknowledged David's bravery in stepping forward to share his story. David concluded by saying that he would continue to promote greater compassion among those delivering or have management responsibility for health services.</p>	

	<b>The Board thanked David for taking time to share his experience with the Board.</b>	
<b>3.0</b>	<b>FOR ASSURANCE</b>	
<b>3.1</b>	<b>Chief Executive's Report</b>	
	<p>Dr Jo Farrar, Chief Executive presented the Chief Executive Report and highlighted the following:</p> <ul style="list-style-type: none"> <li>a) NHSBT's Resolution policy was launched in April 2025 (encompassing the previous Grievance and Dignity at Work policies) and brings a new approach to seek to resolve issues informally and at the earliest opportunity to support all colleagues in their working environment. Additionally, a new approach to performance management, called 'Connected Conversations' has been launched.</li> <li>b) NHSBT's accounts for 2024/25 have closed and are subject to audit. The statutory accounts will be laid before Parliament by mid-July 2025.</li> <li>c) NHSBT are grateful to the Department of Health and Social Care (DHSC) for responding positively to funding requirements for 2025/26. The settlement included recurrent funding for key initiatives such as Abdominal Normothermic Regional Perfusion (ANRP) and Donation after Circulatory Death (DCD) Hearts, as well as Clinical Leads for Utilisation, which will support an increase in the number and quality of organs for transplant.</li> <li>d) A collaboration with the Royal Papworth Hospital and Freeman Hospital, which was highly commended at the recent British Transplantation Society Congress, has performed the UK's first DCD Paediatric Heart Retrieval and Paediatric Heart Transplant using Hyperthermic Organ Perfusion. This technology means more opportunities for small children waiting for heart transplants.</li> <li>e) Patients are now regularly receiving UK plasma derived medicines (PDMP) with NHSBT working in collaboration with the Department of Health and Social Care (DHSC), NHS England (NHSE) and the third party supplier to continue to deliver a stable supply chain.</li> <li>f) A review of the impact of the targeted campaign relating to the opening of the Brixton Donor Centre delivered positive results. The campaign featured local poster and billboard advertising, a three-week takeover of the Brixton tube station and location-targeted social media adverts and community radio and resulted in a 74% increase in registrations from people of Black heritage in London compared with the previous year. The centre achieved 1,678 new donor donations by March 2025. The Brixton centre attracts a younger demographic with nearly 60% of its donors being under 35, compared to 40% across other London donor centres.</li> </ul> <p>In discussion, the Board noted the draft interim audit opinion from GIAA, which rated NHSBT's governance, risk management and control framework as 'moderate'. This marked a significant improvement from the 'limited' opinion issued over the previous two years. All areas of the organisation that had contributed to this improvement were thanked, with the need to ensure the improved standards are maintained noted.</p> <p><b>The Board noted the report.</b></p>	
<b>3.2</b>		
<b>3.2.1</b>	<b>Board Performance and Risk Report</b>	

## Blood and Transplant

Jo Farrar introduced the performance and risk report, highlighting challenges related to blood stocks, organ donation and productivity and invited questions from board members related to its content.

In discussion it was noted that several areas of performance are off track. Gerry Gogarty, Director of Blood Supply provided an update on the current status of blood stocks, emphasising ongoing challenges. Over the past two to three years, NHSBT has not collected sufficient blood. Contributing factors include, a rise in haemoglobin deferrals, which increased from 2–3% in 2018 to 9–10% during 2024/25, reaching over 10% in March 2025. Another significant issue impacting blood stocks is fill rates. In 2019/20, NHSBT scheduled 43,000 appointments to collect 28,000 units of blood weekly. Currently, despite scheduling 48,000/49,000 appointments, only 26,000/27,000 units are being collected. A third area of concern is appointment cancellations, with the 4.5% cancellation threshold being exceeded in 2024/25, reaching 5.3%. However, recent improvements have been noted, with cancellation rates dropping to 2.9% in April 2025.

Approaches being implemented to improve performance were outlined and involved coordinated efforts across the Nursing, People, and Donor Experience directorates. A performance framework is set to be introduced to reinforce a strong commitment to high standards. While short-term interventions are expected to yield improvements, more transformative initiatives, such as collaboration with the digital team to implement digital health checks will be essential to achieve significant, long-term performance gains.

In discussion, it was clarified that the metrics being focused on are; reducing cancellations, deploying the right capacity and addressing fill rates. With regard to blood usage, detailed data is available, including audit data to provide a view on expected and actual usage. The metric of most interest is the usage of O negative blood, which is increasing year on year.

The Board noted that the amber alert for blood had been in place for an extended period, and the planned exit from the alert in May 2025 had not been achieved. The revised target is now to exit the amber alert by August 2025. The Board sought assurance on the feasibility of meeting this timeline. Interventions required to meet the necessary criteria were outlined and included improving blood stocks performance, increasing capacity, reducing cancellations and introducing a location-based approach for collection and managing O negative demand. It was noted that National Blood Week in early June 2025 typically brings a spike in bookings and registrations.

Further initiatives, such as the opening of the Brighton centre and the implementation of recommendations from the National Quality Board are expected to have a positive impact. The Quality Board actions will enhance NHSBT's ability to flex its workforce in line with demand and to deploy resources more effectively and efficiently.

With regard to organ donation and transplantation performance, the positive start to 2025/26 was noted, although concerns remain regarding organ donation consent rates and numbers of organs donated.

Reflecting on the statement delivered by David Abdo, particularly his emphasis on placing donors at the centre of services, a question was raised about whether there was evidence of patient/donor input into workforce planning. In response, coproduction with both donors and staff was identified as a key approach to achieving this. It was acknowledged that data from quality indicators will be essential

	<p>in continually reviewing and refining the service delivery methodology, which must remain adaptable to changes in demand.</p> <p><b>The Board noted the report.</b></p>	
<b>3.2.2</b>	<b>Year-end business plan review 2024/25</b>	
	<p>The Board received a paper, which provided an overview of year-end performance against the 2024/25 business plan.</p> <p>Organisational performance across NHSBT is generally strong and improving versus 2023/24. Where delivery is behind plan, interventions to return 'back-to-green' during 2025/26 are in place. The transformation portfolio is healthy, and investment is being used to both maintain infrastructure (e.g. modernising the Colindale site), while also delivering new capabilities (e.g. automating blood donor marketing processes).</p> <p>The Board agreed it was a helpful exercise to review the end of year position against the business plan and to take the opportunity to reflect on achievements as well as acknowledging the challenges ahead.</p> <p><b>The Board noted the report.</b></p>	
<b>3.3</b>	<b>Financial performance report</b>	
<b>3.3.1</b>	<b>Out-turn 2024/25 (subject to audit)</b>	
<b>3.3.2</b>	<b>Period 1 2025/26</b>	
	<p>Items 3.3.1 and 3.3.2 were reviewed together to enable an integrated discussion. Carl Vincent, Chief Financial Officer provided a summary of the context of the current NHS environment and pressures on public sector finances. In terms of NHSBT's response, initiatives have been put in place to transform services to improve productivity, whilst providing donor centered care.</p> <p>Reference was made to the circa £16.5 million efficiency plan for 2025/26. Confirmed schemes have increased from £9.6 million to £10.3 million, leaving £5.4 million attributed to unconfirmed initiatives. While this remains a challenging target, there is confidence in the robustness of the plans in place. In addition to delivering the required savings, strong cost control will be essential. The Investment Committee is focused on minimising ongoing run-cost implications. Additionally, there is an increased emphasis on month-by-month budget management to avoid cost overruns. Further work is underway to review establishment costs, travel expenses, and other areas of operational expenditure.</p> <p>Mark Taylor, Assistant Finance Director presented the reports, which provided the provisional financial outturn for 2024/25 and period one 2025/26.</p> <p>NHSBT finished the year 2024/25 with an overall surplus position of circa £14m (circa £33m favourable movement). The improvement was predominately driven by the provision of additional funding at the year end from NHSE/DHSC, which was provided as a one-off payment to mitigate the cost overruns in blood experienced through the year and support to winter pressures.</p> <p>The budgetary position for 2025/26 is constrained and will require sustained cost control throughout the year. The approved budget reflects a deficit of £12.8 million, primarily driven by non-recurrent transformation expenditure endorsed at the April 2025 Board meeting. The financial plan is closely aligned with business plan priorities, and the underlying sustainable position is fully funded in line with expected</p>	



	<p>volumes and activity levels. However, several underlying downside risks remain and will be monitored closely as the year progresses. The capital plan for 2025/26 totals £25 million, with measures in place to ensure full utilisation of the allocated funds.</p> <p>The closing cash balance for April 2026 is £50m. Based on the approved budget, the cash projection for March 2026 is £56m, reflecting both working capital adjustments and the £12.8m budget deficit. The cost improvement indicative plan for 2026/27 is for 2% (£13.2m), of which, £7.9m has been identified to date.</p> <p>The Board discussed the financial position in terms of the cash position, expenditure phasing and the cost improvement plan, particularly in relation to recurrent schemes. It was confirmed that efforts were focused on ensuring that the majority of efficiencies are recurrent. Delivery of plans would be tracked via the Audit, Governance and Risk Committee (ARGC).</p> <p>Reference was made to the suggestion that enhancing the donor experience could lead to greater efficiencies. A question was raised about the feasibility of modelling the donor experience within NHSBT. In response, it was noted that a digital donor platform model has been approved with the aim of improving the donor experience. While further assessment of its benefits is planned, it is expected to deliver both efficiency gains and an enhanced donor journey. Additionally, from an organ donation perspective, it was highlighted that increasing consent rates has been shown to improve productivity and reduce the cost per organ, ultimately improving the donor experience.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>a) <b>Noted that the financial position is provisional and subject to audit and ARGC review</b></li> <li>b) <b>Noted that the improved year end outturn position has allowed NHSBT to further develop an invest to save/contingency (+£14m)</b></li> <li>c) <b>Noted that the closing cash balance at the end of March 2025 was £38m (the underlying position is higher at £69m)</b></li> </ul>	
<b>3.4</b>	<b>Infected Blood Inquiry (IBI) – NHSBT Annual Update</b>	
	<p>Dee Thiruchelvum, Chief Nursing Officer presented the report, noting that it was the one year anniversary since publication of the IBI report which included seven volumes, 12 primary recommendations and 57 sub-recommendations.</p> <p>The report described NHSBT's response to date, which included:</p> <ul style="list-style-type: none"> <li>a) Initial findings from the Inquiry's final report</li> <li>b) Working groups progress</li> <li>c) NHSBT's openness and stakeholder engagement approach</li> <li>d) Information about key national strategic constraints (including funding and governance changes)</li> <li>e) The impact of the spending review and governmental changes to the delivery of the recommendations</li> <li>f) Information about the positive collaborative work with the four UK nations</li> <li>g) An update from the recent inquiry hearings</li> <li>h) An update on recommendation seven (Patient Safety: Blood Transfusion).</li> <li>i) Initial insight into the ongoing IBI Memorial Art Project Plan</li> </ul> <p>NHSBT continues to play a collaborative and supportive role in delivering the Inquiry's recommendations, offering expert advice and leadership where appropriate. NHSBT</p>	

	<p>remains fully engaged with national partners through DHSC and NHSE coordination boards, while driving internal implementation and oversight.</p> <p>The initial findings of the Inquiry reaffirm NHSBT's resolve to not only acknowledge historic failures but also to apply the lessons learned going forward, particularly around transparency, accountability, and patient safety culture.</p> <p>NHSBT has updated its duty of candour to ensure learning from incidents and issues is captured and NHSBT becomes a learning organisation. NHSBT continues to engage with key stakeholders, external organisations and employees.</p> <p>A bid has been submitted to the Government spending review to support delivery of IBI recommendations. The outcome of the spending review is expected later in 2025 and will set out the Government's financial commitment to addressing the Inquiry's findings. The Board was advised that any delay or shortfall in funding following the spending review could impact on timelines and scope of delivery.</p> <p>In relation to recommendation seven, the Board noted that it encompassed actions extending beyond the scope of the inquiry and formed a critical part of NHSBT's broader operational modernisation. The risk associated with not securing additional funding was considered significant. NHSBT had raised this concern with the DHSC and subsequently submitted a three-stage funding proposal outlining the associated risks and consequences of failing to invest.</p> <p>In addition to the risks associated with not securing further investment, it was also noted that receiving investment brings its own challenges, particularly the pace at which mobilisation can take place and the ability to scale up resources and capacity.</p> <p>The Board was informed that the majority of actions outlined in recommendation seven are also being addressed through the Transfusion and Transformation Strategy, developed in collaboration between NHS England and NHSBT.</p> <p><b>The Board noted the report.</b></p>	
	<b>Clinical Trials Day</b>	
	<p>Following the lunch break, the Chair invited colleagues hosting a stand on 'National Clinical Trials Day' to introduce themselves and share with the Board their work as statisticians within NHSBT.</p>	
<b>3.5</b>	<b>Health of the Donor Base</b>	
	<p>Mark Chambers, Donor Experience Director, Danielle Pettitt, Strategic Lead DX and Community Management and Darren Bowen, Assistant Director, Supply Chain Planning, Performance and Stock presented the report.</p> <p>One of NHSBT's five strategic priorities is growing and diversifying the donor base and registers. A system wide approach was agreed by the Board in April 2025 and the paper provided details of actions being taken to drive donor base growth and an update on initiatives that seek to increase the resilience across the blood supply system. The focus being to increase the size of the donor base and increase collection performance.</p> <p>The Board was reminded of the key successes achieved in 2024/25, which included an increase in new donor registrations, 20,000 of whom were of Black heritage. Approximately 15,000 new donors went on to donate during the year. In addition, the willingness to donate increased to 38% by March 2025, up from 36% a year earlier.</p>	

	<p>It was highlighted that increased activity alone, would not drive growth. Growth was reliant on every link in the chain working optimally to ensure new donors can successfully donate. The paper described the focus on efforts on key activity to bring in the 'right' donors, work to improve operational capacity and improving processes to enable individuals to donate once they connect with NHSBT.</p> <p>During the discussion, the importance of recognising donors as customers was raised. Assurance was provided that the Donor Experience Directorate is committed to operating in a customer-focused manner and to enhancing the overall donor experience. It was acknowledged, however, that further opportunities for improvement remain.</p> <p>The Board welcomed the renewed focus on levers and interventions aimed at improving performance, such as the blood typing initiative, and requested that impact metrics be clearly reflected in the performance report. It was explained that some of the information is tracked, in some cases on a daily basis and it would be beneficial to explore which additional information would be helpful to include in the performance report. Regarding haemoglobin deferrals, it was agreed that further analysis was needed to better understand the data and enhance collection outcomes.</p> <p>Initiatives to communicate in new ways and to encourage donors to return again and again were being developed (including digital solutions and local, versus national marketing) and it was likely that several pilots would be introduced.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>a) <b>Noted that meeting donor targets requires a whole system response</b></li> <li>b) <b>The Board were assured that whole blood donor base targets are reasonable and that conclusions on key priorities are supported by evidence:</b> <ul style="list-style-type: none"> <li>- <b>Significant growth is required for Ro blood group to meet demand and reduce health inequalities</b></li> <li>- <b>Growth in O- blood group is required to improve resilience and to substitute for unmet Ro demand</b></li> <li>- <b>Younger donor base required to secure the future</b></li> </ul> </li> </ul> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>PB04/25 – Further update to be presented to the Board in six months and consideration to be given to providing the Board with additional lag performance indicators on the health of the donor base.</b></li> </ul>	MC 02/12/25
<b>3.6</b>	<b>People Plan: 1 year in report</b>	
	<p>Julie Pinder, Chief People Officer, Brad Parker, Deputy Chief People Officer and Matt Kay, Strategy Manager presented the report.</p> <p>NHSBT's three-year People Plan was published in April 2024. The report provided activity, key performance indicators (KPI) and workforce information, data and insights against the four pillars of the People Plan to describe the first full year of delivery.</p> <p>Significant progress has been made during 2024/25, with emerging evidence that the interventions are starting to positively impact performance, for example, reduced employee turnover, lower absence rates, and improved employee engagement. The Board's attention was drawn to the slide describing the 'year in numbers' in support of this message. 36 actions had been identified for year one of the plan, 21 had been completed and 15 were still being delivered.</p>	



	<p>During 2025/26 there would be a focus on the road map covering activities across the whole three years of the plan.</p> <p>The Board commended the report and expressed appreciation to the team for the progress achieved in the first year of the plan. They acknowledged the importance of fully developing key performance indicators for year three, and agreed that defining 'what success looks like' should be a central focus for scrutiny by the People Committee.</p> <p>A question was raised regarding the extent to which frontline service skill mix could be re-modelled by leveraging automation and technological advancements. The Board was informed that this would be a key focus of Executive discussions during June 2025.</p> <p><b>The Board noted the report.</b></p>	
<b>3.7</b>	<b>Board Assurance Framework</b>	
	<p>Helen Gillan, Director of Quality and Governance and Richard Rackham, Assistant Director, Governance and Resilience presented the Board Assurance Framework. The Board Assurance Framework (BAF) is the key risk management document that demonstrates the risks to delivery of the organisation's strategy and core purpose, aligning assurance to those risks enabling the Board to hold the organisation to account for its delivery. The document is updated monthly and reflects all risk conversations at Board, Executive Team and other departmental meetings.</p> <p>Since the Board risk workshop in November 2024, significant progress has been made in developing the Board Assurance Framework (BAF). While some elements have been completed, others are still in progress. There are three risks at risk limit: P-02 (Service Disruption), P-03 (Service Disruption - Loss of Critical ICT), and P-04 (Donor Numbers and Diversity). Additionally, risk P-05 (Finance) is high and has undergone and extensive review and appraisal by the Risk Management Committee and ARGCC. Risk P-10 (Pace and Scale of Transformational Change) has also been revised but has not yet been presented to ARGCC.</p> <p>It was suggested that risk five may benefit from further review at the scheduled Board risk workshop in November 2025.</p> <p>The Chair of ARGCC advised the Board that the three red rated risks would be subject to deep dives by the ARGCC. Additionally, a contributory risk around artificial intelligence had been drafted and would be subject to regular review by ARGCC.</p> <p><b>The Board noted the Board Assurance Framework.</b></p>	
<b>3.8</b>	<b>Annual Management Quality Report and Update</b>	
	<p>Helen Gillan, Director of Quality and Governance and Iroro Agba, Assistant Director, Quality presented the report.</p> <p>The annual Management Quality Review report brings together performance data from all regulators, with a strong focus on quality and safety. It highlights the critical link between quality, safety, and the broader productivity challenge, especially the importance of managing change effectively and getting things right the first time. The report emphasises areas where improvements are needed, many of which stem from continued reliance on paper-based systems.</p>	

## Blood and Transplant

	<p>Overall, 2024/25 has been a very positive year, with new Donor Adverse Event (DAE), Patient Safety Incident Investigation (PSII), and Quality self-inspection audit processes successfully implemented. NHSBT was subject to 33 independent, external inspections during 2024/25. Despite the increased number of Medicines and Healthcare Products Regulatory Agency (MHRA) inspections, the volume of major findings remained low, with no critical findings. NHSBT maintained all standards and accreditations. Challenges remain, especially in reducing the volume of overdue Quality Management System (QMS) events and completing supplier reviews on time. Additionally, work continues to focus on simplifying processes and embracing transformation.</p> <p>In discussion it was agreed that the total number of majors and minors would be explicit in the 2025/26 iteration of the annual report.</p> <p>It was also noted that NHSBT had not been inspected by the Care Quality Commission (CQC) for some time. The CQC brings a distinct perspective compared to other regulators, offering a broader assessment of organisational quality. Emphasis was placed on the importance of a learning culture and continuous improvement as essential foundations for embedding meaningful change and management of risk.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>a) Supported the ongoing work to improve management of QMS incidents</li> <li>b) Offered encouragement and support to teams to log incidents promptly when they do occur, so that the risk can be assessed and any regulatory reporting can be completed in a timely manner</li> <li>c) Supported preparations for future regulatory inspections, as well as actions to resolve inspection findings, as required</li> <li>d) Offered encouragement to teams to support and accommodate internal quality self-inspection audits</li> </ul>	
<b>4.0</b>	<b>FOR APPROVAL</b>	
<b>4.1</b>	<b>Safeguarding and PREVENT: Management of the vulnerable and at-risk policy</b>	
	<p>Dee Thiruchelvum, Chief Nursing Officer presented the Safeguarding and PREVENT policy for approval. The policy was reviewed by the Clinical Governance Committee in April 2025 which resulted in updates to roles, accountabilities and governance group titles.</p> <p><b>The Board approved the safeguarding and PREVENT policy.</b></p>	
<b>5.0</b>	<b>GOVERNANCE</b>	
<b>5.1</b>	<b>Governance Update</b>	
	<p>Silena Dominy, Company Secretary, presented the Governance update. Following discussion at the April 2025 Board meeting, amendments have been made to the Standing Orders and Scheme of Delegations and the final versions were available in the Board review room.</p> <p>Having completed two years as an Associate Non-Executive Director, Stephanie Itimi's term of office will end on 5 June 2025, and she will leave the Board at this time. The Board extended thanks to Stephanie for her contributions to the work of NHSBT.</p> <p><b>The Board noted the report.</b></p>	

<b>5.1.1</b>	<b>Board Effectiveness Review Action Plan</b>	
	<p>Silena Dominy, Company Secretary, presented the report.</p> <p>Between November 2024 and January 2025, BDO LLP undertook a Board effectiveness review including benchmarking against the Corporate Governance in Central Government Departments: Code of Good Practice and HM Treasury and Cabinet Office Guidance (Chapter 4). BDO attended a Board seminar session on 21 January 2025 to present their draft findings and provide an opportunity for all Board members to discuss these further. The final report on NHSBT's Board effectiveness was formally presented to the Board at its meeting on 1 April 2025.</p> <p>Whilst BDO found that "Overall, the structure, governance framework and arrangements in place at NHSBT support effective governance" they highlighted some areas where they felt that further enhancements to approaches and thinking would be of benefit to the Board and the organisation as a whole. These related to four key themes:</p> <ul style="list-style-type: none"> <li>a) Strategy and Ambition</li> <li>b) Succession Planning and Development</li> <li>c) Size of the Board</li> <li>d) Public vs Private meetings</li> </ul> <p>The report summarised the Board's response to each of the four recommendations following discussion ahead of the Board meeting.</p> <p><b>The Board approved the response to the 2024/25 externally facilitated Board effectiveness review.</b></p>	
<b>5.2</b>	<b>Committee Annual Assurance Reports</b>	
<b>5.2.1</b>	<b>Audit, Risk and Governance Committee (ARGC)</b>	
	<p>Ian Murphy, ARGC Chair, presented the report which summarised the Committee's activity during 2024/25. The report demonstrated that the Committee had effectively discharged its delegated responsibilities, as set out within its terms of reference.</p> <p>The Committee had approved the report at its meeting on 2 May 2025 and agreed that:</p> <ul style="list-style-type: none"> <li>a) an annual review of internal audit effectiveness be included on the forward plan each year.</li> <li>b) moving forwards the Risk Management Committee should provide either the minutes of their most recent meeting (which should be approved by the RMC Chair, but may remain subject to confirmation at the next RMC meeting) or alternatively a report on the activities and key decisions of the most recent meeting of the Committee.</li> </ul> <p><b>The Board received the report for assurance.</b></p>	
<b>5.2.2</b>	<b>Clinical Governance Committee (CGC)</b>	
	<p>Lorna Marson, Committee Chair, from April 2025 presented the report which summarised the Committee's activity during 2024/25. The report demonstrated that the Committee had effectively discharged its delegated responsibilities, as set out within its terms of reference.</p> <p>The Committee had approved the report at its meeting on 10 April 2025 and noted the following:</p>	

## Blood and Transplant

	<ul style="list-style-type: none"> <li>a) Implementation of the Clinical Quality and Safety Governance Group (CQSGG) integrated report has enhanced the operation of the committee by providing targeted information.</li> <li>b) The IBI remains a key area of focus for the Committee, as does implementation of the Patient Safety Incident Response Framework (PSIRF)</li> <li>c) Patient Safety Representatives joined meetings as regular Committee attendees in January 2025 and was a welcome addition</li> </ul> <p>The following gaps were identified as part of the assurance exercise and would be addressed during 2025/26:</p> <ul style="list-style-type: none"> <li>a) The Clinical Quality and Safety Governance Group (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.</li> <li>b) The assurance report in relation to nursing staff revalidations is outstanding. However, during 2024 GIAA completed a review of the nursing revalidation process which resulted in a substantial assurance rating. It was agreed that it was not necessary for reports to be received by the Committee for professional roles these fall under various registration bodies that have CPD requirements. The Committee Terms of Reference will be updated to reflect this.</li> <li>c) Four clinical audits have been completed during 2024/25, three of which were part of the 2024/25 audit programme and one from the 2025/26 programme (completed ahead of schedule). The clinical audit programme for 2024/25 contained eight audits. The five outstanding audits have been carried forward to the 2025/26 year. Twelve actions arising from clinical audit activity were overdue at the year-end and are being actively managed. No outstanding actions relate to an audit that was assessed as providing limited or unsatisfactory assurance.</li> </ul> <p><b>The Board received the report for assurance.</b></p>	
<b>5.2.3</b>	<b>People Committee (PC)</b>	
	<p>Caroline Serfass, (Committee Chair 2024/25) presented the report which summarised the Committee's activity during 2024/25. The report demonstrated that the Committee had effectively discharged its delegated responsibilities, as set out within its terms of reference.</p> <p>The Committee had approved the report at its meeting on 1 May 2025 and agreed that:</p> <ul style="list-style-type: none"> <li>a) The Chief People Officer and Company Secretary are to determine the appropriate approach to reporting from the Pay Committee to the People Committee.</li> <li>b) The Chief People Officer and Company Secretary are to consider how to give the Committee assurance in relation to the process for honours applications.</li> </ul> <p><b>The Board received the report for assurance.</b></p>	
<b>5.2.4</b>	<b>Trust Fund Committee (TFC)</b>	
	<p>Penny McIntyre, (Committee Chair 2024/25) presented the report which summarised the Committee's activity during 2024/25. The report demonstrated that the Committee had effectively discharged its delegated responsibilities, as set out within its terms of reference.</p>	

## Blood and Transplant

	<p>During the year the Board determined that it was appropriate to increase the size of the Committee to three non-executive and three executive Board members. This will increase the skills on the Committee. The Terms of Reference will be updated to reflect this and will be presented for Committee approval on 23 June 2025.</p> <p>Alongside management of the Trust Fund there has been a focus on growing the Trust Fund and appointing to the Head of Charity role.</p> <p><b>The Board received the report for assurance.</b></p>	
<b>5.3</b>	<b>Committee Meeting Reports</b>	
<b>5.3.1</b>	<b>Clinical Governance Committee</b>	
	<p>Lorna Marson, Committee Chair, presented the Clinical Governance Committee's report from the meeting held on 10 April 2025.</p> <p><b>The Board noted the Clinical Governance Committee report.</b></p>	
<b>5.3.2</b>	<b>People Committee</b>	
	<p>Penny McIntyre, Committee Chair presented the report from the People Committee meeting held on 1 May 2025.</p> <p><b>The Board noted the People Committee report.</b></p>	
<b>5.3.3</b>	<b>Audit, Risk and Governance Committee</b>	
	<p>Ian Murphy, Committee Chair, presented the report from the ARGC meeting held on 2 May 2025 and highlighted the following:</p> <ul style="list-style-type: none"> <li>a) The Committee had approved the internal audit plan 2025/26</li> <li>b) The Committee considered and approved the audit plan for the audit of the 2024/25 financial statements and noted the progress achieved to date.</li> <li>c) GIAA presented their draft Annual Opinion for 2024/25 which had been confirmed by the GIAA Chief Executive. The Committee were pleased that the opinion proposed a 'moderate' rating acknowledging a marked improvement on the 'limited' rating given in the prior two years.</li> </ul> <p><b>The Board noted the ARGC report.</b></p>	
<b>6.0</b>	<b>FOR REPORT</b>	
<b>6.1</b>	<b>Reports from UK Health Departments</b>	
<b>6.1.1</b>	<b>England</b>	
	<p>Helen McDaniel presented the report from the Department of Health and Social Care (England) and added that a substantive Permanent Secretary will assume the role in June 2025.</p> <p><b>The Board noted the report.</b></p>	
<b>6.1.2</b>	<b>Northern Ireland</b>	
	<p>The report from Northern Ireland was presented by Joan Hardy. It was highlighted that Mike Farrar had been appointed as Interim Permanent Secretary for the Department of Health, Northern Ireland.</p> <p><b>The Board noted the report.</b></p>	



## Blood and Transplant

<b>6.1.3</b>	<b>Scotland</b>	
	<p>James How presented the Scottish Government report, highlighting that the Scottish Government had appointed Joe Griffin as new Permanent Secretary.</p> <ul style="list-style-type: none"> <li>a) The Scottish Government continues to be involved in providing a response to the IBI, specifically recommendation seven.</li> <li>b) Thanks were expressed to Karen Quinn who had attended the Scottish Donation and Transplant Group in April 2025 to deliver a presentation on the Sustainability and Certainty in Organ Retrieval (SCORE) programme and the UK strategy.</li> </ul> <p><b>The Board noted the report.</b></p>	
<b>6.1.4</b>	<b>Wales</b>	
	<p>Catherine Cody provided a verbal update and highlighted the following:</p> <ul style="list-style-type: none"> <li>a) The Welsh Government continues to be involved in providing a response to the IBI and is working closely with the Welsh blood service on recommendation seven and developing a bid to address the digital work.</li> <li>b) Work is also underway in relation to the plasma for medicines project.</li> </ul>	
<b>6.2</b>	<b>Board Forward Plan</b>	
	<p>The Board noted the Forward Plan.</p> <p>Following presentation of the People Plan, one year update at this meeting, the report scheduled for July 2025 had been removed from the forward plan and replaced with a Donor session programme update from the Chief Digital and Information Officer.</p>	
<b>7.0</b>	<b>CLOSING ADMINISTRATION</b>	
<b>7.1</b>	<b>Any Other Business</b>	
	<p>The Chair thanked members of the public for giving up their time to attend the Board meeting and invited comments.</p> <p>Members of the public thanked the Chair for providing the opportunity to address the Board. Issues including the importance of addressing inequalities and the benefits of genuine co-production and measures of its impact were raised.</p> <p>The Board extended thanks to Stephanie Itimi for her contributions to the work of NHSBT over the past two years, in her capacity as Associate Non-Executive Director.</p>	
<b>7.2</b>	<b>Close of Meeting</b>	
	The Chair thanked everyone for their attendance and contributions to the meeting.	
<b>7.3</b>	<b>Date of Next Meeting - 22 July 2025, NHSBT Barnsley</b>	