



Department of Health & Social Care

DHSC Update to NHBST Public Board, 22 July 2025

- **Budget – 26/27 onwards**

DHSC is still working through what the top-level budget allocation for the health system that was announced by the Chancellor in June will mean for individual programmes and also for Grant in Aid for ALBs. We continue to work closely with NHBST finance colleagues so they have the latest information and can provide rapid responses to questions coming from DHSC finance.

- **Implementation Steering Group for Organ Utilisation (ISOU)**

The 11th meeting of the ISOU was held on Wednesday 25th June. ISOU has now considered almost all of the Organ Utilisation Group's recommendations.

A Workforce template symposium was held in June and attended by clinicians, Trust and ICB Executives and patients. Discussions covered a range of topics including the level of detail that any template should set out and what should be decided within transplant centres and the range of roles it might cover. A report will be put to ministers in early Autumn ahead of publication.

The final recommendation on harnessing digital systems and tools to improve organ utilisation will be considered by ISOU before the end of the calendar year.

- **Plasma for Medicines Programme**

The Plasma for Medicines programme is now established in its delivery phase and the Programme Board met for the final time on Friday 27 June. DHSC is working with NHBST and NHSE to consider next steps to further build our resilience in the supply of these life-saving medicines.

- **Infected Blood Inquiry**

Following the Government response to the Inquiry in May and the Spending Review announcement in June, Government is continuing delivery for the recommendations, some of which will require additional funding which has not yet been identified

- **10 Year Plan**

The 10 Year Health Plan was published on 3 July. It aims to respond the findings from Lord Darzi's rapid review in 2024, which concluded that:

- many cannot get a GP or dental appointment
- waiting lists for hospital and community care have ballooned
- staff are demoralised and demotivated[footnote 2]
- outcomes on major killers like cancer lag behind other countries
- NHSBT submitted a comprehensive report as part of the consultation process.

The Plan shapes the Government's response to these challenges around 3 radical shifts:

- hospital to community
- analogue to digital
- sickness to prevention

To support the change, Government will ensure the whole NHS is able to deliver:

- "through a new operating model
- by ushering in a new era of transparency
- by creating a new workforce model with staff genuinely aligned with the future direction of reform
- through a reshaped innovation strategy
- by taking a different approach to NHS finances"

We will work with NHSBT to continue to align with and demonstrate how it can support the health system to deliver on these ambitions.

- **Dash Review**

The Patient Safety Review by Penny Dash was published on 7 July.

This review was commissioned by the Secretary of State for Health and Social Care, following a review into the operational effectiveness of the Care Quality Commission (CQC) in summer 2024.

The review looked at 6 specific organisations that were established to either assure - or contribute to improving - the safety of care, while also making reference to the wider landscape of organisations influencing quality of care. The 6 organisations were:

- CQC
- Health Services Safety Investigations Body (HSSIB)
- Patient Safety Commissioner
- National Guardian's Office
- Healthwatch England and Local Healthwatch
- the patient safety learning aspects of NHS Resolution

The review considered whether there are overlaps and gaps in functions across organisations, and makes recommendations as to the future roles of these organisations.

The 10 main findings are:

- There has been a shift towards safety (vs other areas of quality of care) over the last 5 to 10 years, with considerable resources deployed, but relatively small improvements have been seen.
- There has been limited strategic thinking and planning with regard to improving quality of care.
- There is a large number of organisations carrying out reviews and investigations. A very high number of recommendations have been made to the NHS that often lack any cost-benefit analysis.
- A large number of organisations look at user experience or advocate on behalf of the 'voice of the user', yet few boards in the NHS have an executive director for user or customer experience.
- The current system for complaints and concerns is confusing and may lack responsiveness.
- Some of the organisations under review have expanded their scope.
- A greater strategic focus on care delivery and management is needed to improve quality of care.
- The National Guardian's Office duplicates work carried out by providers.
- Insufficient use is made of the NHS's data resources to generate insights and support improvement.
- There is insufficient focus on developing a national strategy for quality of social care.

Government has reflected many of these findings within the 10 Year Plan for Health.

Amalgamation of NHS England and DHSC

Sam Jones started as the new Permanent Secretary in DHSC on 16 June. She will work closely with Jim Mackey (CEO, NHSE) and teams in DHSC and NHSE to set out the structures for the combined organisation and timings to implement the changes. We are working with NHSBT to consider opportunities to work more closely and/or differently in the new system.