

**Minutes of the One Hundred and Twenty-Sixth Public Board Meeting of
NHSBT, held in Barnsley and via MS Teams
Tuesday, 22nd July 2025, 12:45 - 15:15**

Present		
Voting Members		
	Peter Wyman	Chair
	Rachel Jones	Non-Executive Director
	Caroline Serfass	Non-Executive Director
	Ian Murphy	Non-Executive Director
	Penny McIntyre	Non-Executive Director
	Lorna Marson	Non-Executive Director
	Caroline Walker	Chief Executive Officer
	Wendy Clark	Deputy Chief Executive Officer
	Gail Mifflin	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
	Helen Gillan	Director of Quality and Governance
	Gerry Gogarty	Director of Blood Supply
	Rebecca Tinker	Chief Digital and Information Officer
	Julie Pinder	Chief People Officer
	Antony Tiernan	Director of Communications and Engagement
	Mark Chambers	Donor Experience Director
In attendance		
	Silena Dominy	Company Secretary
	Louise Espley	Corporate Governance Manager (minutes)
	Claire Williment	Chief of Staff
	Abisola Babalola	Head of Policy and Engagement
	Helen McDaniel	DHSC (UK Health Department)
Virtual	Joan Hardy	Northern Ireland (UK Health Department)
Virtual	Catherine Cody	Wales (UK Health Department)
Virtual	James How	Scotland (UK Health Department)
Virtual	Dr Rebecca Cardigan	Head of Component Development (Item 2.1)
Virtual	Dr Melanie Munro	Translational Research Programme Lead for Dried Plasma (Item 2.1)
	Mark Taylor	Assistant Finance Director Performance and Planning (Item 3.3)
Virtual	Darren Bowen	Assistant Director – Supply Chain (Item 3.4)
	Dean Neill	Strategy and Transformation Director (Item 3.4)
	Jo Dobie	Executive Assistant to the Chair
Apologies		
	Charles Craddock	Non-Executive Director

1.0	Opening Administration	Action
1.1	Welcome and apologies	
	The Chair welcomed everyone to the 126th NHS Blood and Transplant (NHSBT) Board meeting in public. A welcome was extended to Caroline Walker, Interim Chief Executive, who was attending her first NHSBT Board Meeting. A welcome was also extended to representatives from the Department of Health and Social Care (DHSC) and the devolved nations. It was noted that there were a number of observers attending the meeting, being employees of NHSBT or members of the public.	

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	The Chair reflected on the fact that it is South Asian Heritage Month and thanked Barnsley colleagues who had earlier in the day hosted a related coffee morning and had given up their time to also engage with the Board. The Chairman advised that the NHSBT Forward Together programme reflects an unwavering commitment to building an inclusive organisation. NHSBT is continuing to embed the work started in Phase 1 as it progresses to Phase 2. The programme is key to creating a high-performing, inclusive environment that supports all colleagues, donors, and patients.	
1.2	Conflicts of Interests	
	Nicola Yates declared an interest in agenda item 5.1 related to the extension of her term of office. Gerry Gogarty declared an interest in the same agenda item related to his appointment as a voting Officer Member of the Board. No further conflicts of interest 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 20 May 2025 as a true and accurate record.	
1.4	Action log and matters arising from the previous meeting	
	The Board noted the action log and agreed that actions B24/02 and PB01/25 be closed. It was noted that the two remaining actions were not yet due.	
2.0	PATIENT STORY	
2.1	Patient Story (Innovation) - Freeze Dried Plasma	
	Dr Rebecca Cardigan, Head of Component Development, and Dr Melanie Munro, Translational Research Programme Lead, were welcomed to the meeting to present the Patient Story that was based on the innovation to develop freeze dried plasma. The availability of plasma to resuscitate patients who have lost a large volume of their own blood due to injury from trauma improves their chances of survival. Early administration of plasma is known to be important. The Board noted that in hospitals plasma is stored in frozen form with a thawing time of 20-30 minutes. Trauma units often keep a stock of pre-thawed plasma for urgent use, however with a storage limit of five days there can be wastage. Within a military context, standard frozen plasma is not easy to use on the battlefield therefore a form of dried plasma stored in glass bottles is used that can be reconstituted in a few minutes by adding 200ml of sterile water. This sort of product can be taken in backpacks and transfused by non-medical staff at point of injury. Currently NHSBT do not produce dried plasma, and these are sourced from the German Red Cross and the French Military Blood Bank. The NATO Blood Panel have expressed concern regarding the global sufficiency and resilience in dried plasma supply chains, which has been made worse by current geopolitical fragility. If supply is not sufficient or breaks down, the issue is one of equity of treatment, leaving military personnel to make impossible decisions regarding those who get plasma, and an increased chance of survival, and those that don't. As a result, MoD has asked NHSBT to assess the feasibility of producing a UK manufactured dried plasma product. The Board noted the experience of medics in Afghanistan and how this was changing in current, and was expected to change in future wars. The importance of the programme established to assess the feasibility of producing a dried plasma product that would be suitable for MOD use, but that may also have wider implication in the NHS was acknowledged.	

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	The Board recognised the project as a good example of collaborative working between NHSBT and the Ministry of Defence. It was agreed that the team would attend a future Board meeting to provide an update, as the project progresses. The Board thanked Dr Cardigan and Dr Monroe for sharing the Patient Story. ACTION: • PB05/25 – Update on the project to be provided to a future Board meeting (timing to be confirmed, based on project progress).	
3.0	FOR ASSURANCE	
3.1	Chief Executive's Report	
	Caroline Walker, Interim Chief Executive, presented the Chief Executive Report and highlighted the following: a) Caroline thanked colleagues for the welcome she has received. Reflecting on her first four weeks in the role, Caroline has had the privilege of meeting donors and patients and learned a lot about the incredible work the organisation does to save and improve lives. b) The Amber Alert for blood stocks was stood down in July 2025. c) The report included detail about donor and patient experience and engagement activity. d) The Southampton Donor Centre opened on 6 June 2025, restoring whole blood collections to this area. Just under 1,000 donations have been collected during the first five weeks since opening. e) NHSBT's work to implement the Infected Blood Inquiry recommendations continues, in collaboration with the Department of Health and Social Care (DHSC) and other organisations. NHSBT's work on the Transfusion Transformation Strategy has been acknowledged, and NHSBT remains closely involved in shaping the national approach to safe and equitable transfusion practice. NHSBT is supporting the development of a permanent patient memorial, co-designed with affected communities. f) Anthony Clarkson, Director of Organ and Tissue Donation and Transplantation, was invited to provide the Board with an update on recent activity related to organ donation. He highlighted the International Donation Action Forum, a five-day event held in June 2025, which was designed to inform the work of the Organ Donation Joint Working Group. The forum offered a valuable opportunity to exchange best practices with colleagues from Australia, Canada, the USA, Spain, and the Netherlands. Central to the discussions were the voices of donor families and clinical professionals. Additionally, over 700 responses were received through an online survey, gathering views on areas for improvement. The insights and outcomes from the forum will be captured in a report, with recommendations expected to be published later in 2025. g) The Interim Chief Executive extended thanks to Wendy Clark and Antony Tiernan who would both leave NHSBT in August 2025. The Board welcomed the rapid and collaborative work that had taken place via the International Donor Forum and looked forward to receiving the report and recommendations to address the ongoing reduction in organ donations. In a response to a question about sickle cell funding, it was explained that the reference in the report related to a programme NHSBT was involved with in collaboration with NHS England (NHSE). The Board noted the report.	

3.2	Board Performance and Risk Report	
	Caroline Walker, Interim Chief Executive introduced the performance and risk report, highlighting that the report links well to the strategic priorities of the organisation and that plans to get back to green were comprehensive and would continue to be a focus for the Executive team. During the discussion, it was noted that compliance with the Personal Performance and Development Review (PDPR) process remains off track and is consistently rated as red. While several initiatives have been introduced to strengthen performance, including updated forms, a shift in emphasis toward more meaningful dialogue, and targeted training, sustained improvement will require a candid conversation about the organisation's prioritisation of PDPR compliance. Discussion turned to measuring donor satisfaction. It was confirmed that the measure was the net promoter score, which currently covers blood and plasma donors. Further work will involve the Executive Team undertaking a deep dive into complaints during September 2025, which will then be reported to the Board. Regarding the "Invest in People" slide in the performance report, attention was drawn to the increase in the near miss incident rate, which rose to 17.3 in June 2025 from 12.8 in May 2025, exceeding the target rate of 14.7. A total of 33 near miss incidents were reported in June, the majority of which originated from blood supply chain operations. Concern was raised that this upward trend could signal a potential increase in actual harm incidents. Additionally, a query was raised about whether NHSBT's Net Promoter Score (NPS) reflects the effectiveness of its marketing efforts. In response, it was noted that near miss reporting is a key safety indicator, and an increase may in fact reflect a healthy reporting culture that ultimately supports harm reduction. In relation to tissue and eye services income, the Board were advised that cornea donations remain behind target. Work to increase supply continues as part of the iORbiT project. The pace of activity in NHS Trusts is slower than planned, with the main issues identified as training staff in retrieval, recruitment issues, mortuary access and the implementation of IT solutions to support the scheme in NHS Trusts. Work will continue with NHSE to address the issues and improve performance. The Board noted the report.	
3.3	Financial performance report	
	Mark Taylor, Assistant Finance Director Planning and Performance, presented the financial performance report. The Board were reminded that the budget for 2025-26 reflects a planned deficit of £12.8m driven through non-recurrent expenditure (transformation) as approved at the April Board. The financial plan is aligned to business plan priorities, and the sustainable position is fully funded versus expected volumes and activity. Following the review of forecasts at quarter one, an improved position for the year was being reported with a deficit of £9.3m (£3.5m ahead of plan). All divisions are reporting in line or better than plan. There are, however, a number of issues that have been identified through the forecast process and were detailed in the report. While most have been fully mitigated, two issues are unresolved with work underway to limit the residual impact. Following confirmation of the 2025-26 Agenda for Change and consultant pay settlement, additional costs of c. £3m will be met through increased DHSC funding and utilisation of existing contingencies. The Board were asked to approve a budget update taking account of this.	

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	The Board noted the importance of ensuring that recurrent efficiency savings are identified where possible as opposed to non-recurrent savings. Assurance was provided that robust governance systems are in place to achieve this. The Board noted the report and approved the budget adjustments presented in the report which increases both funding and expenditure to reflect the latest pay deal. The Board particularly noted: • that the Annual Report and Accounts for 2024-25 were laid before the English Parliament on 17 July. • the Q1 forecast confirms a fully sustainable position for 2025-26, where we are likely to delivery this year within our financial envelope. • The actions to strengthen cost control to avoid cost overruns. • the positive results reported in the year-to-date position be considered in the wider context of environmental risks • the capital plan fully utilises this year's allocation - £25m and includes an element of over programming to mitigate any slippage. • that the cost improvement plan continues to carry some risk to delivery, and is subject to ongoing review and mitigation.	
3.4	Blood Stocks Update	
	Darren Bowen, Assistant Director, Supply Chain and Dean Neill, Strategy and Transformation Director, joined the meeting for this item. Gerry Gogarty, Director of Blood Supply, introduced the paper, highlighting that recent weeks had seen an improvement in blood stocks, with stocks currently standing at 6.1 days. The Board noted the recent trends that have influenced blood stock levels and collection performance and the live interventions to support performance and stock resilience in the short to medium term. The Board also noted the strategic interventions to support resilience in the longer term. Improved performance had enabled NHSBT to meet the criteria to exit the Amber Alert for blood stocks. Thanks were expressed to NHS Trusts for their careful management of blood stocks to achieve this position. Their continued support will be critical to stabilising blood stocks over the coming months. Thanks were also expressed to collection teams who worked to increase capacity, reduce cancellations and improve collection performance. Two challenges; haemoglobin deferral rates and appointment fill rates, would be the focus of targeted activity going forward. The Board were informed of some of the key interventions that had improved the position. They included, National Blood Week, where 100k bookings were achieved, increased mobile capacity, improved performance oversight and robust management of key performance indicators. It was accepted that an amber alert may be used in the future, as a legitimate tool to manage blood stocks. Despite the significant improvement in performance, the position remains fragile and clear guidance has been shared with hospitals to encourage them to maintain 'amber level' behaviour. The incident task force has improved performance and initiatives such as the new performance framework in blood have had a significant and positive impact. The Board expressed thanks to all those involved in the work to achieve the improvements described. Concern was raised that the impact of an amber alert may be de-valued if it is used continually.	

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	There was agreement that the most effective use of an amber alert would be for short periods of time to address an acute issue. The categories within the blood shortage plan were described (green, pre-amber, amber and red). Each rating prompts a set of activities to ensure that blood stocks are safely managed. It was suggested that an Executive Team discussion may be beneficial to review NHSBT's response to the blood shortage plan ratings. Discussion ensued related to declining donor appointment fill rates, both in relation to use of donor centres and mobile appointments and how data and insights can be used to drive marketing and targeted provision. It was confirmed that staff working in collection have visibility of activity against key performance indicators. It was agreed that screens in donor centres that currently show stock levels may be utilised to show fill rates in the future. The Board received and noted the report.	
3.5	Patient Safety Incident Response Framework Evaluation Phase 1	
	Dee Thiruchelvam, Chief Nursing Officer, presented the report that provided a summary of activities and achievements for the implementation of the Patient Safety Incident Response Framework (PSIRF) at NHSBT since June 2024. The PSIRF phase one implementation has been reviewed against the agreed deliverables and an update on progress report brought to the Clinical Governance Committee (CGC). In May 2025, stakeholder feedback was provided via multiple sources that provided rich data on the experience of the process of PSIRF thus far at NHSBT, in addition to a mapping of the implementation against the actions. The feedback from stakeholders and mapping of achievements against the previous plan has informed the next stage of the transition plan and the governance for this has been refined from the phase one approach. All key performance indicators (except one) were being met. The outlier relates to the completion of PSII's within 60 days. To address this, NHSBT plans to work more closely with Integrated Care Systems to speed up investigations that span organisations. NHSBT had appointed Patient and Donor Safety Partners who are lay individuals with a special interest in patient safety. They bring external challenge to the process. The Board received the report, acknowledging the key achievements of stakeholders so far and received the 2025/26 PSIRF transition plan for assurance.	
4.0	FOR APPROVAL	
4.1	Conflicts of Interest Policy	
	Silena Dominy, Company Secretary, presented the report setting out proposed amendments to the Conflicts of Interest policy, following consideration by the Audit, Risk and Governance Committee and discussion with the Executive Team, Head of Charity and Assistant Director, Partnerships and Community Engagement. The Board noted that revisions were intended to ensure that the policy was not overly restrictive, whilst protecting the organisation. Consistency across lower limits for gifts and hospitality had been applied to make the policy easier for staff to recall and comply with. References in the policy to equivalent medical staff would be revised to define which medical roles fit within the mandatory category for reporting conflicts of interest. The Board noted the action plan to improve compliance with the policy across the organisation. The Board approved the revised Conflicts of Interest Policy (BLP1), subject to expanding the definitions of equivalent medical staff.	

4.2	Business Continuity Policy	
	Helen Gillan, Director of Quality and Governance, advised that the Business Continuity Policy (POL137) that has existed since 2010, has been transferred to a Board Level Policy (BPL8) as the Business Continuity Management System is a significant risk control and provides assurance which should be visible at all levels up to and including the Board. It is intended that BLP8 will supersede POL137. The purpose of the policy is to state the intention of NHSBT to have a robust Business Continuity Management System certified to ISO22301 which ensures that the organisation can continue, as far as reasonably practicable, to maintain the supply of key products and services to the wider NHS in the event of a disruption. The Board approved the Business Continuity Policy (BLP8).	
4.3	Modern Slavery Statement & Modern Slavery Policy (Supply Chain)	
	Carl Vincent, Chief Financial Officer, referred to the Board Level Policy (BLP-S3) that outlines NHSBT's commitment to eradicating modern slavery and human trafficking across its operations and supply chains, in line with the Modern Slavery Act 2015 and Procurement Policy Note (PPN 02/23). This has been updated from the previous version (approved by Board in July 2024) to include the following and align with Government policy (PPN 02/23): a) Commercial life-cycle approach b) Risk assessment at Category level c) Compliance with Procurement Act 2023 d) Risk management via commercial risk register, Business Case and commercial strategy e) Introduction of KPIs f) Course of action in case of modern slavery instances The Board approved the revised version of the Modern Slavery Statement and Modern Slavery Policy (Supply Chain) (BLP-S3).	
5.0	GOVERNANCE	
5.1	Governance Update	
	Silena Dominy, Company Secretary, presented the Governance update. It was noted that following the appointment of Caroline Walker as Interim Chief Executive, DHSC has also confirmed the appointment of Caroline as Accounting Officer for NHSBT. In line with statute, Caroline also becomes a voting Officer Member of the Board. Following the appointment of Gerry Gogarty as Director of Blood Supply the Board were asked to approve him as a voting Officer Member of the Board. Following two years as an Associate Non-Executive Director, the Board was asked to endorse the extension of Nicola Yates' term of office for a further year, to 16 July 2026. The Board noted that Fit and Proper Person Regulation tests were being completed with the intention that the Chair, and Senior Independent Director (in relation to the Chair) can certify completion of the annual process once reviewed by the People Committee. The Board noted the report and approved the appointment of Gerry Gogarty, Director of Blood Supply, as a voting Officer Member of the Board, and endorsed the extension of term of office for a further year for Nicola Yates, Associate Non-Executive Director.	

5.1.1	Board Committee Terms of Reference reviews	
	Silena Dominy, Company Secretary advised that all Board Committees had reviewed their terms of reference. The substantive revisions proposed by each Committee were summarised within the report and tracked change versions of the Terms of Reference presented for approval. The following matters were raised by Committee Chairs: - The CGC terms of reference would be further amended to reflect that although the Director of Governance and Quality is a non-voting member of the Committee, their role as Legal Responsible Person to MHRA and Designated Individual for the HTA means they hold the power to veto decisions that would or could breach legal or regulatory obligations of NHSBT. Additionally, wording would be amended to clarify that the Consultant in Epidemiology and Health Protection and Deputy Chief Information Officer/Deputy Chief Security Officer are regular attendees, but would determine on a meeting by meeting basis whether meeting agendas require their attendance. - The People Committee terms of reference re: membership would be revisited following the departure of the Deputy Chief Executive. The Board considered and approved the proposed amendments to the Terms of Reference, as presented for the: Audit, Risk and Governance Committee Clinical Governance Committee, subject to the amendments agreed People Committee, subject to consideration of the replacement for the Deputy Chief Executive role Trust Fund Committee	
5.2	Committee Meeting Reports	
5.2.1	Trust Fund Committee meeting, 23 June 2025	
	Caroline Serfass, Committee Chair, presented the report from the Trust Fund Committee meeting held on 23 June 2025 and highlighted the following: - The Trust Fund Committee agreed to bring a proposal to the Board to change the working name of the Charity to 'NHS Blood and Transplant Charity'. - Members of the Committee suggest that a Charity focused patient story be presented to a future Board meeting. The Board noted the Trust Fund Committee report and approved the change of working name of the Charity to 'NHS Blood and Transplant Charity'.	
5.2.2	Board Nominations Committee, 26 June 2025	
	The Board Nominations Committee met on 26 June 2025 to approve the appointment of Caroline Walker as NHSBT's Interim Chief Executive, subject to approval of the level of remuneration from the DHSC Remuneration Committee, Junior Minister and Secretary of State and receipt of a clear DBS check,. These conditions were subsequently met. It was noted that as Chief Executive, Caroline Walker, would be an Officer Member of the Board and also be appointed Accounting Officer by DHSC. The report from the Board Nominations Committee held on 26 June 2025 was noted.	

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5.2.3	Audit, Risk and Governance meetings, 26 June 2025 and 4 July 2025	
	Ian Murphy, Committee Chair, presented the report from the ARGC meetings held on 26 June and 4 July 2025 and highlighted the following: a) The Annual Report and Accounts for 2024-25 had been approved and laid before Parliament. b) The Committee had completed two principal risk deep dive reviews, against P-09, Non-compliance with current or emerging regulations and P-10, Scale and pace of the NHSBT Change Programme c) The Committee had approved the internal audit plan for 2025-26 and progress was delivery was noted. There were no overdue audit actions. d) The Committee received the Annual Risk and Business Continuity report e) The Committee had endorsed the following policies for Board approval, Modern slavery Statement/Policy, Conflicts of Interest Policy, Business Continuity Policy, all of which had been presented to the Board for approval at this meeting. The Board noted the Audit, Risk and Governance Committee report.	
5.2.4	Clinical Governance Committee meeting, 10 July 2025	
	Lorna Marson, Committee Chair, presented the Clinical Governance Committee's report from the meeting held on 10 July 2025 and highlighted the following: a) The Committee endorsed the decision to merge principal risks P-01, Donor and Patient Safety and P-06, Clinical outcomes and health inequalities. b) The Committee received the Integrated Report which summarised the work of the Clinical Quality and Safety Governance Group (CQSGG). c) The Committee received three closure reports following Patient Safety Incident Investigations and a report that evaluated phase one of the Patient Safety Incident Response Framework implementation. The Board noted the Clinical Governance Committee report.	
6.0	FOR REPORT	
6.1	Reports from UK Health Departments	
6.1.1	England	
	Helen McDaniel presented the report from the Department of Health and Social Care (England) and highlighted the following: a) The 10-year Health Plan was published on 3 July 2025. It aims to respond to the findings from Lord Darzi's rapid review in 2024 and shapes the Government response focused on three radical shifts, hospital to community, analogue to digital and sickness to prevention b) Samantha Jones was appointed as Permanent Secretary to DHSC in June 2025 and is working closely with DHSC and NHSE to set out the structures for the combined organisation and the timeline to implementation. The Board noted the report.	
6.1.2	Northern Ireland	
	The report from Northern Ireland was presented by Joan Hardy and highlighted: a) Promotional activity b) Education and awareness events c) Stakeholder engagement and partnership events d) A meeting will take place in September 2025 between NHSBT's Interim Chief Executive and the Northern Ireland Permanent Secretary. The Board noted the report.	

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6.1.3	Scotland	
	The report from Scotland was presented by James How and highlighted: a) That Scottish Regulations which put a new duty on relevant clinicians to report both transplant-related crimes and transplants that have taken place abroad to the Human Tissue Authority (HTA) came into force on 1 July 2025. The Regulations mirror the arrangements already in place in the rest of the UK. b) That as of 5 June 2025, over half of the population in Scotland (57.8%) have recorded their donation decision on the NHS Organ Donor Register. Of this total, 54.3% have recorded a decision to be a donor, with 3.5% choosing to opt out c) Organ donation week will take place during September 2025 The Board noted the report.	
6.1.4	Wales	
	A verbal update from Wales was provided by Catherine Cody and highlighted: a) That work was underway on communications for organ donation week in September 2025 b) A bid is being developed in respect of Infected Blood Inquiry actions c) Work continues in relation to the Plasma for Medicines project The Board noted the report.	
6.2	Board Forward Plan	
	The Board noted the Forward Plan. A request was made for strategic workforce planning to be included in the forward plan. The People Committee will advise re: timing of this report. ACTION: • PB06/25 People Committee to advise on timing of strategic workforce planning report to Board.	JP/PM
7.0	CLOSING ADMINISTRATION	
7.1	Any Other Business	
	The Chair thanked members of the public for giving up their time to attend the Board meeting. The Board expressed its thanks to Wendy Clark and Antony Tiernan, who will be departing NHSBT in August 2025. Both were warmly thanked for their contributions to the organisation's objectives and success. Their leadership, commitment and influence has had a lasting impact. The Board extended its very best wishes for continued success in their next ventures, Wendy with the National Crime Agency and Antony at the DHSC. Wendy and Antony have been exceptional ambassadors for NHSBT, and the Board is confident they will continue to carry forward the values and spirit of the organisation wherever they go.	
7.2	Close of Meeting	
	The Chair thanked everyone for their attendance and contributions to the meeting.	
7.3	Date of Next Meeting	
	30 September 2025, Cardiff	