

Board Meeting in Public Tuesday, 02 December 2025

Title of Report	Board Skil	ls, Capability and Diversity		Agenda No.	5.1.1							
Nature of Report	⊠ Official		☐ Official S	ensitive								
Author(s)	Silena Dor	miny, Company Secretary										
Lead Executive	Helen Gilla	an, Director of Quality and Go	vernance									
Non-Executive Director Sponsor	Peter Wyn	nan, NHSBT Chairman										
Presenter(s) at Meeting	Silena Dor	miny, Company Secretary										
Presented for	☐ Approv	· - · ·	formation									
Is there a plan to community this to the organisation		nce □ Up ⊠ Yes □ No Report in Public Board meet Organisational Development	□ \ ing papers a	et to be determ								
Purpose of the report	and key iss	sues										
with agreed process a	skills and careport prese	to its Board Skills and Capabi apability assessment was und ents the findings of the ass	dertaken to e	valuate the Boa	ırd skills							
challenge. Inclusion of and experience across	e level of proficiency and expertise on the Board generally allows support and constructive allenge. Inclusion of non-voting members within the Board can be seen to increase the level of skill dexperience across a number of capabilities. Activity to build the knowledge of the Board during last year has helped to do so, and continuation of this approach is recommended.											
were demonstrating the attributes for Board me	The assessment against the NHS Leadership Competency Domains found that in the main the Board were demonstrating the six domains almost always or frequently. Likewise, the review against desired attributes for Board members found that most directors were demonstrating these consistently or variably. There were a few directors identifying an opportunity to improve.											
		nave appropriate mixes of exp it may not be possible due to										
The diversity profile of the	he Board ca	n be seen in Appendix 5.										
Previously Considered												
Discussed with the NHS Discussed at People Co		Chair. eeting 17 November 2025										
Recommendation												
appointments that may	be consider	e report and recommendations ed at the relevant time in the f inclusion in the Board Knowle	future and to	note the areas								
, ,		Assurance Framework Risks	s)									
The Report aligns to Pri	ncipal Risk	P-07										
Strategic Objective(s)	this paper	relates to:										
☐ Collaborate with par	tners	Invest in people and culture	<u> </u>	☐ Drive innova	ation							
☐ Modernise our opera		☐ Grow and diversify our done										
Appendices:	Appendix 2: Appendix 3: Appendix 4:	NHSBT Board Skills and Capability ANHSBT Board Committee Skills and NHSBT NHS Leadership Competend NHSBT Board Personal Attributes ANHSBT Board Diversity Profile	Capability Anal cy Domains Ana									



1. Background

In April 2025, the Board reviewed the Board Skills and Capability Framework (the framework) that guides the Board as to the skills, knowledge, experience, personal attributes, diversity and other criteria that NHSBT should target for their Board. The main changes to the framework are:

- Simpler process of assessment against capabilities recorded (as trialled in 2024);
- Strategic thinking and decision making, constructive challenge and financial and numeracy skills added to the general skills, attributes and general qualities that a Board member should hold to be effective.
- NHS Leadership Competency Domains added to framework.
- Uses of the framework clarified, including clarity on appointment of NEDs by DHSC.
- Process for verifying self-evaluations set out.
- Knowledge and skills development section added to demonstrate outputs of evaluation.

The framework sets out twenty-two identified capabilities. Twenty of these were determined to be essential for the effective operation of the Board (Tier One) and fall into five categories:

- Clinical and Quality
- Commercial: Procurement, Logistics and Supply Chains (including Sustainability)
- Data, Digital and Technology
- Governance, Finance, Risk Management and Strategy
- People, Culture and Engagement

Two further capabilities have been identified as being desirable, but not essential, (Tier Two) and are:

- Estates / Infrastructure
- Research and Development.

On an annual basis an assessment against the framework is undertaken with the intent that the findings can assist in the following areas:

- Group knowledge development and awareness Identification of knowledge gaps which
 may be filled by group knowledge development sessions,
- Appointments Identification of knowledge/experience or diversity gaps that the Board may consider filling through the appointment of Associate NED positions, or independent members of Board committees,
- **Personal Development Plans** Identification of individual knowledge and experience gaps for discussion in appraisal/coaching sessions,
- Board Committee Appointments Identification of knowledge and experience relevant to the remit of Board Committees to assist in decisions on Board appointments and the approach of Committees to knowledge development,
- Chair/DHSC Succession Planning Discussions Inform discussions between the NHSBT Chair and the DHSC Sponsor Team in relation to succession planning where vacancies arise or are anticipated.



2. Review Process

Board members were asked to self-assess their level of skills, experience and knowledge against the 22 capabilities, selecting their level as expert, proficient, competent or little or no knowledge. Each of the four levels were described to guide directors when self-assessing themselves, and to seek some consistency. In addition, the Company Secretary and Chairman have reviewed the results of the self-assessments to provide a level of verification to the views provided. A summary of the findings can be found in Appendix 1 in relation to the Board as a whole, and in Appendix 2 in relation to Board Committees.

Introduced this year is an assessment against the NHS Leadership Competency Domains. Board members were asked to self-assess the frequency in which they demonstrate the competencies (almost always, frequently, occasionally, rarely or never or no chance to demonstrate). Executive Directors have conducted 360 reviews in assessing their perceived position. (Appendix 3)

In addition to the above, directors were asked to self-assess themselves for the personal attributes of strategic thinking and decision making, constructive challenge, financial and numeracy skills, leadership, collaboration, influencing and negotiating, independent judgement and integrity, communication, interpersonal skills and commitment to role. Directors were asked to state whether they demonstrated the attributes consistently, variably or not at all. Each level was described to seek to achieve some consistency. A summary of the findings can be found in Appendix 4.

Directors were also asked to complete a diversity form in order that the diversity profile of the Board could be assessed. The Diversity profile of the Board can be found in Appendix 5.

3. Summary of Analyses

Skills and Capabilities

A summary of the Board skills and capabilities is provided in Appendix 1. From this the following can be noted:

- At least two non-executive directors are considered to be proficient or expert in each of the 22 capabilities except for manufacturing, sustainability and estates/infrastructure. Generally non-executives are therefore able to support and constructively challenge executive members across their areas of proficiency/expertise. In the prior year non-executive directors were considered to be proficient or expert in each of the capabilities therefore there has been a small loss of expertise during the year. This is due to one Non-Executive Director and one Associate Non-Executive Director leaving the Board during 2025 who have not been replaced.
- At least two executive directors are considered to be proficient or expert in each of the 22 capabilities, providing opportunities for peer support and challenge from an executive perspective. 2025 has seen a number of changes to the Executive Team with members leaving the organisation who have not yet been permanently replaced.
- Inclusion of non-voting members within the Board can be seen to increase the level of skill
 and experience across all capabilities except for sustainability and estates/infrastructure.
 There is some proficiency/expertise in these areas among non-executive and executive
 directors, however.



NHS Leadership Competency Domains

New to the Skills and Capabilities review in 2025 is self-assessment against the NHS Leadership Competency Domains. There are six domains:

- Driving high-quality and sustainable outcomes
- Setting strategy and delivering long-term transformation
- Promoting equality and inclusion, and reducing health and workforce inequalities
- Providing robust governance and assurance
- Creating a compassionate, just and positive culture
- Building a trusted relationship with partners and communities

Executive Directors completed their assessment against the competency domains supported by a 360-review process. They assessed that they either almost always or frequently demonstrated all of the competency domains, except for one Director whose assessment indicated that they only occasionally set strategy and delivered long-term transformation. Areas of strength were identified alongside opportunities to increase impact and effectiveness, and these will be discussed through Personal Development and Performance Reviews.

Non-executive directors undertook a self-assessment of the frequency in which they demonstrated the competency domains and in the main assessed that they either almost always or frequently demonstrated them. There were two non-executive Directors identifying one are in which they occasionally demonstrated the competency domain, and one Director who felt this was the case for two areas, with a third area rarely or never demonstrated. Areas of strength were identified alongside opportunities to increase impact and effectiveness and the Directors are encouraged to consider how they may increase the frequency to frequently in the future.

Attributes

Three additional attributes were added to the self-assessment for this review, strategic thinking and decision making; constructive challenge; and financial and numeracy skills. These, along with the other attributes are important for members of the Board to demonstrate. A session for non-executive directors related to constructive challenge was held on 20 January 2025 to enhance the use of this attribute.

All Directors assessed themselves as demonstrating the required attributes either consistently or variably, except for one director who identified that they did not currently demonstrate financial and numeracy skills. This was not their area of expertise. This is an area of development for that Director. Where Directors have self-assessed variable demonstration of attributes there may be areas of personal development that Directors could reflect upon. The most common attributes variably demonstrated were leadership, influencing and negotiating, communication, constructive challenge and financial and numeracy skills.

Group Knowledge Building

In 2024 the Skills and Capability review identified a number of areas in which group knowledge build sessions may be beneficial. As a result, sessions were held as follows:

Capability	Session
Blood supply, organ and tissue	Assessment and Recovery Centres 10/09/2024
donation and transplantation, and/or stem cell transplantation and cellular therapies	Visit to Specialist Nurses Organ Donation 23/09/2024
and centual therapies	Manchester Testing Labs visit 31/03/2025
	Welsh Blood Service visit 29/09/2025



	Welsh Specialist Nurses Organ Donation visit 29/09/2025
Manufacturing	Manchester Manufacturing and Hospital Services visit 31/03/2025
Sustainability	Achieving Net Zero Board seminar 31/03/2025
Digital and Cyber Security	Cyber Security Board seminar 29/07/2024
	Artificial Intelligence Board seminar 21/01/2025
Donor and patient	Donor Call Centre Visit 23/09/2024
Experience/Stakeholder Engagement	Donor Centre/Donor Records visit 31/03/2025

The only area that was not addressed from the 2024 review was in relation to quality and clinical governance, however a session is planned in the future.

The 2025 Skills and Capability Review has identified that continued knowledge building across the areas identified in 2024 would be beneficial, and that in addition future knowledge build sessions could also be aimed at increasing knowledge of:

- Procurement/contract management, supply chain management
- Estates/infrastructure and logistics
- Emergency planning and resilience
- Research and development

Board Committees

A view of the skills and capabilities held by each Board Committee can be found in Appendix 2. The capabilities most closely aligned to the remit of the committees are shown in green text.

Audit, Risk and Governance Committee

Due to one member (the Committee Chair) leaving the Board at the end of his maximum permitted term, there have been changes to the membership of this Committee. A new Chair was appointed by DHSC from the existing membership and a new non-executive director appointment was agreed by the Board. There are three non-executive director members of the Committee, plus additional expertise from an Associate Non-executive Director and an Independent Member.

The current composition of the ARGC provides at least three members who are proficient or expert in the capabilities most closely aligned to the remit of the Committee. In three of the capabilities all members of the Committee are either expert or proficient.

Clinical Governance Committee

The current composition of the CGC provides a robust level of skills and experience across the capabilities most aligned to its remit. All voting members are expert or proficient in the relevant capabilities, and, with one exception for one director related to clinical governance, all non-voting members are also expert or proficient in the relevant capabilities. A seminar session on quality assurance and clinical governance is planned in the future.

With just two voting non-executive directors and two voting executive directors achieving a quorum can be challenging (three required), however the terms of reference allow for views to be provided and decisions confirmed via email in cases where a quorum is not possible. Ideally a third NED would be appointed however due to the nature of this Committee and the size of the Board this may not be achievable.



Whilst non-voting members are also required to be in attendance to achieve a quorum they may be represented by a deputy providing sufficient flexibility. Whilst there was a change of Chair during the year, the membership of the Committee has remained stable.

People Committee

The current composition of the People Committee provides a robust level of skills and experience across the capabilities most aligned to its remit. All members and executive director regular attendees are expert or proficient in the relevant capabilities.

The number of appointments to this Committee has reduced with there now being three non-executive members and two regular executive director attendees. There was a change of Chair during the year. Achieving a quorum can be a challenge and ideally an additional non-executive director would be appointed however due to the size of the Board and time available from members this may not be achievable. The terms of reference allow decisions to be made via email in between meetings where urgent and allow for views to be provided and decisions to be confirmed via email where there are quorum challenges.

NHSBT Charity Committee

A broad range of skill and experience is appropriate to the Charity Committee. Membership of the Committee currently provides expertise and proficiency in the areas of governance, finance, people leadership, stakeholder engagement and research and development and there is competence across other areas. Ideally, an appointment of a member with clinical experience would benefit the Committee however this may not be possible in view of the size of our Board and the needs of other committees to include similar expertise/proficiency.

During the year there was the appointment of an additional member of the Committee and change of Chair.

Associate NED Appointments

The skills and capabilities review, and diversity assessment (see Appendix 4 for Diversity Profile) does not indicate that there is a current need for further Associate NED appointments.

During the year one Associate Non-executive Director left the Board which has resulted in a loss of diversity in terms of age and ethnicity. The term of office of the remaining Associate NED (Nicola Yates) expires on 16 July 2026. Consideration will need to be given as to the potential loss of skills and expertise in 2026 if this role ceases at that time. A decision on any renewal of the role will be required.

Personal Development Plans

It is not a surprise that some newer members of the Board have assessed themselves as having little or no knowledge for some capabilities. Where group training and knowledge builds do not cover areas of training which would be desirable, the opportunity can be taken to discuss activities to build such knowledge, where appropriate, within the annual appraisal process or coaching reviews.

Where Directors have included narratives in respect to their developmental needs these will be discussed with the Chair/line manager as appropriate. These have not been included in the report.



Chair/DHSC Succession Planning Discussions

The appointment of the Chair and Non-Executive Directors is the responsibility of DHSC. Discussions between the NHSBT Chair and DHSC Sponsor Team determine future need and identify opportunities for committee membership. Succession planning is ultimately undertaken by DHSC. DHSC have confirmed a number of re-appointments during the year and as a result there are no terms of office of non-executive directors due to expire in 2025 or 2026. The terms of office of four non-executive directors will expire on 28 February 2027.

4. Recommendation

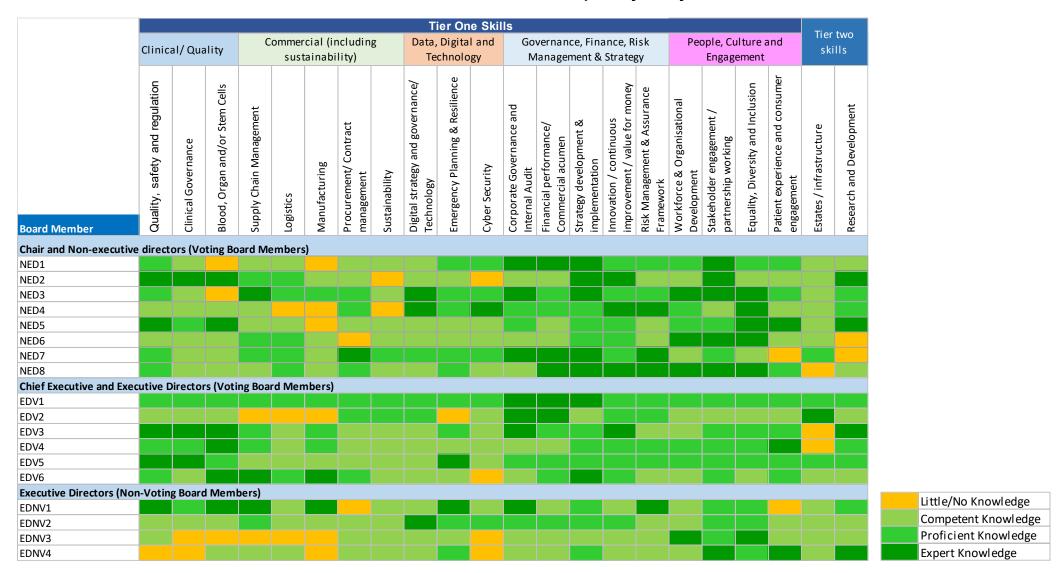
The Board are asked to note the report and consider the recommendations in relation to Committee appointments at the relevant time in the future.

The Board are asked to note that areas of potential future Board knowledge development will be considered for the Board Knowledge Development Plan for 2026.



Appendix 1

NHSBT Board Skills and Capability Analysis





Appendix 2

Audit Risk and Governance Committee

									I	ier On	e Skil	ls _											
	Clinic	al/ Qua	ality	Commercial (including sustainability)					Data, Digital and Technology			Governance, Finance, Risk Management & Strategy					People, Culture and Engagement				7	Tier two skills	
	Quality, safety and regulation	Clinical Governance	Blood, Organ and/or Stem Cells	Supply Chain Management	Logistics	Manufacturing	Procurement/ Contract management	Sustainability	Digital strategy and governance/ Technology	Emergency Planning & Resilience	Cyber Security	Corporate Governance and Internal Audit	Financial performance/ Commercial acumen	Strategy development & implementation	Innovation / continuous improvement / value for money	int & Assu	Workforce & Organisational Development	Stakeholder engagement / partnership working	Equality, Diversity and Inclusion	Patient experience and consumer engagement	Estates / infrastructure	Research and Development	
mbers																							
lem1																							
lem2															<u> </u>	<u> </u>							
em3																	-						
/lem4																							
Mem5																							
egular Executive Atte	ndees																						
T1																							
T2																							
ET3																							
ET4																							
ET5																							

The capabilities most closely aligned to the remit of the Audit, Risk and Governance Committee are shown in green text.



Clinical Governance Committee

									T	ier On	e Skil	Is									Tire	
	Clinic	al/ Qua	ality	C		cial (i tainab	ncludin ility)	g		Digita chnolo				nce, Fin ement 8			Pe	ople, Cu Engage			_	r two tills
Board Member	Quality, safety and regulation	Clinical Governance	Blood, Organ and/or Stem Cells	Supply Chain Management	Logistics	Manufacturing	Procurement/ Contract management	Sustainability	Digital strategy and governance/ Technology	Emergency Planning & Resilience	Cyber Security	Corporate Governance and Internal Audit	Financial performance/ Commercial acumen	Strategy development & implementation	ntinuous	Risk Management & Assurance Framework	Workforce & Organisational Development	Stakeholder engagement / partnership working	Equality, Diversity and Inclusion	Patient experience and consumer engagement	Estates / infrastructure	Research and Development
Non-executive director	s (Votin	g Mem	bers)																			
Mem1																						
Mem2																						
Executive Directors (Vo	ting Me	mbers)																				
Mem3																						
Mem4																						
Regular Attendees (No	n-Voting	Meml	bers)																			
ET1																						
ET2																						
ET3																						

The capabilities most closely aligned to the remit of the Clinical Governance Committee are shown in green text.



People Committee

									Т	ier Or	e Ski	lls												Tio	v 4o	
	Clinical/ Quality			Commercial (including sustainability)						Data, Digital and Technology			Governance, Finance, Risk Management & Strategy						People, Culture and Engagement					Tier two skills		
Board Member	Quality, safety and regulation	Clinical Governance	Blood, Organ and/or Stem Cells	Supply Chain Management	Logistics	Manufacturing	Procurement/ Contract management	Sustainability	Digital strategy and governance/ Technology	Emergency Planning & Resilience	Cyber Security	Corporate Governance and Internal Audit	pe :	cial acumen	Strategy development & implementation	Innovation / continuous	ue for n	Risk Management & Assurance Framework	Workforce & Organisational	Ider eng	and working	Equality, Diversity and Inclusion	Patient experience and consumer engagement	Estates / infrastructure	Research and Development	
Chair and Non-executiv	e direct	ors (Vo	ting Bo	oard Me	ember	s)																				
Mem1														\perp												
Mem2																										
Mem3																										
Executive Regular Attent	ndees																									
ET1																										
ET2																										

The capabilities most closely aligned to the remit of the People Committee are shown in green text.



NHSBT Charity Committee

									T	ier On	e Skil	ls									т:			
	Clinic	al/ Qu	ality	Commercial (including sustainability)						Data, Digital and Technology			Governance, Finance, Risk Management & Strategy					People, Culture and Engagement				Tier two skills		
Board Member	Quality, safety and regulation	Clinical Governance	Blood, Organ and/or Stem Cells	Supply Chain Management	Logistics	Manufacturing	Procurement/ Contract management	Sustainability	Digital strategy and governance/ Technology	Emergency Planning & Resilience	Cyber Security	Corporate Governance and Internal Audit	Financial performance/ Commercial acumen	Strategy development & implementation	Innovation / continuous	value IOI ent & Assu	Framework Workforce & Organisational	Stakeholder engagement /	ersi	Patient experience and consumer	Estates / infrastructure	Research and Development		
Non-executive directo	rs (Votin	g Boar	d Mem	bers)																				
Mem1																								
Mem2																								
Mem3																								
Executive Directors (Vol	oting Bo	ard Me	mbers)																					
Mem4																								
Mem5																								
Vacancy																								

The capabilities most closely aligned to the remit of the Trust Fund Committee are shown in green text.



Appendix 3 NHS Leadership Competency Domains

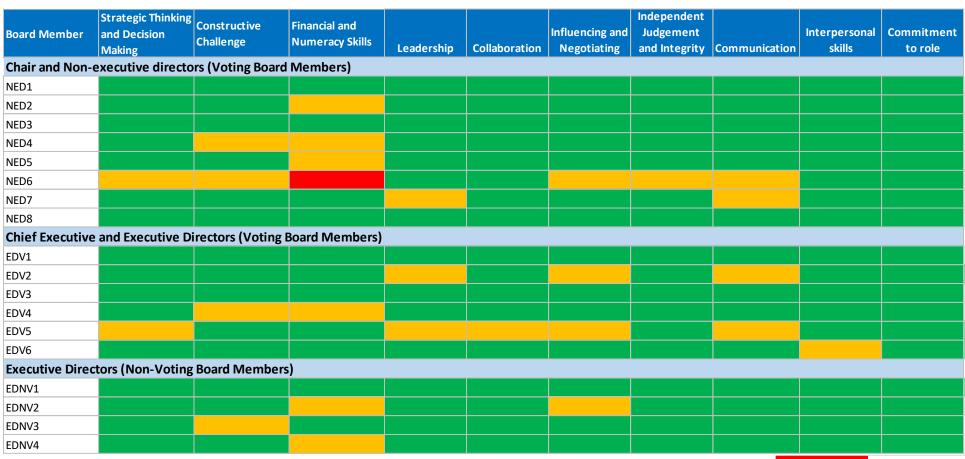


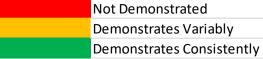
			NHS Leadership Co	ompetency Domains		
		Setting strategy and	Promoting equality and inclusion, and reducing	Providing robust	Creating a	Building a trusted
	Driving high-quality and	delivering long-term	health and workforce	governance and	compassionate, just and	relationship with partners
Board Member	sustainable outcomes	transformation	inequalities	assurance	positive culture	and communities
Chair and Non-executive	directors (Voting Board Memb	ers)				
NED1						
NED2						
NED3						
NED4						
NED5						
NED6						
NED7						
NED8						
Chief Executive and Execu	utive Directors (Voting Board N	lembers)				
EDV1						
EDV2						
EDV3						
EDV4						
EDV5						
EDV6						
Executive Directors (Non-	-Voting Board Members)					
EDNV1						
EDNV2						
EDNV3						
EDNV4						



Appendix 4

NHSBT Board Personal Attributes





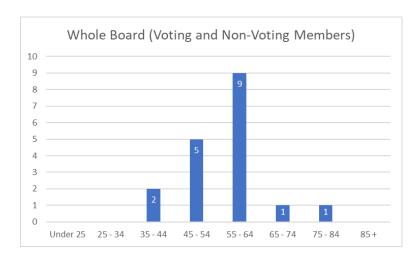


Appendix 5

NHSBT BOARD DIVERSITY PROFILE

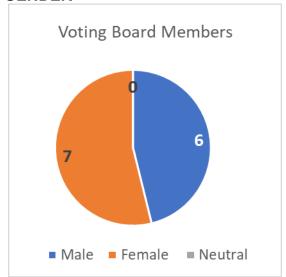
AGE

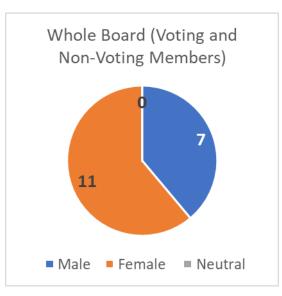




The inclusion of an Associate NED and the wider Executive Team on the Board as non-voting members has widened the age diversity of the Board in terms of younger members.

GENDER

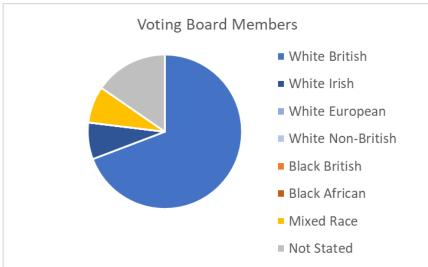


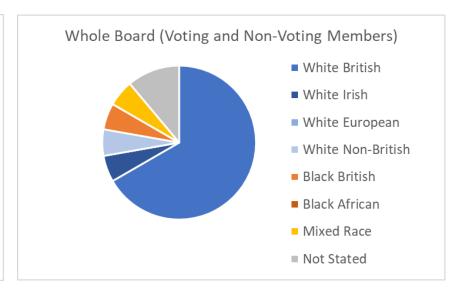


There is a healthy balance of male and female members on the Board. The proportion of female members is increased more greatly but the inclusion of an Associate NED and the wider Executive Team on the Board.



ETHNICITY





The inclusion of an Associate NED and the wider Executive Team on the Board as non-voting members has broadened the range of ethnicity within the Board, although of those stating their ethnicity 75% are White British. The Board's engagement with the Group for Racial Equality (GRacE) remains important in increasing awareness of the views from as wide a range of ethnic communities as possible.

DISABILITY

Two Board Members have stated that they have a disability. These Board Members will be able to bring their own lived experience to discussions, however the Board's engagement with the Disability and Wellbeing Network (DAWN) also helps to ensure that the perspectives of staff with one or more disabilities are heard.

SEXUAL ORIENTATION

There is no confirmed level of diversity on the Board related to sexual orientation. The Board's engagement with the LGBT+ Network is therefore important to ensure that perspectives from the LGBT+ community are considered.

RELIGIOUS BELIEFS

The religious beliefs of Board members are generally aligned to Christianity and Catholism, although five Board Members advise they have no religious beliefs or hold atheist views, and one holds values based beliefs. Two Board members have chosen not to confirm their views.