

## Board Meeting in Public

### Tuesday, 02 December 2025

<b>Title of Report</b>	Clinical Governance Committee Report	<b>Agenda No.</b>	5.2.1
<b>Nature of Report</b>	<input checked="" type="checkbox"/> Official <input type="checkbox"/> Official Sensitive		
<b>Author</b>	Omolola Majolagbe, Corporate Governance Officer		
<b>Lead Executive</b>	Dee Thiruchelvam, Chief Nursing Officer		
<b>Non-Executive Director Sponsor</b>	Lorna Marson, Clinical Governance Committee Chair		
<b>Presenter at the meeting</b>	Lorna Marson, Clinical Governance Committee Chair		
<b>Presented for</b>	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Update		
<b>Is there a plan to communicate this to the organisation?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yet to be determined Report in in public Board meeting pack		
<b>Purpose of the report and key issues</b>			
This report is submitted to the Board to draw attention to the main items discussed at the Clinical Governance Committee (CGC) held on 20 October 2025.			
<b>Previously Considered by</b>			
N/A			
<b>Recommendation</b>			
The Board is asked to note the report for assurance.			
<b>Risk(s) identified (Link to Board Assurance Framework Risks)</b>			
The Clinical Governance Committee is a key aspect in the governance and oversight of risks to Donor and Patient Safety (P-01).			
<b>Strategic Objective(s) this paper relates to:</b>			
<input checked="" type="checkbox"/> Collaborate with partners <input type="checkbox"/> Invest in people and culture <input checked="" type="checkbox"/> Drive innovation <input checked="" type="checkbox"/> Modernise our operations <input type="checkbox"/> Grow and diversify our donor base			
<b>Appendices:</b>	None		

**1. Background**

This report is submitted to the Board to draw attention to the main items discussed at the Clinical Governance Committee (CGC) held on 20 October 2025.

**2. Safety and Experience Integrated Report**

The Committee received the Integrated Report which summarised the work of the Clinical Quality and Safety Governance Group (CQSGG) and highlighted matters for committee oversight and scrutiny. Specifically, the report included Clinical Audit Risk and Effectiveness Committee (CARE) Group reports. The Committee discussed and noted:

- An increased volume of Patient and Donor Safety Incidents (PDSIs) but not major incidents.
- The closure of two Patient and Safety Incident Investigations (PSIIs).
- The closure of one safety alert following CQSGG approval.
- The continued focus on mandatory safeguarding training (Levels 3 and 4) and PREVENT training.
- That in respect of Data Security, missing/lost Donor Safety Checklist forms (DSCs) are a focus until a digital solution is implemented.
- That three unrelated legionella incidents had been reported and are being monitored.
- That the dominant theme arising from complaints relates to appointments for donation. Although this represents a low level of the overall donor population (less than 1%). The number of compliments received had increased.
- That resuscitation training compliance has improved overall, though one directorate remains below target.

**3. Risk Report on Donor and Patient Safety**

Committee members received assurance regarding the current status and management of Principal Risk 1 – Donor and Patient Safety.

**4. Infection Prevention and Control (IPC) Report**

Committee members received two reports focused on IPC. The first confirmed that current system are effectively safeguarding donors, patients and staff, with improvement plans actively being implemented across identified areas. The Committee also reviewed findings from a cross departmental evaluation of IPC practices. The review identified variations in how IPC measures are applied across different areas of the organisation. An action plan was presented to address the inconsistencies and improve overall governance and operational standards. The Committee expressed support for the plan in principle, pending further review and endorsement by other relevant groups within NHSBT.

**5. PSII Closure Reports**

The Committee considered three closure reports for Patient Safety Incident Investigations. Committee members received the reports and following discussion, were assured that appropriate actions had been taken or were planned, to mitigate future risks.

**6. Infected Blood Inquiry - Update**

Committee members received an update on the Infected Blood Inquiry. NHSBT is actively progressing actions in response to recommendations four and seven and is awaiting the outcome of a funding application submitted to the Department of Health and Social Care and NHS England to support further initiatives to address the Inquiry recommendations. In addition, a draft Transfusion Transformation Strategy had been submitted for Ministerial approval.

**7. Clinical Audits**

The Committee reviewed the Clinical Audit Plan for 2025/26, which included eight scheduled audits, one of which has already been completed. Final reports were presented on re-audits concerning Genotyping Undertaken by the Red Cell Immunohaematology Department and Patients on Anti-CD38 Therapeutic Monoclonal Antibody (TMAB). Additionally, the Committee approved the roll out of the 'Tenable' audit tool.

**8. GIAA Internal Audits**

The Government Internal Audit Agency (GIAA) was commissioned by NHSBT on behalf of UK Forum to conduct an audit of Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee JPAC's emerging infection surveillance process. The audit received moderate assurance and there are improvements underway strengthening the identified gaps.

**9. Scientific Advisory Committee**

The Research Governance Office was now under the oversight of the Chief Scientific Officer who provided an update to Committee members which described how this strategic realignment has resulted in enhancement of the governance framework, ensuring greater rigor and accountability in research oversight. Additionally, a comprehensive and resilient risk management system has been implemented and research activities aligned with NHSBT's strategic objectives.

**10. Annual Reports**

**The Committee received Annual Reports related to:**

- a) Medical Revalidation
- b) Nursing Revalidation
- c) Complaints
- d) Serious Hazard of Transfusion (SHOT)
- e) Joint NHSBT/PHE Epidemiology
- f) Infection Prevention and Control
- g) Monthly Quarterly Review – annual summary
- h) Regulatory Radar – annual summary