

**Minutes of the One Hundred and Twenty-Seventh Public Board Meeting of
NHSBT, held in Cardiff and via MS Teams
Tuesday, 30 September 2025, 11:15 - 15:25**

Present		
Voting Members		
	Peter Wyman	Chair
	Rachel Jones	Non-Executive Director
	Caroline Serfass	Non-Executive Director
	Ian Murphy	Non-Executive Director
Virtual	Penny McIntyre	Non-Executive Director
Virtual	Lorna Marson	Non-Executive Director
	Charles Craddock	Non-Executive Director (until 14:35)
	Caroline Walker	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
	Gerry Gogarty	Director of Blood Supply
Non-Voting Members		
	Nicola Yates	Associate Non-Executive Director
	Helen Gillan	Director of Quality and Governance
	Rebecca Tinker	Chief Digital and Information Officer
	Julie Pinder	Chief People Officer
	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
	Catherine Cody	Wales (UK Health Department)
	Helen McDaniel	DHSC (UK Health Department)
Virtual	Janice Sheppey	Northern Ireland (UK Health Department)
Virtual	James How	Scotland (UK Health Department)
Virtual	Sangita Bodalia	Director of Legal Services
Virtual	Sabia Rehman	Organ Donation Lead, British Islamic Medical Association (BIMA) & Muslim Chaplain, Sheffield Teaching Hospitals (Item 2.1)
	Suzanne Roe	Head of Community Engagement (Item 2.1)
	Umar Malik	Community Grants Manager, NHSBT (Item 2.1)
	Mark Taylor	Assistant Finance Director Planning & Performance (Item 3.3)
	Jim Barker	Head of Strategy (Item 3.2 and 3.4)
Virtual	John Forsythe	Department of Health and Social Care ODJWG Co-Chair (Item 4.1)
	Keren Locke	Digital Delivery Director (Item 4.1)
Virtual	Phil Tanner	Assistant Director - Safety, Well-Being and Governance (Item 4.2 and 4.3)
Virtual	Neil Powell	Environmental and Net Zero Manager (Item 4.4)
	Anupama Hatti	Women's Network Co-Chair
	Jo Dobie	Executive Assistant to the Chair
Apologies		
	None	

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1.0	Opening Administration	Action
1.1	Welcome and apologies	
	The Chair welcomed everyone to the 127th NHS Blood and Transplant (NHSBT) Board meeting in public. A welcome was extended to representatives from the Department of Health and Social Care (DHSC) and the devolved nations, particularly Welsh colleagues who are hosting the Board in Cardiff. Anupama Hatti was welcomed as Co-Chair of the Women's Network. Bren McInerney was welcomed as member of the public.	
1.2	Conflicts of Interests	
	No 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 22 July 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 action PB06/25 be closed. It was noted that the three remaining actions were open, with future dates for completion.	
2.0	PATIENT STORY	
2.1	Patient Story – NHSBT Community Grants Programme	
	Denise Thiruchelvam, Chief Nursing Officer introduced the item, highlighting a key programme delivered by the Donor Experience team. Sabia Rehman, Organ Donation Lead, British Islamic Medical Association (BIMA) & Muslim Chaplain, Sheffield Teaching Hospitals, Umar Malik, Community Grants Manager and Suzanne Roe, Head of Community Engagement joined to present the patient story. By way of introduction several slides were shared to describe the work of the Community Grant Programme, they covered: a) The work of the programme to address NHSBT's strategic priority to 'Grow and diversify the donor base' by building trust with community members, shifting attitudes and encouraging action b) Detail of the circa £68k in grants awarded across 51 projects c) Initiatives to further develop the community-led approach to build on the success to date, and introduction of a two-year funding model Sabia Rehman shared her personal journey as a cornea transplant recipient and how it inspired her advocacy work with the British Islamic Medical Association (BIMA) to promote awareness of organ donation within Muslim communities. Her work includes developing training programmes for faith leaders and creating culturally sensitive educational materials. This training is now being rolled out nationally as part of a co-ordinated strategic approach. The success of the programme has been attributed to its co-design approach and strong emphasis on working collaboratively with communities to build and sustain trust. The Board expressed its appreciation to the team for their work in respect of this strategic priority and agreed that the approach taken could serve as a valuable model when engaging with other faith groups and communities.	

	Bren McInerny, an advocate of community engagement, who was observing the meeting, was invited to share his reflections. He emphasised the importance of measuring the impact of interventions. The Board noted the patient story.	
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) In relation to organ donation, first-time opt-in registrations to the Organ Donor Register have increased month on month from April to July across the UK, reaching 98% of the year-to-date target. Organ Donation Week, held between 22 and 28 September 2025, focused on encouraging people to confirm their decision to help save lives by joining the NHS Organ Donor Register. The campaign also highlighted that approximately 8,000 people across the UK are currently waiting for an organ transplant. b) NHSBT exited the amber alert status for O-negative blood stocks in July 2025. Targeted interventions have had a demonstrable impact on blood supply, with overall blood stock levels increasing by 3.3 days, including a 1-day rise in O-negative, 5.2 days in O-positive, and 1.4 days in B-negative. Notably, this is the first year an increase in stock levels has been achieved between the end of May and the end of August, marking a significant achievement in operational resilience and supply management. c) The new Brighton Donor Centre opened on 22 September 2025 and appointment bookings are strong, with over 700 donors booked into the first week and 75% of appointment bookings for the first five weeks being made by new or lapsed donors. d) The NHSBT Annual Staff Conference was held on 23 September 2025 and focused on the NHS 10-Year Health Plan and its implications for NHSBT. Nominated colleagues attended events at their local NHSBT centres, where they connected digitally with delegates from across the UK. e) The 'Our Voice' survey is currently open to all NHSBT staff. f) Several critical milestones related to the digital, data and technology modernisation and transformation agenda have been achieved in the last period and were described in the report. g) NHSBT's International Blood Group Reference Laboratory (IBGRL) completed a successful United Kingdom Accreditation Service (UKAS) inspection this month under the medical laboratories ISO15189:2022 standard. h) Exercise Pegasus, a cross-government tier one business continuity exercise simulating a pandemic disease has been commissioned by the Cabinet Office and will be chaired at Ministerial level. The exercise will involve a wide number of organisations across government, including NHSBT. i) NHSBT has received a letter from DHSC Permanent Secretary, Samantha Jones, regarding the publication of the Public Office (Accountability) Bill, also known as the Hillsborough Law. The Bill sets out a statutory duty for public authorities and officials to act with candour, transparency and frankness, particularly in their dealings with inquiries and investigations. Board members gave positive feedback on the messaging used during Organ Donation Week, particularly praising the QR code initiative. All activities were designed to help bridge the gap between the demand for organs and the number of people awaiting transplants.	

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	The Quality and Governance Directorate was commended on achieving a significant reduction in the average age of overdue major incidents awaiting closure, from over 60 days this time last year to 13 days. This improvement reflects the focused efforts of the Quality Assurance team and enhanced engagement across directorates. With regard to the Infected Blood Inquiry (IBI), it was confirmed that NHSBT has agreed the report's recommendations in principle and has submitted a bid to the Department of Health and Social Care (DHSC) to support their implementation. The Board noted the report.	
3.2	NHSBT Performance and Risk Report	
	Caroline Walker, Interim Chief Executive, introduced the performance and risk report. Attention was drawn to the Executive Summary which described significant progress in several areas across the five key priority areas of red cell stocks, blood donor base, people and culture metrics, donor register and tissue and eye services income. Where performance was off track, 'back to green' plans were included. The Board acknowledged the positive progress and commended the authors on the quality and presentation of the report, noting that the inclusion of directional arrows added clarity by showing the direction of travel. With reference to corneal transplants, clarity was sought regarding the figures presented. It was confirmed that there is currently a backlog of approximately 1,000 corneal transplants. Work to increase cornea supply continues via the iORbiT project which involves DHSC and 11 NHS Trusts. Slower than expected progress across NHS Trusts is affecting delivery milestones and impacting cornea income. Challenges relate to staff training, recruitment, mortuary access, and IT implementation. A recovery plan is being developed to address these issues and support both donation growth and income stability. Each centre now has a 'back-to-green' plan and tactical actions are in place, including daily meetings to review data and identify opportunities to unlock referrals. This has resulted in an increase in donation rates but further improvement in referrals is required to enhance retrieval quality. Efforts are also being made to expedite the hospice pathway and to convert more organ donors into eye donors. Due to current demand exceeding supply, corneas are being imported into the UK. The Board were informed that in the United States of America, a system of routine referral following death contributes to higher donation rates. Wales has expressed interest in exploring a similar approach. An explanation of the significant movement from red to amber in respect of risk two and risk three was sought. It was explained that moving out of an amber state for blood stocks had an impact on the revised risk scores, additionally a review of how risks are scored had taken place. The relationship between harm incidents and near miss incidents was discussed. While the harm incident rate decreased in July 2025, it remained above the target of 7.1 incidents per 1,000 employees. The near miss incident rate also declined, falling from 17.2 to 13.4 reported near misses per 1,000 employees. Initiatives are being implemented to encourage greater near miss reporting and to further strengthen the organisation's safety culture. It was agreed that fostering a culture of near miss reporting is vital, as this data serves as a leading indicator for preventing and reducing future harm incidents.	

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	The basis for the current targets for living and deceased donors was discussed. The detailed process to determine the targets was outlined. The UK continues to have a strong living donation programme, and work is ongoing to improve performance within the deceased donor pathway. There was a view that the Board may conduct a deep dive on this topic at a future meeting to address the gap. Plasma collection was recognised as a success story and it was noted that the active donor base has remained relatively stable. The Board was informed that NHSBT is focusing on strengthening partnerships to stimulate growth in this area, an approach that has proven successful for other blood operators. It was also noted that, on a practical level, the relocation of the Reading Centre has had an impact on collection rates. 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 was 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 2025 Board. The financial plan is aligned to business plan priorities, and the sustainable position is fully funded versus expected volumes and activity. At month five the reported position is better than planned, with a deficit of £9.3m (£3.5m ahead of plan). All divisions are reporting in line with, or better than plan. The Cost Improvement Plan (CIP) position has improved, there is a small amount that remains to be confirmed to deliver the full £16.6m. There is a focus on ensuring that CIPs are recurrent. The cash position remains stable. The capital plan is £25m for the year and plans are in place to deliver against this plan. Several issues requiring mitigation remain for 2025/26. The issues are primarily driven by the need for additional Donor Experience (DEX) resource, to ensure a smooth exit from the amber alert. To support strategies aimed at improving appointment booking rates, the Executive Team has approved a non-recurrent full-year budget overrun of £1.7m. This will be funded through the release of £1.5m from the contingency earmarked for DEX within the budget build process. The remaining £0.2m will be covered through other NHSBT underspends. In discussion, it was noted that the underspend in plasma is driven by less transformation. It was explained that transformation benefits are seen in increased diagnostics revenue, the remaining underspend is supporting changes across blood supply, and there is cross over between blood and plasma. The Board were advised that NHSBT was hosting a meeting to discuss the implications of a clinical trial related to stem cell transplantation and mis-matched donors. It was confirmed that the financial benefits from this initiative are not yet known and would follow the policy agreement. The Board noted: • The Executive Team have approved a £1.7m cost overrun in DEX to support and maintain the smooth exit out of amber alert. • The latest forecast continues to align with the formal Q1 forecast, which confirms a fully sustainable position for 2025-26.	

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	- Proposals to strengthen cost control have been factored into the report. - The Capital plan fully utilises this year's allocation - £25m and includes an element of over programming to mitigate potential slippage. - The Cost improvement plan continues to carry some risk to delivery, and this is subject to ongoing review work to mitigate.	
3.4	Supporting delivery of the NHS 10-year Health Plan for England, now and in the future	
	Carl Vincent, Chief Financial Officer introduced the report that was delivered in detail by Jim Barker, Head of Strategy. Fit for the Future, the NHS 10 Year Health Plan for England, was published in July 2025 and describes the NHS as being at a “<i>historic crossroads</i>”, facing a stark choice: “<i>reform or die</i>”. The Plan sets out a radical transformation of care delivery enabled by five reforms and centred on three shifts: Hospital to Community, Analogue to Digital, and Sickness to Prevention. NHSBT’s corporate strategy and transformation plans are already well-aligned with these ambitions, particularly in areas of digital innovation, genomics, community engagement, and health equity. In addition to the Health Plan, another key policy document was published in July in the form of the Life Science Sector Plan. The Plan’s roadmap for investment, regulatory reform and partnerships across government, industry and the NHS has significant relevance to NHSBT’s Strategy. The paper outlined NHSBT’s current contributions to the Health Plan, and opportunities arising from the Life Science Sector Plan; and identified strategic gaps and opportunities across both policies and proposed areas where NHSBT could further strengthen alignment. Acknowledging the need to strengthen links with NHS Trusts, the Board was informed that work is underway to re-establish a multidisciplinary team approach to organ donation. This approach aims to ensure that entire clinical teams have a stronger understanding of organ donation, thereby increasing the likelihood of successful donations. On research and development (R&D), NHSBT were celebrated for delivery of R&D within clinical settings. This provides a strong foundation for taking this work to the next stage. It was suggested that there are further opportunities in the life sciences sector to strengthen NHSBT’s contribution and visibility. Alignment in this regard was considered key to achievement of NHSBT’s wider strategic goals. The Board received the report and: - Acknowledged the many areas where NHSBT is already contributing to the NHS Health Plan and Life Science Sector Plan. - Noted areas where there are strategic gaps between NHSBT’s current strategy and transformation goals and these plans. - Supported actions to undertake a narrative update to NHSBT’s living corporate strategy in 2025 - Noted the planned Executive Team strategy development session to coincide with the appointment of a substantive CEO. - Noted plans to update internal governance frameworks.	

4.0	FOR APPROVAL	
4.1	Organ Donation Joint Working Group Report	
	Gail Mifflin, Chief Medical Officer; John Forsythe, Department of Health and Social Care Organ Donation Joint Working Group Co-Chair, Keren Locke, Digital Delivery Director/Donor Family Member and Anthony Clarkson, Director of OTDT jointly presented the report. Whilst research suggests that societal support for organ donation is high, the family consent rate and the number of UK citizens recording their donation decision on the Organ Donor Register has declined. Furthermore, the pool of potential deceased organ donors has been decreasing. In response, an Organ Donation Joint Working Group (ODJWG), Co-Chaired by NHSBT and DHSC, was established to identify what could be done to address these issues and increase the UK organ donation rate. The ODJWG reviewed available data, held discovery meetings, donor family forums, clinical forums, online clinical and donor family surveys and an International Donation Action Forum, to seek national and international expert views and insight on where there were opportunities to deliver improvements. The draft report was based on the collated information and provides 10 key actions, grouped into three themes: (i) Marketing, Communication and Societal Action; (ii) Clinical Practice; (iii) Cross-Cutting actions. Each action is supported by suggested implementation activity led by NHSBT, professional organisations and regulators. The shift from donation after brain death (DBD) to donation after circulatory death (DCD) was highlighted, noting that DCD resulted in fewer transplantable organs per donor. Work is ongoing to engage and inform the clinical community about the importance of this shift and try to rebalance this trend. The Board were advised that in Spain, approximately 40% of donors come from donor pools currently under-utilised or unavailable in the UK. Ethical and legal considerations were acknowledged as key factors that will require time and engagement to bring clinicians and the wider system on board. It was noted that NHSBT's current approach with families has centred on deemed consent, but the advice is to focus less on legislation and more on individual family conversations. Strengthening partnerships (for example, with the DVLA) and improving branding and consistency of messaging were identified as important enablers for increasing registration and consent rates, alongside other initiatives such as the reinstatement of the Organ Donation Ethics Committee and strengthening performance management, including monitoring consent rates at individual hospital level. Feedback from donor families who participated in the joint working group indicated that they felt listened to, which was recognised as a significant achievement. The key message from families was a request to "make the process simpler." The Board discussed the importance of effective branding, marketing, and awareness campaigns, emphasising the need for clear, consistent, and positive messaging that highlights the life-changing outcomes of organ donation. It was agreed that a detailed plan should be developed to set out the next steps, including key performance indicators and measurable targets, to support the implementation of the report's recommendations. Next steps should be provided when commending the report to Ministers.	

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	Keren Locke, Digital Delivery Director, shared her personal experience as a donor family member. She emphasised the importance of making conversations about donation less focused on legalities and consent, and more about facilitating families to say “yes” through open, early, and compassionate discussions. She also highlighted the need for Specialist Nurses in Organ Donation (SNODs) to engage with families earlier in the process, and for cornea donation to be better integrated within the wider donation pathway. The Board approved the report to be shared with UK Ministers. Action: • PB 07/25 Report from the ODJWG to be shared with Ministers once a next steps plan was developed to accompany it.	
4.2	Health, Safety and Wellbeing (HSW) Annual Report	
	Phil Tanner, Assistant Director, Safety, Wellbeing and Governance presented the annual report for approval. Prior to submission to the Board the annual report has been endorsed by the Executive Team and People Committee. The Annual Report outlines how NHSBT fulfils the management review requirement of the ISO 45001 quality standard for Occupational Health, Safety and Wellbeing (HSW). ISO 45001 sets out a best practice framework for implementing a Safety Management System (SMS), with the aim of reducing workplace accidents, promoting staff wellbeing, and ensuring compliance with regulatory requirements. A key element of the standard is the requirement for a top management review, which is carried out by the Executive Team through quarterly reporting, Quarter 4 serving as the comprehensive annual review. The report also included the Annual Flu Vaccination Report, detailing plans to increase vaccination uptake during Autumn/Winter 2025, with a target of 40% coverage. Board members expressed their support for efforts to improve flu vaccination rates among frontline staff and were encouraged to lead by example by receiving the vaccination themselves. The Board approved the Health, Safety and Wellbeing Annual Report.	
4.3	Health, Safety and Wellbeing (HSW) Policy Statement of Intent	
	Phil Tanner, Assistant Director, Safety, Wellbeing and Governance presented the Health, Safety and Wellbeing Statement of Intent. A Health and Safety Policy is required by The Health and Safety at Work etc. Act 1974 and best practice is to have a signed personal commitment from the Chief Executive. The HSW Policy Statement of Intent has been approved by Chief Executive and endorsed for approval by the People Committee. The Board approved the Policy Statement of intent.	
4.4	Environment and Sustainability Policy Statement	
	Neil Powell, Environmental and Net Zero Manager presented the Board level policy for approval.	

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	The paper informed the Board that there have been no significant changes to NHSBT's compliance obligations or environmental risks. However, a minor amendment to the employee training requirements was recommended, as highlighted in the draft policy document circulated with the meeting papers. It is anticipated that, following the approval of the Net Zero 2040 Strategic Plan, further revisions to the policy will be required. A discussion followed regarding the wording in the policy relating to training. Although the training is described as mandatory, it was clarified that while compliance is monitored, completion is not currently mandatory. The final wording will be agreed following the meeting, prior to publication of the policy. The Board approved the revisions to the Environmental and Sustainability Policy Statement.	
5.0	GOVERNANCE	
5.1	Governance Update	
	Silena Dominy, Company Secretary presented the Governance Update, informing the Board that the Framework Agreement between NHSBT and the Department of Health and Social Care (DHSC) had been finalised and formally published. In relation to Board appointments, the Board was asked to: a) Approve the reappointment of Caroline Serfass, Non-Executive Director, for a further three-year term commencing 1 May 2026. b) Approve the reappointment of Rachel Jones, Non-Executive Director, for a further 10-month term from 1 May 2026. c) Approve the reappointment of Niamh McKenna, Independent Member of the Audit, Risk and Governance Committee (ARGC), for a further three-year term from September 2025. The Board noted the report and endorsed the re-appointment of the two Non-Executive Directors and ARGC Independent member.	
5.2	Committee Meeting Reports	
5.2.1	People Committee meeting, 13 August 2025	
	Penny McIntyre, Committee Chair, presented the report from the People Committee meeting held on 13 August 2025 and highlighted the following: a) The Committee received an updated version of the workforce dashboard. It was noted that further analysis would be undertaken to provide greater context around the classification of statutory and mandatory training. b) The Committee acknowledged the current volume of employee relations cases and supported the ambition to reduce the time taken to resolve them. c) The dashboard provided the Committee with a high level of assurance across several key workforce indicators. d) From August 2025, the Committee agenda will routinely include a Remuneration Committee. The Remuneration Committee will receive reports on Directors' pay and conditions as well as regular reports from the Pay Committee. The Board noted the People Committee report.	

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5.2.2	NHSBT Charity Committee, 8 September 2025	
	The NHSBT Charity Committee met on 8 September 2025. Caroline Serfass presented the report and highlighted that the Committee reached a significant milestone in its development with the presentation of the Charity Strategy and Delivery Plan, which was received and approved. Members commended the clarity of the vision and the strength of the proposed approach to delivering meaningful impact. The Board noted the Charity Committee report.	
6.0	FOR REPORT	
6.1	Reports from UK Health Departments	
6.1.1	Wales	
	A verbal update from Wales was provided by Catherine Cody, who reported that a very positive and informative meeting had been held between NHSBT and the Welsh Cabinet Secretary yesterday. The Board noted the report.	
6.1.2	England	
	Helen McDaniel presented the report from the Department of Health and Social Care (England) and highlighted the following: a) Dr Zubir Ahmed MP had been appointed as a Parliamentary Under Secretary of State on 5 September 2025. NHSBT's remit falls within his portfolio, as is the Department's response to the Infected Blood Inquiry. Minister Ahmed worked as a transplant surgeon prior to his election to Parliament in July 2024. b) A joint Executive team, unifying leadership across DHSC and NHS England (NHSE) will be in place from 3 November 2025, with the completion of legislative changes to formally abolish NHSE and merging its functions with DHSC completing by Spring 2027. c) The 12th meeting of the Implementation Steering Group for Organ Utilisation (ISOU) was held in September. The final Organ Utilisation Group recommendation on harnessing digital systems and tools to improve organ utilisation will be discussed at a workshop with patients, clinicians and digital experts in November 2025. A report will be published shortly afterwards. Work is taking place to ensure actions are aligned and that the legacy of ISOU can continue to deliver for patients waiting for a transplant and those who are living with a transplant, once the programme winds down at the end of 2025. The Board noted the report.	
6.1.3	Northern Ireland	
	The report from Northern Ireland was presented by Janice Sheppey, who reported that Northern Ireland had held a very successful organ donation week in September. The Board noted the report.	
6.1.4	Scotland	
	The report from Scotland was presented by James How and highlighted: a) Scotland had held an Organ and Tissue Donation Week in September 2025, which highlighted the importance of people recording their decision on the Organ Donor Register (ODR) and telling their family and friends what they've decided.	

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	b) As of 11 September 2025, over half of the population in Scotland (58%) have recorded their donation decision on the NHS Organ Donor Register. Of this total, 54.5% have recorded a decision to be a donor, with 3.5% choosing to opt out. c) A debate recently took place on organ donation in the Scottish Parliament, with a focus on faith and how it drives decisions to donate organs. This week there will be a Parliamentary debate focused on blood. d) The December meeting of the Scottish transplant group will take stock of the ISOU and joint donation working group outcomes and recommendations. The Board asked to be kept updated on the initiative to attract young blood donors. The Board noted the report.	
6.2	Board Forward Plan	
	The Board Forward Plan was included in the meeting pack for information. The Board noted the forward plan.	
7.0	CLOSING ADMINISTRATION	
7.1	Any Other Business	
	The Chair thanked those observing the Board meeting for taking the time to join the Board meeting today.	
7.2	Close of Meeting	
	The Chair thanked everyone for their attendance and contributions to the meeting.	
7.3	Date of Next Meeting 2 December 2025, NHSBT Liverpool	