

**Minutes of the One Hundred and Twenty-Eighth Public Board Meeting of
NHSBT, held in Liverpool and via MS Teams
Tuesday, 2 December 2025, 11:00 - 14:45**

Present		
Voting Members		
	Peter Wyman	Chair
	Rachel Jones	Non-Executive Director
	Caroline Serfass	Non-Executive Director
	Penny McIntyre	Non-Executive Director
	Lorna Marson	Non-Executive Director
	Charles Craddock	Non-Executive Director (until 14:35)
	Caroline Walker	Interim Chief Executive Officer
	Gail Miflin	Chief Medical Officer and Director of Clinical Services
	Carl Vincent	Chief Financial Officer
Virtual	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
	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)
	Abisola Babalola	Head of Policy and Engagement
Virtual	Kate Thomas	Assistant Director, Corporate Communications
Virtual	Catherine Cody	Wales (UK Health Department) (present between 13:55 to 14:40)
Virtual	Helen McDaniel	DHSC (UK Health Department)
Virtual	Joan Hardy	Northern Ireland (UK Health Department)
Virtual	Janice Sheppeney	Northern Ireland (UK Health Department)
	Mark Taylor	Assistant Finance Director, Planning and Performance (Item 3.3)
Virtual	Simi Randhawa	Assistant Director, Transformation Portfolio (item 3.4)
Virtual	Danielle Pettitt	Assistant Director, Strategic Operations, Donor Experience (Items 3.5.1, 3.5.2 and 3.5.3)
Virtual	Lisa Johnson	Assistant Director, Leadership, Culture and Performance (item 3.6 and 4.1)
Virtual	Richard Shortland	Head of Employee Experience (item 3.6 and 4.1)
	Gareth Humphreys	Neurodiversity Network Co-Chair
	Jo Dobie	Executive Assistant to the Chair
Apologies		
	Ian Murphy	Non-Executive Director
	Helen Gillan	Director of Quality and Governance

1.0	Opening Administration	Action
1.1	Welcome and apologies	
	<p>The Chair welcomed everyone to the 128th 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. Gareth Humphreys was welcomed as Co-Chair of the Neurodiversity Network.</p> <p>The Chair announced the appointment of Frances O'Callaghan as NHSBT's new Chief Executive Officer, who will take up the role on 1 February 2026.</p>	

	<p>He expressed his and the Board's sincere gratitude to Caroline Walker for her outstanding contribution as Interim Chief Executive and for agreeing to extend her tenure until January 2026 to ensure a smooth handover.</p> <p>The Chair welcomed members of the public observing the meeting.</p>	
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 30 September 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 three actions (PB04/25, PB05/25 and PB07/25) be closed. The remaining open action has a future date for completion.	
2.0	PATIENT STORY	
2.1	Patient Story from Rachel Easter	
	<p>Denise Thiruchelvam, Chief Nursing Officer introduced Rachel Easter to the meeting and thanked her for sharing her story, following a liver transplant, heart valve surgery and being a recipient of blood.</p> <p>Rachel first experienced symptoms at the age of 20, which significantly worsened during her pregnancy with her first child. Prior to the birth of her second child, she underwent a liver transplant. Seven years later, Rachel required further surgery to replace two heart valves, using a combination of donated tissue and mechanical valves.</p> <p>Following her liver transplant, Rachel wrote to the donor family and has continued to advocate for organ and blood donation. She expressed her sincere gratitude to all the clinical teams involved in her care, noting that their efforts have enabled her to enjoy a healthy and fulfilling life with her family.</p> <p>The Board thanked Rachel for sharing her experience and acknowledged the value of such patient stories in informing NHSBT's planning and service delivery. It was agreed that Rachel would be contacted to facilitate further correspondence with her donor families.</p> <p>The Board noted the patient story.</p>	
3. 0	FOR ASSURANCE	
3.1	Chief Executive's Report	
	<p>Caroline Walker, Interim Chief Executive, presented the report and highlighted the following:</p> <ul style="list-style-type: none"> a) Since NHSBT exited the amber alert for blood in July 2025, the priority has been to maintain healthy stock levels, particularly for O negative and B negative blood. Engagement continues with leaders across the organisation to continually review progress and build resilience focus on the needs of donors and patients. b) In terms of blood collection, the Brighton donor centre opened in September 2025. Since opening, the centre has collected over 2,750 donations, with around one third coming from new donors, supporting growth of the local donor 	

	<p>base. The Wolverhampton mobile blood donations team began collecting blood during the week commencing 17 November 2025. This new team has been established as part of the programme to future-proof blood. Appointment bookings for the first five weeks are high, with higher-than-average bookings for O negative, B negative and Ro donors.</p> <ul style="list-style-type: none"> c) The report from the Joint Organ Donation Working Group has been endorsed by England, Ireland, Scotland, and Wales, and its recommendations are now in the process of implementation and ongoing monitoring. d) Urgent work to improve rates of cornea donation has led to an improved outcome in October, averaging 9.4 donors a day, up from 7.4 a day in September. In October, ocular donors totalled 290, versus 222 in September. The implementation of Eye Retrieval Schemes is being accelerated. This means that NHSBT has been able to increase the weekly issue of corneas in November and December. Cornea donation is subject to a 'back to green' plan focused on the iORbIT project that runs in conjunction with the Department of Health and Social Care (DHSC). A deep dive into cornea donation will be added to the forward plan to bring a focus to improving the position. e) In the last quarter, NHSBT was inspected by external regulators and accreditation organisations across various service areas and multiple sites, which resulted in positive outcomes and further validation of the robustness of NHSBT's Quality Management System. f) The second annual staff conference took place in September 2025 bringing together 272 colleagues from across the organisation. This was followed by the Senior Leadership Team Conference in November 2025. g) Results from the Our Voice survey will be reported at item 3.6 on the agenda. As NHSBT continues to uphold a zero-tolerance stance against all forms discrimination, several policies have been reviewed and the opportunity taken to reinforce the commitment to inclusivity. h) NHSBT has launched its pregnancy and baby loss policy, supported by and developed in conjunction with the Women's Network. NHSBT is committed to supporting the Pregnancy Loss Pledge. i) The Interim Chief Executive will complete her tenure at the end of January 2026, ensuring a smooth transition for Frances O'Callaghan to assume the role of substantive Chief Executive on 1 February 2026. j) The Director of Blood Supply provided a detailed update on blood stock levels, noting that improvements have been achieved through targeted actions across the supply chain and tactical interventions to maintain stability. Plans are in place for more sustainable change, requiring a significant shift in ways of working to meet future demand. The operating model remains fragile, and there is an ongoing risk of returning to 'amber' status for certain blood groups, particularly during the Christmas period. <p>In response to questions regarding blood supply, the Board was advised that blood usage is closely monitored and coordinated by NHSBT in conjunction with DHSC. Where waste occurs outside expected levels, prompt corrective action is taken. The joint blood stocks group is also reviewing practices within the private hospital sector, where there is a tendency to over-order O negative blood.</p> <p>A blood supply forecast was requested to assess the likelihood of returning to amber alert during the holiday period. The Board was assured that NHSBT is not forecasting an amber alert; however, fill rates must improve throughout December. Targeted actions have already resulted in increased O negative bookings. A gap analysis was requested to compare current stock levels against trends and targets.</p>	
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	<p>Blood stocks will continue to be closely monitored as the holiday season approaches, with efforts focused on maximising appointment availability to maintain resilience during planned closures.</p> <p>It was confirmed that recent changes in National Institute for Health and Care Excellence (NICE) guidance on the use of Tranexamic Acid were positive for NHSBT and should lead to a reduction in the use of blood.</p> <p>A question was raised regarding staff uptake of the flu vaccination. The Board was advised that, as of the end of November 2025, uptake stood at 35.2%, an improvement on winter 2024. Some teams have achieved over 75% uptake, with 26 teams (10 or more members) reaching over 40% and 13 teams exceeding 75%. Among frontline service areas, uptake was reported as, Blood Supply 35.8%, Clinical Services 42.9%, Nursing 43%, and OTDT 37.1%. The Hull team has recorded the highest uptake to date at 90%.</p> <p>The Board noted the report and endorsed the organisation taking the Miscarriage Association's Pregnancy Loss Pledge, as a commitment to provide the standard of support within the pledge for NHSBT colleagues suffering such loss.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • PB08/25 - Gap analysis to be included in the next report comparing current blood stock levels against trends and targets. • PB09/25 - A deep dive into cornea donation to be added to the forward plan. Reporting date to be confirmed with the Director of OTDT. 	
3.2	<p>NHSBT Performance and Risk Report</p> <p>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.</p> <p>The Board acknowledged the positive progress across many indicators, but further scrutinised the blood donor base forecast information, which would be subject to further discussion following the meeting to fully understand and clarify the reporting requirement.</p> <p>It was noted that two major Pulse incidents led to a fall in critical infrastructure availability below the 99.95% target for the second consecutive month. To ensure this target returns to 'green', NHSBT continues to work with suppliers and internal teams to identify root causes, implement mitigations and strengthen system resilience.</p> <p>Principal risks had been reviewed in detail at the Board risk workshop that took place on 1 December 2025, and revisions would be reflected in future reports.</p> <p>The Board noted the report.</p>	
3.3	<p>Financial performance report</p> <p>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.</p>	

	<p>The financial plan is aligned to business plan priorities, and the sustainable position is fully funded versus expected volumes and activity.</p> <p>It was noted that the quarter two revenue forecast indicates a significantly improved position, reporting a deficit of £5 million, which is £7.8 million ahead of plan. The latest full-year outturn is projected to be approximately a £2 million deficit, representing an improvement of £11 million against plan. Updated figures will be provided in the quarter three report.</p> <p>Capital investment plans totalling £25 million remain in place; however, a substantial proportion (up to £11 million) is currently rated as red/amber. To ensure full utilisation of the allocation, continued close engagement with Senior Management Teams will focus on mitigating delivery risks and prioritising progress.</p> <p>The Board noted that the Cost Improvement Programme (CIP) for 2025/26 is close to full delivery of the £16.6 million target, with £0.7 million remaining outstanding. It was further noted that approximately £3 million of the savings may be non-recurrent, which would increase the challenge for 2026/27. For the forthcoming financial year, £3 million of confirmed plans are in place against a minimum baseline target of £13.3 million.</p> <p>The Board discussed the non-recurrent nature of certain elements within the Cost Improvement Programme. Assurance was provided that targeted efforts are underway to secure recurrent savings, and it is anticipated that an improved position will be reported in quarter four.</p> <p>The Board queried whether NHSBT's expectations regarding transformation delivery were overly optimistic. In response, assurance was provided that the organisation remains committed to the transformation programme and its associated benefits, with a continued emphasis on driving delivery. It was acknowledged that slippage can occur for a range of reasons, including over-optimism and unforeseen supplier-related issues. The Board noted that during 2025/26 there has been a greater focus on prioritising a smaller number of transformation initiatives and delivering them effectively, supported by strengthened governance, grip, and control.</p> <p>The Board received the report and noted:</p> <ul style="list-style-type: none"> • Efforts to address capital spending slippage • That the quarter two forecast suggests delivery of the financial plan for 2025/26 • That the current CIP carries a delivery risk of £0.7m which is subject to ongoing review and mitigation • That the Executive Team are focusing on confirming the 2026/27 financial plan 	
3.4	<p>Mid-year Business Performance and Transformation Portfolio Review</p> <p>Carl Vincent, Chief Financial Officer introduced the report that was delivered in detail by Simi Randhawa, Assistant Director, Transformation Portfolio.</p> <p>The paper provided a mid-year overview of performance against the business plan and delivery of the transformation portfolio.</p> <p>The organisation continues to reliably deliver its core products and services across Blood Supply, Plasma, Organ and Tissue Donation and Transplantation, Clinical Services, and corporate functions.</p>	

	<p>However, persistent fragilities including critical blood stock shortages, organ donation and consent gaps and health inequalities underscore the need for sustained transformation to secure long-term resilience.</p> <p>Overall, the transformation portfolio has performed strongly as of mid-year, with most programmes on track, robust governance and forecasting in place, and key capabilities being delivered. However, slower mobilisation of some initiatives is expected to delay full benefit realisation by year-end, which may result in a year-end transformation underspend.</p> <p>In discussion it was noted that there is some overlap between the report presented and detail within the Performance report. It was agreed that receiving a mid-year view of progress was helpful, particularly if it focused on areas that are off track and greater detail of programme performance.</p> <p>The Board received the report for assurance.</p>	
3.5	Improving the Health of Organs and Blood Product Donor Bases	
3.5.1	Health of the Donor Base – Blood Components	
	<p>Mark Chambers, Donor Experience Director introduced the three reports focused on the health of the donor bases for blood components, the donor register and the stem cell donor register (agenda items 3.5.1, 3.5.2 and 3.5.3). The papers are intended to provide an update on efforts to grow the donor bases.</p> <p>Danielle Pettitt, Assistant Director, Strategic Operations, Donor Experience presented the report, highlighting the following:</p> <p>Blood Components donor base:</p> <ul style="list-style-type: none"> a) Donor base stability: Despite welcoming new donors, overall donor numbers remain static. A key factor is donor inactivation i.e. those who have not donated within the past 12 months, which continues to reduce the active donor pool. b) Growth outlook: The donor base is projected to expand in the coming months, supported by the Donor Base Resilience Programme. This initiative focuses on identifying priority groups through enhanced scaling, blood typing, and grassroots engagement, particularly within communities of high black heritage. c) Additional activities: Strategic partnerships, targeted retention initiatives, and the development of a donor loyalty proposition are being progressed to strengthen engagement and improve long-term donor commitment. d) Currently circa 50% of Ro demand is reached, closing the Ro demand/supply gap will require significant investment and prioritisation. e) Meeting the needs of donors remains a challenge in terms of session capacity and location. Both short and longer-term activities are underway. <p>The Board welcomed the detailed reports and discussed the following in relation to blood components:</p> <ul style="list-style-type: none"> a) Donor register criteria: Members queried why donors are only considered active if they have donated within the last 12 months. It was explained that this approach aligns with international practice. The Executive Team is reviewing whether to extend the window to 24 months. b) Communication approach: The Board asked how communications differ between active donors and those who are inactive. It was confirmed that messaging and session experience vary; for example, donors returning after two years require additional testing during their visit. 	

	<p>c) Barriers to donation: A range of factors were identified, including negative experiences at donation sessions, difficulty securing convenient appointments, and the impact of being unable to donate when attending a session. Health-related issues also affect donor eligibility.</p> <p>d) Impact of new centres: The Board questioned why opening centres such as Brixton has not significantly increased the donor base. It was noted that Brixton has improved donor numbers, particularly among key groups, but retention remains challenging. Work is underway to reduce donor churn and strengthen growth through targeted retention strategies.</p> <p>e) The success of the Brixton Centre was acknowledged; however, utilisation remains at around 50%. The Board was advised that this level aligns with the original business case target, but plans are underway to exceed this trajectory. Proposed initiatives include positioning Brixton as a specialist sickle cell centre, supported by investment in local community engagement, strategic partnerships, and learning from other blood operators who have successfully worked with black heritage communities.</p> <p>f) In terms of mobile donation teams, the donor network design programme is intended to ensure the right locations are serviced by mobile collection teams.</p> <p>Further discussion focused on how research and development could support donor retention. It was noted that work in this area is already underway, including exploring approaches used by businesses with loyalty and membership schemes and improving responsiveness to donor needs. The Board suggested that additional expertise in brand marketing would be beneficial. The 'Know Your Blood Type' initiative was commended, and reference was made to an emerging pilot with a nationwide chemist.</p> <p>The three papers were welcomed. Members requested that they would benefit from the inclusion of detail to quantify the impact of activities, for example, specifying the expected number of donors resulting from each initiative, to demonstrate the return on investment. The Board was assured that this work is in progress.</p> <p>The Board also requested a summary of lessons learned from opening the Brixton Centre and a table setting out donor base initiatives, timelines, and deliverables. This table should be updated with outcomes as they are achieved to provide visibility of what works.</p> <p>The Board noted the report.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • PB10/25 – summary of lessons learned from opening the Brixton Centre to be produced • PB11/25 – table of donor base related initiatives to be created, including timelines, deliverables and outcomes 	GG/MC (March 26) GG/MC (March 26)
3.5.2	NHSBT Organ Donor Register Danielle Pettitt, Assistant Director, Strategic Operations, Donor Experience presented the report, highlighting the following:	
	<p>Organ Donor Register:</p> <p>a) Positive progress: Registrations on the organ donation register have increased during 2025/26 and remain on track to meet the year-end target. This growth has been driven by awareness campaigns and partnerships with organisations such as the DVLA, NHS App, and Passport Service, alongside initiatives like Organ Donation Week.</p>	

	<p>b) Emerging challenges: Despite the rise in registrations, consent rates have declined and opt-out registrations have increased. Accelerating growth in opt-in registrations is essential to counter the trend of lengthening transplant waiting lists.</p> <p>c) Future ambition: NHSBT aims for 70% of the UK population to record an opt-in decision, equating to approximately 20 million additional registrations. Achieving this will require action through innovative partnerships, targeted marketing, and investment in digital engagement pathways.</p> <p>Noting that 45% of the UK population are registered as organ donors, the Board queried the reliability of this data. Assurance was provided that the data has been reviewed, cleansed, and is considered accurate. The dataset also highlights regional variations, offering valuable insight to inform targeted geographical campaigns.</p> <p>The Board noted the report.</p>	
3.5.3	<p>NHSBT Stem Cell Donor Register</p> <p>Danielle Pettitt, Assistant Director, Strategic Operations, Donor Experience presented the report, highlighting the following:</p> <p>Stem Cell Donor Register:</p> <ul style="list-style-type: none"> a) Rising demand: The need for stem cell transplants continues to grow, creating an urgent requirement to expand and diversify the register, particularly among donors under 40 years of age. b) Current challenges: The register remains imbalanced, with insufficient representation from younger and more diverse donors. c) Recent progress: Recruitment from targeted groups has improved, driven by initiatives such as introducing stem cell assistance during donation sessions. Where this support is available, donors are more than three times as likely to join the register. <p>Reference was made to successful stem cell research demonstrating that mismatched, unrelated donors can be used as effectively as matched donors.</p> <p>The Board noted the report.</p>	
3.6	<p>Our Voice Survey Update</p> <p>Julie Pinder, Chief People Officer introduced the report and was joined by Lisa Johnson, Assistant Director, Leadership, Culture and Performance and Richard Shortand, Head of Employee Experience.</p> <p>The report provided an analysis of the Our Voice 2025 survey results alongside comparable data from 2024. The report detailed priority areas for focus and avenues for further analysis.</p> <p>The platform used to analyse the data provides benchmarks from other users and where applicable the wider NHS Survey results.</p> <p>Key Headlines</p> <ul style="list-style-type: none"> a) Overall response rate: 65%, up from 62% in 2024 b) Core engagement score: 65% favourable ratings c) Reduction in reports of bullying, harassment, abuse or discrimination, except among ethnic minority and neurodiverse colleagues d) Improved growth insights, though lower-band colleagues continue to report fewer opportunities for development 	

	<p>e) Higher engagement among ethnic minority colleagues, reflecting the impact of initiatives such as <i>Forward Together</i> and other inclusive culture activities</p> <p>f) Evidence of a need to strengthen management and communication of change and transformation</p> <p>g) Evidence of a need to improve perceptions of senior leadership in relation to strategic direction</p> <p>h) Concerns that colleagues fear repercussions or inaction when raising issues</p> <p>Executive Team agreed priority areas for action</p> <p>a) Growth: Assess organisational appetite for investing in Band three and four frontline colleagues</p> <p>b) Transformation, Change and Strategy: Address lower scores among colleagues who experienced change processes in the past 12 months</p> <p>c) Harassment, Bullying and Abuse: Implement a targeted, systemic approach to reinforce respect, equity, and accountability</p> <p>Areas for Deeper Analysis</p> <p>a) Age/Length of Service: Younger colleagues (18–24) report significantly lower scores, indicating a disconnect</p> <p>b) Minority and unidentified colleague experience: All minority groups report poorer experiences compared to others</p> <p>c) Patient Safety and Speaking Out: Investigate why colleagues doubt that action will be taken when concerns are raised</p> <p>The recommendations and interventions will form an Employee Experience Plan, which will align with actions under the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), to focus on creating a psychologically safe workplace.</p> <p>The Board welcomed the detailed analysis and endorsed the priority areas for action. Members expressed particular interest in understanding the needs and expectations of younger colleagues and the factors contributing to their lower engagement scores.</p> <p>An ambition was shared to introduce real-time feedback mechanisms, including a “You Said, We Did” approach, to strengthen transparency and responsiveness.</p> <p>The Board noted the report and supported the recommendations and areas for further analysis.</p>	
4.0	FOR APPROVAL	
4.1	Equality, Diversity and Inclusion - Workforce Race and Disability Equality Standard/Gender Pay Gap and Ethnicity Pay Gap Reports	

	<p>Key Headlines:</p> <p>Disability:</p> <ul style="list-style-type: none"> a) Increase in self-identification b) Satisfaction and feeling valued rose from 28% to 53% (noting a larger reporting pool this year) c) Improved access to workplace adjustments, though more disabled colleagues report feeling pressure to attend work when unwell <p>Race:</p> <ul style="list-style-type: none"> a) BME representation increased to 25%, with 22% at Bands 8a–8c b) White candidates remain 2.1 times more likely to be appointed c) BME colleagues report higher rates of bullying, harassment, and disciplinary action <p>NHSBT's gender pay gap out-performs national benchmarks, and the bonus pay gap has narrowed.</p> <p>In terms of next steps, a comprehensive, data-driven Inclusive Culture Action Plan will be developed for 2026/27. This will include:</p> <ul style="list-style-type: none"> a) Inclusive leadership development b) Improved recruitment practices c) Enhanced accessibility d) Targeted interventions to address bullying and harassment e) Quarterly pulse and 'hot spot' surveys <p>An Inclusive Culture Dashboard will be introduced to track progress.</p> <p>In response to a question, NHSBT's absence rate was confirmed as 5.6%, which is comparable to the wider NHS (private sector averages 7–8%). Notably, 53% of NHSBT's sickness absence relates to long-term cases, where targeted intervention is required.</p> <p>The Board approved the gender pay gap information for publication.</p>
4.2	Risk Management
4.2.1	<p>Risk Management Framework</p> <p>NHSBT's approach to risk management has matured since the previous risk framework was implemented. Therefore, the existing risk management framework has been updated. Key updates include:</p> <ul style="list-style-type: none"> a) Better alignment with the HM Treasury Orange Book and associated suite of documents b) Greater clarity of 'shall' criteria, supporting consistency c) Removal of areas previously open to interpretation <p>In response to a question from the Board it was confirmed that the Assistant Director Governance and Resilience (Richard Rackham) is the organisation's Chief Risk Officer.</p> <p>The Board noted the updated Risk Management Framework.</p>

4.2.2	Board Assurance Framework	
	<p>The Board Assurance Framework (BAF) is the key risk management document that demonstrates the risks to delivery of the organisation's strategy and core purpose, aligning assurance to those risks enabling the Board to hold the organisation to account for its delivery.</p> <p>The Board noted the Board Assurance Framework.</p>	
5.0	GOVERNANCE	
5.1	Governance Update	
	<p>Silena Dominy, Company Secretary presented the Governance Update.</p> <p>The annual Board Effectiveness review had commenced. The Board was reminded that on a triennial basis the review is externally facilitated, as was the case in 2024/25 when BDO LLP completed the assessment of effectiveness. This year the process will be undertaken internally. Board members were advised that questionnaires will be circulated to Directors for completion during December 2025, with an analysis report on the findings and any recommendations to improve effectiveness being presented to the Board in February 2026.</p> <p>The Board noted the report.</p>	
5.1.1	Board Skills, Capability and Diversity Assessment	
	<p>Silena Dominy, Company Secretary presented the report following the annual assessment of Board skills, capabilities and diversity.</p> <p>The Board received the annual assessment of its skills, capabilities and diversity, following amendments to the Board Skills and Capability Framework approved in April 2025.</p> <p>The assessment confirmed that the Board generally demonstrates a high level of proficiency and expertise, enabling effective support and constructive challenge. Inclusion of non-voting members was noted as enhancing the breadth of skills and experience across several capability areas. Activity undertaken during the year to build Board knowledge has been beneficial, and continuation of this approach is recommended.</p> <p>Against the NHS Leadership Competency Domains, the Board was found to be demonstrating the six domains almost always or frequently. Similarly, most directors consistently or variably demonstrated the desired attributes for Board members, with a small number identifying opportunities for improvement.</p> <p>Board Committees were assessed as having appropriate mixes of expertise and proficiency. Where opportunities to increase capability were identified, it was acknowledged that constraints exist due to the size of the Board and the breadth of roles required. Each Committee is reviewing the findings of the assessment.</p> <p>The Board:</p> <ul style="list-style-type: none"> a) Noted the report recommendations in relation to Committee appointments that may be considered relevant in the future b) Noted areas of future Board knowledge development for inclusion in the Board Knowledge Development Plan 2026 	

5.2	Committee Meeting Reports	
5.2.1	Clinical Governance Committee, 20 October 2025	
	<p>Lorna Marson, Committee Chair, presented the report from the Clinical Governance Committee meeting held on 20 October 2025 and highlighted the following:</p> <ul style="list-style-type: none"> a) Development of the Safety and Experience Integrated Report is progressing well, with continuous improvements being implemented. b) Committee members received assurance regarding the status and management of Principal Risk 1 – Donor and Patient Safety. c) The Committee reviewed two Infection Prevention and Control (IPC) reports. Current systems were confirmed as effective in safeguarding donors, patients, and staff, with improvement plans underway. A cross-departmental evaluation highlighted variations in IPC practices, and an action plan is being developed to address these. d) The Committee considered two closure reports following Patient Safety Incident Investigations and were assured that appropriate actions had been taken or were planned, to mitigate future risks. e) 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 f) The Chief Scientific Officer provided a report to the Committee about the work of the Scientific Advisory Committee. <p>The Board noted the Clinical Governance Committee report.</p>	
5.2.2	Audit, Risk and Governance Committee (ARGC), 11 November 2025	
	<p>Rachel Jones, Non-Executive Director Committee Member presented the report from the Audit, Risk and Governance Committee meeting held on 11 November 2025 and highlighted the following:</p> <ul style="list-style-type: none"> a) ARGC welcomed Andrew O'Donnell who has taken over from Stephen Wright as Head of Internal Audit from GIAA. Thanks were expressed to Stephen for his work with NHSBT and his instrumental role in achieving a moderate audit opinion through his work with the Director of Quality and Governance and wider Executive Team b) Deep dives were undertaken for principal risks PO2, service disruption and PO4, numbers and diversity of the donor base and a review of the annual cyber stocktake. Good discussion took place with outputs being fed into the Board risk workshop held on 1 December 2025. c) The Committee received feedback following project Pegasus where NHSBT reviewed its readiness in response to an infectious disease scenario. The exercise went well, with both positive outcomes and learning opportunities identified. <p>The Board noted the Audit, Risk and Governance Committee report.</p>	

5.2.3	People Committee meeting, 17 November 2025
	<p>Penny McIntyre, Committee Chair presented the report from the People Committee held on 17 November 2025 and highlighted the following:</p> <ul style="list-style-type: none"> a) Reports on, Our Voice survey results, Board skills and capabilities, Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap had been received by the People Committee ahead of submission to the Board at this meeting. b) The Committee received the latest iteration of the NHSBT workforce dashboard (covering quarter two), which was developing into a valuable tool for monitoring workforce trends. The Committee agreed to undertake a deep dive into absence rates and monitoring. c) There will be a focus on opportunities to leverage the apprenticeship levy at a future meeting. d) The People Plan quarterly report (quarter two) noted progress across several key initiatives, including redesign of the HR operating model. While the Estate Strategy and review of the Disciplinary Policy remain amber, both are expected to return to green following reprioritisation and tender activity. e) The Committee undertook a deep dive into principal risk 07 – exploring strategic workforce planning challenges, the outputs of which were fed into the Board risk workshop held on 1 December 2025. <p>The Board noted the People Committee report.</p>
6.0	FOR REPORT
6.1	Reports from UK Health Departments
6.1.1	<p>England</p> <p>Helen McDaniel provided a verbal report from the Department of Health and Social Care (England) and highlighted the following:</p> <ul style="list-style-type: none"> a) DHSC and NHS England moved to a single, joint Executive Team from 3 November 2025. b) The Implementation Steering Group for Organ Utilisation (ISOU) established in April 2023, held its last meeting in November 2025. A report from the group will be available in 2026. c) The terminally ill Adults (End of Life) Bill, which includes organ donation is making its way through the Parliamentary process. d) An oral Parliamentary question will be raised in the House of Lords on 3 December 2025 asking what the Government and NHSBT are doing to support blood stocks during the winter period. e) A blood donation session will take place in Parliament on 4 December 2025 <p>The Board noted the report.</p>
6.1.2	Northern Ireland
	<p>Joan Hardy presented the report and highlighted the following:</p> <ul style="list-style-type: none"> a) Promotional activity related to organ donation and transplant activity b) Northern Ireland's support for the Organ Donation joint Working Group report c) 60% of people in Northern Ireland have recorded a donation decision <p>The Board noted the report.</p>

6.1.3	Scotland	
	<p>The report from Scotland was noted and highlighted:</p> <ul style="list-style-type: none"> a) That an evaluation of Organ and Tissue Donation week was underway b) Activity to raise awareness around corneal donation c) Half the population of Scotland (58.3%) have recorded their donation decision on the NHS Organ Donation Register, with 54.7% of those recording a decision to be a donor (3.6% choosing to opt out). <p>The Board noted the report.</p>	
6.1.4	Wales	
	No matters were reported from Wales.	
6.2	Board Forward Plan	
	<p>The Board Forward Plan was included in the meeting pack for information and will be updated to include:</p> <ul style="list-style-type: none"> - A deep dive into cornea donation <p>The Board noted the forward plan.</p>	
7.0	CLOSING ADMINISTRATION	
7.1	Any Other Business	
	<p>The Chair thanked those observing the Board meeting for taking the time to travel to Liverpool for the meeting.</p> <p>The Board were advised that the Isle of Man will implement a system of deemed consent for organ donation from 1 January 2026.</p>	
7.2	Close of Meeting	
	The Chair thanked everyone for their attendance and contributions to the meeting.	
7.3	Date of Next Meeting 3 February 2026, NHSBT Filton	