NHS
Blood and Transplant

Board Meeting in Public
Tuesday, 03 February 2026

Title of Report	Clinical Governance Committee Report	**Agenda No.**	5.2.4
Nature of Report	☒ Official	☐ Official Sensitive	
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Non-Executive Director Sponsor	Lorna Marson, Clinical Governance Committee Chair		
Presenter at the meeting	Lorna Marson, Clinical Governance Committee Chair		
Presented for	☐ Approval ☒ Information ☒ Assurance ☐ Update		
Is there a plan to communicate this to the organisation?	☒ Yes ☐ No ☐ Yet to be determined Report in public Board meeting pack		

Purpose of the report and key issues

This report is submitted to the Board to draw attention to the main items discussed at the Clinical Governance Committee (CGC) held on 15 January 2026.

Previously Considered by

N/A

Recommendation

The Board is asked to note the report for assurance.

Risk(s) identified (Link to Board Assurance Framework Risks)

The Clinical Governance Committee is a key aspect in the governance and oversight of risks to Donor and Patient Safety (P-01).

Strategic Objective(s) this paper relates to:

☒ Collaborate with partners	Invest in people and culture	☒ Drive innovation
☒ Modernise our operations	Grow and diversify our donor base	

Appendices:	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 15 January 2026.

2. Safety and Experience Integrated Report

The Committee received the Safety and Experience Integrated report and noted the continued strengthening of the assurance framework, with improved alignment between assurance activity and risk mapping and a corresponding reduction in risk ratings within the IPC and Safeguarding portfolios. Work to enhance Patient Safety Incident reporting is progressing, and three PSIIs remain open, one of which is approaching closure subject to executive review. National Safety Alerts are being actively managed. Safeguarding training compliance is close to the required level, supported by a completed training needs analysis and an ongoing gap analysis

Data security remains an area of focus, with targeted workshops planned and digital solutions being considered. Infection prevention and control mitigations remain in place related to legionella and mould, alongside development of a recovery plan to ensure complete immunisation and health surveillance records. Overall complaint volumes have decreased, although serious complaints have risen, including one referral to the ICO, and appointment cancellations continue to be the most frequent issue raised. Donor experience declined in September and October due to increased waiting times associated with secondary venous testing, and the wider impact on session flow is being closely monitored.

The Committee noted proposals to benchmark against the Good Governance Institute's standards for clinical governance. The comprehensive review of safeguarding training that had been completed was also noted with recommendations to be discussed further. Opportunities for strengthening patient and donor safety partner involvement across organisational safety structures was discussed and will be considered further.

3. Annual Blood Supply Safety and Experience Assurance Report

The Committee received the assurance report which confirmed that overall assurance for the period was assessed as reasonable. Safety performance showed an increase in reported incidents, attributed to a strengthened reporting culture, with the majority categorised as low harm and all required CQC notifications and duty of candour actions completed. The Committee noted progress across a range of programmes and discussed the opportunity to increase proactivity in the approach to blood safety and quality consistent with SHOT recommendations. Future improvements to the assurance report were discussed, including incorporation of the audit plan to provide clear alignment between areas reviewed, findings and planned audit activity. The Committee noted a significant reduction in serious adverse events in donation and discussed contributors to this improvement. The importance of improving performance in meeting sickle cell demand and strengthening Ro and O negative donor bases was discussed.

The Committee acknowledged the significant work undertaken by the Blood Services team in driving quality performance, engagement and positive culture change.

4. BAF Principal Risk-01 Donor and Patient Safety

The Committee carried out a deep dive review into principal risk P-01 related to donor and patient safety. It noted three contributory risks currently sitting within the Judgement Zone and influencing the overall P-01 score of 4 (Major) × 3 (Possible). These relate to manual data-handling errors, workarounds used for storing and transferring clinical advice, and instances where substitute blood components may not fully meet patient requirements. Mitigation activity for all three areas is underway through approved transformation programmes or project-discovery work. The fragmented nature of multiple small manual systems operating across different areas was discussed and it was agreed that clarity on these manual processes, mitigating actions and alignment to PIIs should be presented alongside the next risk deep dive to ensure appropriate prioritisation. An aggregated view of such risks would help determine strategically the approach required to digitisation. The Committee considered other contributory risks and the mitigating actions.

5. Infected Blood Memorial

The Committee noted that the first Infected Blood Commemorative Event took place on 19 November at Church House, London, bringing together infected and affected community members to initiate discussions on future memorialisation. This was the first of three planned gatherings. The Infected Blood Compensation Scheme Authority and the Cabinet Office also held sessions on compensation during the afternoon, and NHSBT representatives were present to support alignment with future commemoration activity. It was noted that a memorial service was to be held on 19th May at St Paul's Cathedral, London.

6. Clinical Audits

The Committee received the full audit report of the Benchmark Audit of Red Cell Exchange in Therapeutic Apheresis Services (AUD4323) as it had received a limited assurance rating. The retrospective review of 2024 cases identified significant variation in depletion rates across TAS Units, with only 41% of eligible patients receiving depletion, although all procedures undertaken were safe and met required criteria. Post-HbS targets were achieved in 63% of cases, while only 20% of patients maintained pre-HbS levels within target, highlighting risk for high-risk individuals. Clinical review processes were inconsistent, with low levels of documented follow-up. A comprehensive action plan has been developed, including strengthened processes, enhanced clinical training, formalisation of review meetings, standardised governance and data collection, and the introduction of red cell link nurse roles. It was agreed that future Clinical Services CARE reports will include an update on progress in addressing the findings, ideally supported by trend data/graphs to provide assurance ahead of the next audit cycle.

The Committee also reviewed progress on the 2025/26 Clinical Audit Programme: no new audits were approved in the period, three audits from 2024/25 remain in progress, and four of the eight audits in the current programme are on track for completion. Seven audit-related actions remain overdue but are being actively managed. The Committee noted the report for assurance and progress on actions arising from the GIAA audit of the clinical audit process.

7. Committee Skills and Capability Report

The Committee noted the findings from the Board Skills and Capability review relevant to the Clinical Governance Committee. Members reviewed the current skills profile, considered whether any additional capabilities should be recognised as part of the optimum skill set, and discussed potential skills gaps that should ideally be filled. Members also reflected on whether any Committee-specific training requirements should be incorporated into the 2026 Board development plan, noting that individual development needs will continue to be addressed through the PDPR and appraisal process. It was agreed that formalising the position on digital expertise for the Committee would be beneficial.

8. MQR & Regulatory Radar

The Committee reviewed the Q3 report, noting successful regulatory inspections, continued participation in business continuity exercises including Exercise Pegasus, and progress in reducing overdue QMS events and supplier reviews. Work is progressing to strengthen incident-management processes, with updated procedures and guidance due for rollout in the coming months. The Committee endorsed ongoing efforts to improve the management of QMS incidents, emphasising the need for timely incident logging to support effective risk assessment and regulatory reporting. Members also supported continued preparation for future regulatory inspections and the completion of actions arising from previous findings and reaffirmed the importance of teams engaging fully with internal quality self-inspection audits.

9. Annual Reports

The Committee received the Donor Derived Transmissions Annual Report covering investigations into potential donor-derived transmission of infections, malignancies and other cases of interest between April 2024 and March 2025. The report also included a summary of living donation cases for information.

10. Items for escalation to the Board

No items were identified for escalation to the Board or it's sub-committees.