Blood and Transplant

Minutes of the One Hundred and Twenty-Ninth Public Board Meeting of NHSBT, held in Filton and via MS Teams
Tuesday, 3 February 2026, 11:45 - 15:25

Present		
Voting Members		
	Peter Wyman	Chair
Virtual	Rachel Jones	Non-Executive Director
	Caroline Serfass	Non-Executive Director
	Penny McIntyre	Non-Executive Director
	Ian Murphy	Non-Executive Director
	Lorna Marson	Non-Executive Director
	Charles Craddock	Non-Executive Director (left at 13:45)
	Frances O'Callaghan	Chief Executive Officer
	Gail Miflin	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		
	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
	Kate Thomas	Assistant Director, Corporate Communications
	Torkwase Holmes	GRacE Network Chair
	Helen McDaniel	DHSC (UK Health Department)
Virtual	Catherine Cody	Wales (UK Health Department)
Virtual	Joan Hardy	Northern Ireland (UK Health Department)
Virtual	Janice Sheppey	Northern Ireland (UK Health Department)
Virtual	James How	Scotland (UK Health Department)
Virtual	Claire Broere	Head Nurse TAS Middlesbrough (Item 2.1)
Virtual	Damilola Olorunfemi	Patient Story (Item 2.1)
Virtual	Anthonia Evans	Patient Story (Item 2.1)
	Mark Taylor	Assistant Finance Director (Item 3.3)
	Rachel May	Head of Freedom to Speak Up & Head of the Resolution Unit (Item 3.4)
Virtual	Ellen Bull	Chief Nurse Strategy Workforce Practice Standards (Item 3.5)
Virtual	Sarah Humberstone	Lead Nurse, Infection Prevention and Control (Item 3.5)
	Andrew O'Connor	Programme Director & Interim CISO (Item 4.1)
Virtual	Duncan Boud	Assistant Director – Financial Control and Operations (item 4.2)
	Jo Dobie	Executive Assistant to the Chair
Apologies		
	Nicola Yates	Associate Non-Executive Director

1.0	Opening Administration	Action
1.1	**Welcome and apologies**	
	The Chair welcomed everyone to the 129th 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. Torkwase Holmes was welcomed as Co-Chair of the GRacE Network. Frances O'Callaghan had joined NHSBT as Chief Executive, today being her second day in the role. Frances was welcomed by the Board. The Chair welcomed members of the public observing the meeting. Apologies were noted as above.	
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 2 December 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 actions PB02/25 and PB08/25 were completed and closed. Three open actions remain, (PB09/25, PB10/25 and PB11/25) with future dates for completion.	
2.0	**PATIENT STORY**	
2.1	**Patient Story: Therapeutic Apheresis Treatment (TAS)**	
	Denise Thiruchelvam, Chief Nursing Officer introduced the patient story, delivered jointly by Claire Broere, Lead Apheresis Nurse, and Damilola Olorunfemi, a patient living with sickle cell disease receiving automated red cell exchange. Red cell exchange is a therapeutic apheresis treatment, most commonly used to treat patients with sickle cell anaemia. The treatment separates and removes the problematic sickle shaped red blood cells and then replaces them with healthy red cells from donated blood. This is usually carried out every four to six weeks to keep the number of sickle cells in the patient's body to a minimum. NHSBT have been working with NHS England to meet the needs of local populations by expanding TAS service across England. Claire described the development of the Therapeutic Apheresis Service (TAS) in Middlesbrough and the benefits of joining the national TAS network, particularly the availability of improved out-of-hours support. Damilola described the transformative impact of automated red cell exchange on her health and quality of life and expressed that greater awareness and help in making peer connections for people with sickle cell would be beneficial. The GRaCE Network Co-Chair and Claire Broere will ensure Damilola receives information to help her make contact with other service users. Claire relayed the experience of a paediatric patient, Duke, whose health, school attendance and wellbeing markedly improved since commencing regular exchanges.	

	The Board thanked both Claire and Damilola for sharing their experience and noted the value of patient insight in shaping services. **The Board noted the patient story.**	
3. 0	**FOR ASSURANCE**	
3.1	**Chief Executive's Report**	
	Gail Miflin, Chief Medical Officer and Acting Deputy Chief Executive, presented the Chief Executive's Report on behalf of the outgoing Interim Chief Executive, noting that the meeting coincided with Frances O'Callaghan's second day in post as Chief Executive. The Board's attention was drawn to a series of operational and strategic updates demonstrating continued organisational progress: a) Blood stocks entered January 2026 at just over eight days of red cell stock, representing a significantly stronger position compared with previous winter periods. Platelet stocks remained stable over Christmas, supported both by a temporary reduction in demand and by improvements in collection activity. Operational improvements have contributed materially to this stability, including a reduction in appointment cancellations of approximately 50%, a reduction in Hb deferrals from 12% to 3%, and achievement of the RO collection target in both December 2025 and January 2026, for the first time. Additional capacity has been brought online through the Wolverhampton and Hertfordshire mobile teams. The collaborative work across Planning, Donor Experience and Blood Supply was noted, particularly the more proactive performance management approach now being used to avoid unnecessary cancellations. b) A joint working group report on organ donation has been published, and NHSBT has been selected to host the 2027 International Society for Organ Donation and Procurement (ISODP) Congress in London, an achievement welcomed by the Board. The Isle of Man's opt-out legislation became live on 1 January 2026, this extends opt-out coverage across the whole of the UK. NHSBT continues to implement a national urgent action plan for ocular donation, with sustained improvement now being seen. Cornea donation has reached approximately 70 donors per week, with NHSBT on track (subject to provider capacity) to eliminate >1-year waiting times by the end of March 2026. Ten supply centres are operational, with the remaining four expected to come online in the near future. c) In December 2025 the NHS Cord Blood Bank reached the milestone of issuing its 1,000th unit to a stem cell transplant patient. d) The biotech company who Cell and Gene Therapies are partnering with to manufacture their CAR-T product for a UK clinical trial, has taken the decision to close down the cell therapy part of their business. The decision is not in any way related to our partnership and affects all of the company's cell therapy program, which is currently active across Europe and US. e) Therapeutic Apheresis Service (TAS) - a new automated red cell exchange service has opened for Mid and South Essex Foundation Trust, increasing national TAS capacity and strengthening equity of access. This development follows close partnership work with NHS England to expand TAS provision across England.	

	f) NHSBT has recently undergone a high volume of regulatory inspections, all of which delivered positive outcomes. This included an unannounced Care Quality Commission inspection at the West End Donor Centre on 30 January 2026. No immediate concerns were identified by inspectors on the day. Additional evidence was requested and the formal report is awaited. Staff were commended for their professional response during the visit. g) NHSBT recently held a two-day internal Research and Development conference, which was described as highly positive and energising for colleagues. The STRIDES trial results were highlighted; these confirm that common pre-donation interventions do not materially reduce vasovagal reactions. As a significant international contribution to donor safety evidence, these findings are expected to shape global practice. h) Work has commenced on the development of a new Patient and Donor Engagement Policy led by the Chief Nursing Officer, building on the organisation's wider approach to experience and involvement. i) The November 2025 Senior Leadership Team conference focused on shaping the future direction of NHSBT and provided an opportunity for collective leadership engagement on the organisation's strategic priorities. The Board discussed aspects of the report, including opportunities to strengthen communication on key risks such as flu vaccination uptake by staff, the fragility of the blood supply despite recent improvements, and the continued importance of donor recruitment within specific blood groups, notably Ro. A question was raised regarding the evidence demonstrating the impact of opt-out legislation and the reasons why challenges in securing consent persist. The Board was advised that families seek clarity and certainty at the point of making a donation decision. Evidence shows that donation consent rates remain significantly higher when an individual is recorded on the organ donation register, whereas consent falls to around 50% when no recorded decision exists. While opt-out legislation provides an important enabling framework, it is not always the determining factor during highly sensitive discussions with families at the time of bereavement. Work is ongoing to support a shift in approach nationally and locally, with an increased focus on conversations that emphasise the positive impact and possibilities created through organ donation. The Board extended thanks to all teams involved in securing improved operational performance. **The Board noted the Chief Executive's Report.**	
3.2	**NHSBT Performance and Risk Report**	
	Gail Miflin, Chief Medical Officer and Acting Deputy Chief Executive, introduced the Performance and Risk Report and drew the Board's attention to the Executive Summary, which outlined significant progress across the five key organisational priority areas: red cell stocks, the blood donor base, people and culture metrics, the donor register, and tissue and eye services income. For those indicators where performance remained off track, corresponding 'back to green' recovery plans were included. The Board acknowledged the positive progress demonstrated across many indicators but engaged in further scrutiny of several areas.	

	In relation to sickness absence, declining performance was noted. The Chief People Officer explained that approximately 50% of current absence relate to long-term sickness/absence. A task and finish group has been established to review these cases and identify appropriate interventions. Board members queried whether the downward trajectory in the active plasma donor base should be a cause for concern. In response, the movement of the Reading Donor Centre was cited as a contributory factor and performance is expected to recover as activity stabilises at the new site. Work is also underway with the relevant teams to review performance and strengthen donor loyalty through enhanced digital engagement. The Board discussed organ donation performance, which had been tracking to target for the previous two quarters but had recently dipped to two donations below target. Interventions are underway regionally and nationally to address the key factors influencing donation activity, including family overrides and coroner refusals. It was highlighted that a NHSBT led initiative, through the stem cell strategic oversight Committee has resulted in a consensus (published on the BSBMT website) document about post-transplant treatment for patients who have had mis-matched, unrelated transplants. This marks a significant change to clinical practice which improves equity of access. **The Board noted the report.**	
3.3	**NHSBT Financial performance report**	
	Mark Taylor, Assistant Finance Director Planning and Performance, presented the financial performance report. The Board was reminded that the 2025–26 budget reflects a planned deficit of £12.8m, providing an opportunity to release cash reserves to support increased transformational investment. The financial plan remains aligned to business plan priorities, several of which will result in NHSBT undertaking increased activity on behalf of the NHS and reducing wider system reliance on the independent sector. The quarter three revenue forecast continues its positive trajectory and is expected to do so through quarter four, with a projected year-end surplus of £10m, £23m ahead of budget. Delivery of a sustainable financial position includes a challenging Cost Improvement Programme (CIP) target of £16.6m, which remains on track for full delivery by March 2026. Work is also underway to develop the 2026–27 CIP, which is expected to be closer to 3%. Capital planning is progressing well, with an expected spend of £17m in 2025–26. This incorporates investment in critical national infrastructure, including IT and estates and the replacement and replenishment of equipment. Planning for 2026–30 is underway with DHSC, with key considerations including a reset transformation programme and development of a productivity pipeline. Further detail was provided on income performance, including improvements in plasma for medicines and diagnostics, and continued progress in cornea and serum eye drop services. CIP delivery of just under £17m underpins these improvements, with overall confidence that year-end delivery will fall between £17m and £21m. Focus is now shifting towards budget finalisation, commissioning plans and capital planning, with a detailed budget paper scheduled for the March 2026 Board meeting.	

	The significant shift in position regarding the year-end forecast was queried. In response, it was confirmed that some delays to programmes, combined with improvements in performance accounts for the majority of the movement. In response to a supplementary question it was confirmed that the target CIP for 2025-26 will be fully delivered and may over-perform. It was confirmed that NHSBT will be able to retain any year-end surplus. The Board noted, however, that caution is required given the organisation's responsibility for the stewardship of public funds. It was emphasised that while surpluses arising from programme delays are understandable, they should not be interpreted as evidence of capacity to deliver additional activity beyond current plans. The importance of maintaining financial discipline and ensuring that expenditure continues to represent the appropriate and effective use of public money was reiterated. The Chief Financial Officer stated that the current position reflects strong financial control and sound spending practice, noting that, should additional funding be available, NHSBT are well placed to utilise it effectively. The Board highlighted the need to accelerate spending within Transformation and Organ Donation and Transplantation, where significant underspends remain. It was reiterated that the Cost Improvement Programme (CIP) is intended to drive efficiency rather than represent a cost-cutting exercise. This position was endorsed, with confirmation that the 2025–26 CIP has focused on achieving more for the same resources or delivering more for less resource. The Board emphasised the importance of maintaining sufficient cash reserves in light of the financial challenges anticipated over the coming years. It was noted that flat-cash settlements effectively result in a real-terms reduction in income, reinforcing the need for continued prudence in financial planning and resource management. Concerns were raised about spending constraints impacting on face-to-face conferences for staff networks, citing the GRacE Network and Women's Network events scheduled for July and March respectively. She explained that limitations were hindering the effectiveness of the networks. PW proposed that this matter be taken offline for further consideration. He reiterated that current guidance permits face-to-face events on NHSBT premises, with limited overnight travel, and confirmed that written parameters would be re-clarified and circulated to ensure consistency. Concerns were raised regarding spending constraints affecting face-to-face staff network conferences, including the forthcoming GRacE and Women's Network events, a view was shared that these limitations were impacting network effectiveness. It was reiterated that current guidance permits face-to-face events on NHSBT premises with limited overnight travel. The parameters will be re-clarified and circulated to ensure consistent understanding and application. **The Board received the report and noted:** **a) The improved financial position in 2025-26 which will be expected to result in higher cash reserves going into 2026-27. These cash reserves will form part of wider investment led discussions ahead of the March 2026 Board.** **b) Directorate budgets will be reviewed during February 2026 to ensure that all areas are able to work within their indicative allocations for 2026-27, with a particular focus being on alignment with business plan prioritises and strategic objectives.**	

	c) There are ongoing discussions with DHSC to confirm the capital allocation requirements over the period 2026-30. Important consideration will be given to the resource requirements needed to achieve deliverability against any stepped increase in capital spend. **Action:** **PB12/25 Re-issue and clarify guidance on spending parameters for staff network events.**	**(JP March 2026)**
3.4	**Freedom to Speak Up (FTSU) Annual Report 2025**	
	Helen Gillan, Director of Quality and Governance, introduced the annual Freedom to Speak Up (FTSU) report, which was presented in detail by Rachel May, Head of Freedom to Speak Up and Resolution Unit. The report covered the period October 2024 to September 2025 and provided an overview of key developments, activity, and emerging themes within the FTSU service. Significant developments during the reporting period included: a) Plans for transfer of functions from the National Guardian's Office to NHS England b) The transition of the FTSU service from the People Directorate to the Quality and Governance Directorate c) A positive independent review undertaken by the Government Internal Audit Agency (GIAA). The Board noted that, although the overall position was positive, the report identified several areas requiring strengthened leadership attention. Case data for 2024–25 highlighted recurring themes of poor conduct, manager capability issues, and concerns relating to sexual harassment and aggressive behaviours (driven more by risk-averse responses to concerns than by the frequency of incidents). Behavioural issues were also reflected in the 2025 Our Voice staff survey, which showed that 35% of staff did not feel safe to speak up. AI-generated thematic analysis further indicated a perception that unacceptable behaviours are not consistently challenged. The Board acknowledged that the service continued to perform strongly, with Service Level Agreement standards exceeded in all but one area. However, delays and limited engagement by a minority of managers remained a challenge, and the Board agreed on the need to strengthen managerial accountability and early engagement in the FTSU process. It was confirmed that FTSU Guardians feel supported within NHSBT. The Board reiterated the importance of safe and accessible routes for raising concerns. The transfer of the FTSU service to the Quality and Governance Directorate was welcomed, alongside actions already underway to improve the management of complex cases, including specialist training on sexual misconduct and the establishment of an oversight committee. Clarification was provided that the AI-generated qualitative feedback referred to automated thematic analysis of the Our Voice staff survey. The Board noted feedback from the GRacE Network regarding concerns about progression, recruitment transparency and perceived barriers, and the Chair reiterated the importance of raising such issues through the FTSU route where appropriate.	

	The Board also acknowledged the increased visibility of the FTSU function and expressed thanks to Rachel May and the team for their work. The Audit, Risk and Governance Committee had previously emphasised the need for consistent application of organisational policies, and the Board agreed that this remains an important area of focus. **The Board supported the recommendation that the FTSU service should work collaboratively with colleagues in the People Directorate to better understand and improve consistency of approach from managers, HR, investigators and panels in dealing with cases relating to sexual harassment and aggressive behaviours.**	
3.5	**Infection Prevention and Control (IPC) Board Assurance Framework (BAF)**	
	Dee Thiruchelvum, Chief Nurse, introduced the Infection Prevention and Control (IPC) Board Assurance Framework, with the detailed report presented by Ellen Bull, Chief Nurse Strategy Workforce Practice Standards and Sarah Humberstone, Lead Nurse, Infection Prevention and Control. The IPC BAF is a structured tool that sets out the systems, processes, and evidence that NHSBT has in place to meet national IPC standards. The framework highlights areas of full compliance and partial compliance. An action plan will be produced to address areas that require attention to offer assurance that risks are effectively managed and continuous improvement is embedded. The 2024/25 IPC BAF identified one area of non-compliance relating to PLACE-Lite, which the organisation is considering implementing. Several areas of partial compliance were also noted, including incomplete Occupational Health and health surveillance records, the need to strengthen hand hygiene compliance within Tissue and Eye Services, establishment of a new Ventilation Safety Group, and the requirement to update the NHSBT IPC Policy, which is scheduled for completion in 2025–26. All areas have clear improvement plans in place. The report provides assurance to the Board that robust IPC systems are in place to safeguard donors, patients, staff, and visitors, and that continuous improvement is embedded in practice by systematically mapping IPC activities to statutory obligations. During discussion, clarification was provided that a new Ventilation Safety Group had been established, with specialist engineering support now in place. It was confirmed that completion of mitigating actions will enable progression of amber-rated areas to green. The Board suggested clarity was required as to which actions are likely to take longer to resolve, and it was noted that a wider overhaul of IPC governance is underway to support sustained improvement. **The Board noted the report and confirmed it provide assurance. Additionally, the Board endorsed the ongoing actions described.**	
4.0	**FOR APPROVAL**	
4.1	**Confidentiality and Data Protection Policy (POL2)**	
	Rebecca Tinker, Chief Digital and Information Officer, introduced the revised Confidentiality and Data Protection Policy, which was presented in detail by Andrew O’Connor, Programme Director and Interim CISO.	

	The Board was advised that the policy had been updated to reflect recent legislative and procedural changes. Key amendments included: a) Updates to the National Data Guardian section in line with current guidance. b) Revisions to Information Rights to align with the Data Use and Access Act, noting that a further update will be required in mid-2026 once ICO guidance on Artificial Intelligence and automated decision making is available. **The Board approved the updated Confidentiality and Data Protection Policy, noting that a further revision will be presented in mid-2026 to incorporate the forthcoming ICO guidance on Artificial Intelligence and automated decision making.**	
4.2	**Anti-Fraud, Bribery and Corruption Policy**	
	Carl Vincent, Chief Finance Officer, introduced the updated Anti-Fraud, Bribery and Corruption Policy, with the detailed changes presented by Duncan Boud, Assistant Director, Financial Control and Operations. The Board was advised that the policy undergoes annual review. The amendments for this cycle were minor and primarily involved removing references to withdrawn NHS England guidance and updating the description of counter-fraud training requirements. The Audit, Risk and Governance Committee reviewed the policy at its meeting on 8 January 2026 and requested greater specificity regarding the training obligations. Accordingly, the wording has been strengthened to state that counter-fraud training is particularly required for staff at Band 8a and above, and for those who are budget holders. This aligns with plans to make the training mandatory for these groups and to incorporate it into the revised budget-holder training programme, due for relaunch in April. **The Board approved the updated Anti-Fraud, Bribery and Corruption Policy.**	
5.0	**GOVERNANCE**	
5.1	**Governance Update**	
	Silena Dominy, Company Secretary, presented the Governance Update. It was noted that the term of office for Caroline Walker, Interim Chief Executive, concluded on 31 January 2026. The Board was informed that Frances O’Callaghan, the newly appointed Chief Executive, has been formally confirmed as Accounting Officer, as set out in correspondence received from the Department of Health and Social Care (DHSC). As provided in statute, Frances assumes the role of a voting Officer Member of the Board. **The Board noted the Governance Update.**	
5.1.1	**Board Effectiveness Review**	
	Silena Dominy, Company Secretary, presented the report following completion of the annual Board Effectiveness Review. The Board noted that questionnaires were completed in December 2025, with a 94% response rate. The internally facilitated review concluded that overall Board effectiveness remains strong with notable improvements in risk management over the last year.	

	Some areas were acknowledged to be improving with opportunity to advance further, such as the Board's approach to continuous improvement, strategic focus and stakeholder engagement. Opportunities identified to enhance effectiveness included long-term strategic planning, board culture and visibility of succession planning. There was also opportunity to streamline Board papers. The Chair reiterated the principles of a unitary Board, including openness, constructive challenge and collective accountability. The Board thanked the Company Secretary for the thorough review. The Chair took the opportunity to explain the context for Non-Executive Directors meeting informally between, and ahead of Board meetings as a way to support effective oversight of Board business and to update on matters that the Executive Directors were already aware of. The Board agreed that an action plan be developed for consideration at the March 2026 Board meeting. The action plan will address comments raised in discussion, including observations regarding diversity and further strengthening the operation of the unitary Board. Clarification was also provided on the rationale for the distinction between voting and non-voting Directors. **The Board noted the report.** **Action:** • **PB13/25 Silena Dominy to lead on development of the action plan which will be presented to the Board in March 2026.**	**SD (March 2026)**
5.2	**Committee Meeting Reports**	
5.2.1	**Board Nominations Committee, 2 December 2025**	
	Peter Wyman, Chair presented the report from the Board Nominations Committee held on 2 December 2025. The Committee met following completion of a rigorous and competitive selection process for the role of Chief Executive. The Committee formally appointed Frances O'Callaghan as permanent Chief Executive Officer and Accounting Officer.	
5.2.2	**Charity Committee meeting, 15 December 2025**	
	Caroline Serfass, Committee Chair presented the report from the Charity Committee meeting held on 15 December 2025 and highlighted the key areas of discussion: a) The mission of the NHSBT Charity has been re-defined to clarify its purpose. b) The Committee had received a first draft performance report, which outlined the Charity's operational plan for the next two years, aligned with the risk register and team key performance indicators (KPIs). Additionally, the report included progress on fundraising initiatives, corporate engagement, tribute fundraising, legacy work, and new employee-giving mechanisms such as MicroHives and Give As You Earn. c) The Charity Funding Process had been reviewed, with assurance taken from the governance arrangements. Funding applications were open to staff until 21 January 2026, with plans to establish a cross-directorate grants panel supported by draft terms of reference and role descriptions.	

	d) Items approved by the Committee included the revised Charity Risk Register and the 2024–25 Annual Report and Accounts, together with the required letters of representation to the Independent Examiner. e) For assurance, the Board was informed that the Committee had reviewed updates on charity-funded research projects, noting the positive impact and the importance of demonstrating outcomes through case studies and stories to support donor engagement. f) The Committee also considered its skills and capability profile, identifying strong expertise across most areas but recognising that clinical governance remains a gap. The preferred approach is to draw on external clinical expertise through presentations rather than formal membership, given existing member commitments. **The Board noted the Charity Committee report.**	
5.2.3	**Audit, Risk and Governance Committee (ARGC), 8 January 2026**	
	Ian Murphy, Committee Chair, presented the report from the Audit, Risk and Governance Committee (ARGC) meeting held on 8 January 2026 and highlighted key areas of discussion. a) The Committee reviewed the Board Assurance Framework, noting in particular principal risk P-03: Service Disruption – Loss of Critical ICT, which remains at the risk limit, and principal risk P-05: Finance, which continues to be influenced by fluctuations in funding agreements and Government-mandated cost savings. b) The Committee undertook a principal risk deep dive on P-11 Corporate Governance, noting that most issues arising from previous limited internal audit findings had been resolved, with a moderate assurance rating now in place. Work is progressing to procure a replacement risk-management system by August 2026. Assurance was also taken from the People Committee's recent review of P-07 People Staffing, following the consolidation of people-related risks. c) The ARGC received the Freedom to Speak Up (FTSU) Annual Report for consideration ahead of Board discussion at agenda item 3.5. d) In relation to internal audit, the Committee noted progress against the 2025–26 audit plan, with scoping complete for all but one audit and revised timelines considered achievable. Thirteen audit actions remain open, with non-overdue. e) The Committee reviewed the External Audit Plan for 2025–26, noting the revised timetable arising from parliamentary recess changes and approving a minor amendment to NHSBT's accounting policies. f) The Committee also reviewed a range of regular reports, including Losses and Special Payments, Counter Fraud, Debt Management, and Waivers to Procurement Regulations, and received sub-committee reports from the Risk Management Committee, ARGC Finance Oversight and Scrutiny, and the Information Governance Committee. g) NHSBT had been invited to share its assurance mapping process with an external organisation, as an exemplar. **The Board noted the Audit, Risk and Governance Committee report.**	
5.2.4	**Clinical Governance Committee, 15 January 2026**	
	Lorna Marson, Committee Chair, presented the report from the Clinical Governance Committee (CGC) meeting held on 15 January 2026 and highlighted the key areas of discussion.	

	a) The Committee received the Safety and Experience Integrated Report, noting improved alignment between assurance activity and risk mapping, and a reduction in risk ratings within the Infection Prevention and Control (IPC) and Safeguarding portfolios. Work to enhance Patient Safety Incident reporting is progressing, with three PSIIs remaining open and one approaching closure. b) The Committee received the Annual Blood Supply Safety and Experience Assurance Report, confirming an overall reasonable level of assurance. Reported incidents increased, reflecting a strengthened reporting culture, with the majority categorised as low harm and all required CQC and duty-of-candour actions completed. The Committee noted progress across several programmes and the opportunity to strengthen proactive approaches to blood safety in line with SHOT recommendations. Discussion also highlighted the need to improve performance in meeting sickle cell demand and to build resilience in the Ro and O negative donor base. c) A deep dive into Principal Risk P-01: Donor and Patient Safety was undertaken. The Committee noted three contributory risks currently within the judgement zone, relating to manual data-handling errors, workarounds for clinical advice storage/transfer, and use of substitute components that may not fully meet patient requirements. Mitigation is underway through transformation programmes and discovery work. The Committee recognised the overarching challenge posed by reliance on multiple small manual systems and requested further clarity on these processes, associated mitigating actions and prioritisation in future deep dives. d) The Committee received the Donor-Derived Transmissions Annual Report, covering investigations into potential donor-derived transmissions, malignancies and other cases of interest between April 2024 and March 2025, along with a summary of living donation cases. e) The Committee also reviewed the Benchmark Audit of Red Cell Exchange in Therapeutic Apheresis Services, which had received a limited assurance rating. The audit identified significant variation across TAS Units in key metrics including depletion rates and achievement of post-HbS targets. A comprehensive action plan is in development, including strengthened clinical processes, enhanced training, standardised governance, improved data collection and introduction of link-nurse roles. f) Further updates were received on the Clinical Audit Programme, with three audits from 2024/25 still in progress and four of eight current audits on track for completion. Seven overdue audit actions are being actively managed. The Committee also discussed: a) A proposal to benchmark NHSBT's clinical governance model against Good Governance Institute standards. b) Opportunities to strengthen involvement of patient and donor safety partners in governance structures. c) Skills and capability considerations for the Committee, including potential future emphasis on digital expertise. **The Board noted the Clinical Governance Committee report.**	
6.0	**FOR REPORT**	
6.1	**Reports from UK Health Departments**	
6.1.1	**England**	
	Helen McDaniel presented the report from the Department of Health and Social Care (DHSC), England (England) covering recent developments in the Department's transformation programme, ministerial engagement with NHSBT, senior visits to NHSBT sites, and progress on the ISOU programme.	

	A productive introductory meeting took place before Christmas between NHSBT leaders and Minister Ahmed, who holds responsibility for blood and organ donation and oversight of NHSBT. The discussion provided clear direction on priority areas and included an offer of ministerial support to help strengthen cross-government links and organisational resilience. The DHSC Permanent Secretary, Sam Jones, is scheduled to visit the Brixton Blood Donor Centre on 12 February 2026. **The Board noted the update from DHSC.**	
6.1.2	**Northern Ireland**	
	Joan Hardy presented a verbal update outlining ongoing work to promote organ donation through a rolling programme of promotion. She reported that securing funding for future activity remains a key focus. **The Board noted the report.**	
6.1.3	**Scotland**	
	James How presented the update from the Scottish Government and highlighted key areas of activity. The Board noted the publication of the Donation and Transplantation Plan for Scotland 2021–26 Annual Report, which provided a progress update on the 21 actions within the plan. The report also addressed future work to take forward the ARCS (Approach to Organ Retrieval and Clinical Services) programme in Scotland. James informed the Board that Scottish Parliamentary elections will take place in May, and the Minister has expressed a desire to increase focus on living kidney donation, supported by a week-long national awareness campaign running from 9 – 15 March to coincide with World Kidney Day. The Board noted that 58.2% of the Scottish population have recorded a decision on the Organ Donor Register as of 7 January 2026, significantly higher than levels in England. Noting that Scotland will be undertaking a full evaluation of the impact of opt-out legislation, the Chair asked how the evidence base for this review will be developed. James confirmed that a comprehensive evaluation report will be shared with NHSBT, incorporating quantitative data analysis and qualitative insights such as focus groups. **The Board noted the report.**	
6.1.4	**Wales**	
	Catherine Cody provided a verbal update and highlighted key points from ongoing work in Wales. She noted current activity under the IBI programme and confirmed that 30% of the population in Wales have recorded a decision on the Organ Donor Register. **The Board noted the report.**	
6.2	**Board Forward Plan**	
	The Board noted the forward plan, which will be updated to include a review of the Confidentiality and Data Protection Policy in mid-2026. **The Board noted the forward plan.**	

7.0	CLOSING ADMINISTRATION	
7.1	**Any Other Business**	
	No further business was raised.	
7.2	**Close of Meeting**	
	The Chair thanked attendees for their contributions to the meeting, after which members of the public were invited to address the Board. A member of the public offered reflections on the meeting, welcoming the inclusive approach taken by the Chair and expressing support for the appointment of the new Chief Executive. Feedback highlighted the importance of strengthening donor and patient engagement, including clarity on how co-production will be embedded and its impact measured. Observations from the NHS Health Observatory regarding bullying and harassment were referenced, with emphasis on the need for improved measures and supportive environments for those who speak up. Concerns were raised regarding the need for clearer consequences where behaviours fall short of organisational cultural expectations. It was noted that NHSBT remains engaged with relevant national bodies on these issues. Feedback was also provided on the Board Effectiveness Review paper, including a suggestion that those who attend or present at Board meetings could be invited to contribute to future reviews.	
7.3	**Date of Next Meeting** 24 March 2026, NHSBT Newcastle	