

**Board Meeting in Public**  
**Monday, 18 May 2026**

<b>Title of Report</b>	Clinical Governance Committee Report	<b>Agenda No.</b>	5.2.1
<b>Nature of Report</b>	<input checked="" type="checkbox"/> Official	<input type="checkbox"/> Official Sensitive	
<b>Author</b>	Omolola Majolagbe, Corporate Governance Officer		
<b>Lead Executive</b>	Helen Gillan, Director Quality and Governance		
<b>Non-Executive Director Sponsor</b>	Lorna Marson, Clinical Governance Committee Chair		
<b>Presenter at the meeting</b>	Lorna Marson, Clinical Governance Committee Chair		
<b>Presented for</b>	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Update	
<b>Is there a plan to communicate this to the organisation?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yet to be determined
<b>Purpose of the report and key issues</b>			
This report is submitted to the Board to draw attention to the main items discussed at the Clinical Governance Committee (CGC) held on 20 April 2026.			
<b>Previously Considered by</b>			
N/A			
<b>Recommendation</b>			
The Board is asked to note the report for assurance.			
<b>Risk(s) identified (Link to Board Assurance Framework Risks)</b>			
The Clinical Governance Committee is a key aspect in the governance and oversight of risks to Donor and Patient Safety (P-01).			
<b>Strategic Objective(s) this paper relates to:</b>			
<input checked="" type="checkbox"/> Collaborate with partners	Invest in people and culture	<input checked="" type="checkbox"/> Drive innovation	
<input checked="" type="checkbox"/> Modernise our operations	Grow and diversify our donor base		
<b>Appendices:</b>	None		

**1. Background**

This report is submitted to the Board to draw attention to the main items discussed at the Clinical Governance Committee (CGC) held on 20 April 2026.

**2. Safety and Experience Integrated Report**

The Committee received the Safety and Experience Integrated Report which provided assurance on patient and donor safety, clinical quality, and experience across NHSBT. The overall assurance position remained predominantly green and amber, with no significant safety concerns identified. Incident reporting remained strong, with reductions in reported incidents attributed to revised grading processes rather than reduced reporting. Assurance was provided on the management of patient safety incidents, safeguarding, information governance, infection prevention and control, and clinical audit arrangements. Facilities risks, including Legionella and mould, were being actively managed with appropriate mitigations, governance oversight, and an agreed action to report back on action to mitigate Legionella risk. Digital clinical safety and occupational health records were noted as ongoing areas of focus, with improvement activity underway.

Updates were noted across Blood Supply, Organ Donation and Transplantation, and Clinical Services. These included progress in addressing donor experience feedback, safeguarding arrangements, governance documentation, and policy implementation; appropriate handling of clinical incidents and duty of candour processes; and completion of corrective actions relating to plasma donation and laboratory equipment issues. The Committee supported the safe disposal of thawed and washed rare blood units where not clinically suitable for re-issue. Overall, the Committee noted the report for assurance and confirmed that appropriate controls, learning, and improvement actions were in place.

**3. Planned Clinical Governance Review**

The Committee noted that the opportunity was being taken to conduct a Clinical Governance Review following recent organisational changes. A rapid but comprehensive gap analysis against the Good Governance Institute's Clinical Governance Framework has been commissioned and the team involved are due to report back within four weeks. The findings will inform prioritisation of actions, alignment of governance forums, clarification of roles and responsibilities, and confirmation of appropriate escalation pathways. Progress updates will be provided to the Committee.

**4. PSII Closure Report**

An OTDT PSII (INC-9384) relating to an IT change following FAIR implementation was reported. Immediate mitigations were applied, the issue was promptly resolved, learning was shared, and the PSII is closed with actions monitored through OTDT Care. Two further PSII's relating to laboratory sample mix-ups were noted, with no patient harm identified. Contributory factors were identified and addressed through strengthened standard operating procedures, a service-wide assurance audit, an external human factors review and enhanced training, with final action closure pending completion of the remaining reviews and assurance provided that strengthened controls are in place.

**5. Infected Blood Inquiry Update**

The Board received an update on the Infected Blood Inquiry, noting Sir Brian Langstaff's announcement that the Inquiry will formally close in March 2026, having met its terms of reference. Ongoing work to strengthen transparency and two-way communication with donors and recipients was noted, aligned with wider engagement activity. The current Spending Review monies have not provided funding for many of the recommendations. The recommendations most relevant to NHSBT are those in R7. These have been incorporated into the Transfusion Transformation strategy that has been written by NHSBT, the National Blood Transfusion Committee and NHSE and presented to the DHSC. Conversations are ongoing to agree what can be delivered within the current funding envelope and what would need further funding to bid for in the future. An update was also provided on plans for a NHSBT memorial, confirming that funding has been identified, work is progressing, and an NHSBT staff member has been appointed to the National Memorial Committee.

**6. Clinical Audits**

The Committee received an update on the 2025/26 clinical audit programme, including summary findings from audits of TMAb therapies and post-donation follow-up of outstanding clinical information. The proposed 2026/27 programme, providing assurance on audit activity, compliance with standards, and future priorities was received for assurance.

**7. GIAA Follow-up Audit Clinical Audit Process**

The 2023/24 GIAA audit of the clinical audit process was revisited, noting that while initial assurance in early 2024 was limited, a follow-up review in January confirmed all actions had been implemented and processes embedded, demonstrating significant improvement.

**8. Scientific Advisory Committee (SAC) Assurance Report**

An assurance update on research governance noted progress in stabilising the Research Governance Office, strengthening inspection readiness, and implementing a 12-month improvement plan following a voluntary audit. A medium-term risk relating to national research infrastructure beyond 2029 was highlighted, with no major research incidents reported and progress made in reinstating post-award grant monitoring.

**9. Annual MQR Report and Regulatory Radar**

The Committee received the annual Management Quality Review and Regulatory Radar and noted strong performance across all functions. Organisational resilience was confirmed through Exercise Pegasus and assurance ratings remain stable at moderate. The National Power Outage Plan has been approved, and all internal audit actions are complete. Improvements to risk management and proportionate incident handling were noted, alongside continued regulatory compliance supported by horizon scanning. NHSBT is engaging with the DHSC SOHO programme, reflecting its role as a critical service provider.