

**Minutes of the One Hundred and Thirtieth Public Board Meeting of
NHSBT, held in Newcastle and via MS Teams
Tuesday, 24 March 2026, 10:30 – 13:30**

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
	Frances O'Callaghan	Chief Executive Officer
	Gail Mifflin	Chief Medical Officer and Director of Clinical Services
	Carl Vincent	Chief Financial Officer
	Anthony Clarkson	Director of Organ and Tissue Donation and Transplantation
	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
	Nicola Yates	Associate Non-Executive Director
In attendance		
	Silena Dominy	Company Secretary
	Louise Espley	Corporate Governance Manager (minutes)
Virtual	Kate Thomas	Assistant Director, Corporate Communications
	Andrew Costall	DAWN Network Co-Chair
Virtual	Helen McDaniel	DHSC (UK Health Department)
Virtual	Catherine Cody	Wales (UK Health Department) (until 13:20)
Virtual	Joan Hardy	Northern Ireland (UK Health Department)
Virtual	Janice Sheppey	Northern Ireland (UK Health Department)
Virtual	James How	Scotland (UK Health Department)
Virtual	James Griffin	Medical Director, Cell, Apheresis and Gene Therapies (CAGT) (item 2.2)
	Dean Neill	Strategy and Transformation Director (item 3.2)
	Mark Taylor	Assistant Finance Director (Item 3.3)
Virtual	Darren Bowen	Assistant Director Supply Chain (Item 3.5)
Virtual	Terry Omiyi	Assistant Director – Direct Marketing and Contact Centre (Item 3.5)
Virtual	Dannielle Pettitt	Assistant Director Strategic Operations (Item 3.6)
	Jo Dobie	Executive Assistant to the Chair
Observing		
	Daniel Cooper	Assistant Director in Blood Donation Operations
Apologies		
	Charles Craddock	Non-Executive Director

1.0	Opening Administration	Action
1.1	Welcome and apologies	
	<p>The Chair welcomed everyone to the 130th 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. Andrew Costall was welcomed as Co-Chair of the Disability and Wellbeing Network (DAWN). Daniel Cooper was welcomed as an observer of the meeting.</p> <p>Apologies had been received from Charles Craddock, Non-Executive Director.</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 3 February 2026 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 PB10/11/12/13 were completed. Action PB09/25 remains open and is scheduled for completion in May 2026.	
2.0	PATIENT STORY	
2.1	Patient Story:	
	<p>Gail Mifflin, Chief Medical Officer introduced the patient story, which was presented by James Griffin, Medical Director, Cell, Apheresis and Gene Therapies (CAGT).</p> <p>The paper highlighted the significant impact of Post-Transplant Cyclophosphamide (PTCy) in expanding access to stem cell transplantation, particularly for patients from minority ethnic backgrounds who are less likely to find a fully matched donor.</p> <p>The Board were advised that PTCy enables safe transplantation using partially matched donors and that outcomes are now comparable with those of fully matched donor procedures, with similar survival and complication rates including Graft Versus Host Disease (GVHD).</p> <p>James Griffin presented the story of Mrs Lizzie Lilley, who participated in the UK Methods of T Cell Depletion (MoTD) trial and underwent a successful transplant using PTCy with minimal side effects. She remains in remission nearly 30 months after treatment with no evidence of GVHD.</p> <p>The Board acknowledged NHSBT's critical national role in supporting research infrastructure, funding clinical trials, and contributing to national guidance that promotes equitable access to transplantation.</p> <p>The Board discussed the significantly lower likelihood of patients from Black, ethnic minority and mixed-race backgrounds finding a fully matched stem cell donor. It was noted that PTCy, which works by eliminating activated immune cells, is helping to reduce these inequalities by making transplantation from partially matched donors both safe and effective.</p> <p>During discussion, the Board asked whether publication of the study would lead to full adoption of this approach across the system. It was explained that, due to the scale</p>	

	<p>of benefit and the positive impact on health inequalities, clinicians in the UK had already established a ‘consensus of care’ ahead of publication. The forthcoming study results are expected to further support widespread adoption.</p> <p>The Board also raised questions about the potential impact on the national stem cell registry and the continuing need to recruit younger donors. The ongoing constraints in national cell-collection capacity were highlighted alongside wider operational considerations that require attention.</p> <p>The Board noted the Patient Story.</p>	
<p>3.0</p>	<p>FOR ASSURANCE</p>	
<p>3.1</p>	<p>Chief Executive’s Report</p>	
	<p>Frances O’Callaghan presented the report. Reflecting on her first month in post she highlighted the dedication and professionalism demonstrated by colleagues across NHSBT. She drew attention to the success of the Together Awards and the powerful patient stories shared during the event. The report included the following:</p> <ul style="list-style-type: none"> a) Key updates on service delivery, including strong performance in plasma collections, progress to expand ocular donation, implementation of Organ Donation Joint Working Group recommendations, and stability in the whole blood donor base with ongoing growth in priority blood groups. Further progress in donor experience initiatives and improvements in donor network efficiency were highlighted. b) The Board received assurance on quality and governance developments, including successful accreditation to ISO22301 and updates to the incident management risk framework. The Board also discussed innovation activity, including the launch of the first Assessment and Recovery Centre pilot and further developments in donor prioritisation and digital communication improvements. c) Updates were provided on donor and patient safety, the forthcoming closure of the Infected Blood Inquiry, and the strengthened governance arrangements supporting the implementation of recommendations. d) The report noted extensive communications and engagement activity, including national media coverage on organ and tissue donation, the first birth following a deceased womb transplant, and successful donor-related campaigns. e) Updates on people and workforce included progress during National Apprenticeship Week, the recommendation for the Board to adopt the Sexual Safety in Healthcare Charter, and continued delivery within the Forward Together Programme. f) The positive year-end financial position was noted. This resulted from strong operational activity across services and delivery of the cost improvement programme. The Board noted completion of planning for the next financial year and on-going development of a four-year financial plan. g) The Board received an update on Executive Team changes. It was noted that the recruitment process for the Chief Medical Officer was underway, and that the Chief Finance Officer would also retire in Summer 2026. <p>The Board noted that the Chief Nursing Officer had left the organisation in March 2026. A process to recruit a new Chief Finance Officer would commence, and discussions were underway to determine the most appropriate arrangements to ensure nursing leadership across the organisation.</p> <p>The Board noted the Chief Executive’s Report and approved adoption of the Sexual Safety in Healthcare – Organisational Charter.</p>	
<p>3.2</p>	<p>NHSBT Performance and Risk Report</p>	
	<p>Frances O’Callaghan, introduced the Performance and Risk Report and drew the Board’s attention to the Executive Summary, which outlined significant progress</p>	

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 noted that red cell stock levels remain stable and above target, supported by improved donor experience and growth in priority blood groups, including a record number of Ro donors. However, structural challenges persist, including a continued decline in the whole blood donor base and a significant gap between Ro supply and demand. The Board also noted strong plasma collection performance, though the source plasma donor base continues to fall and will require further growth to meet long-term self-sufficiency ambitions.

The Board discussed performance in specialised therapy services, where activity and income remain below plan due to shifts in clinical pipelines and commercial markets. Assurance was received that strategic initiatives are underway to strengthen Therapeutic Apheresis Service (TAS) capacity and refocus the Clinical Biotechnology Centre (CBC) and Advanced Therapy Unit (ATU) portfolios.

The Board reviewed organ and tissue donation performance, noting that deceased and living donation activity remains close to plan but that consent and authorisation rates continue to fall short of target, particularly among minority ethnic communities.

System-wide programmes of work are underway with DHSC and NHS partners to strengthen referral pathways, improve consent conversations, and increase neurological death testing.

Operational resilience risks were highlighted, including supply chain volatility, digital infrastructure interruptions and geopolitical instability. Although critical infrastructure availability was slightly below target, issues with the Pulse system and Donor Portal were resolved quickly, and actions are in progress to strengthen resilience.

People and culture metrics noted sustained improvements in recruitment and vacancy fill rates, high mandatory training compliance, and stable turnover. Sickness absence remains above target, with mental health-related absences the primary reasons cited. Actions are underway to strengthen management of long-term sickness, improve Personal Development and Performance Review (PDPR) completion rates and enhance wellbeing support.

The Board reviewed financial and commercial performance within the report's scope, noting mixed income trends in Tissues and Eye Services and continuing backlogs in Serum Eyedrop services.

The Board then considered the Risk Summary, noting that two principal risks remain at the risk limit, relating to service disruption and loss of critical ICT, driven by infrastructure failure and cyber security risks respectively.

One principal risk (regulatory compliance) had reduced and moved into the tolerance range. The Board acknowledged the overall stability of the risk profile and the continued focus on mitigations.

The Board discussed whether the current performance targets were sufficient to meet operational demand, noting that several indicators remained off track. It was highlighted that although some blood groups, including O-negative, had shown recent stability, further assessment was required to determine the level of donor base needed to meet future demand.

	<p>The Board considered the impact of the geopolitical climate on operational resilience. It was noted that measures had been introduced to strengthen supply continuity, including maintaining fuel storage at a minimum of 80% and confirming access arrangements with local fuel suppliers. Work was also underway to assess vulnerabilities within the consumables supply chain.</p> <p>The Board raised concerns regarding the definition of an “active donor base” and agreed that further work was required to confirm an appropriate definition and associated measurement approach.</p> <p>In relation to people and culture, the Board discussed rising levels of long-term sickness absence, noting that trends were consistent with wider NHS patterns. A multi-disciplinary team had been established to strengthen management capability, review trigger points and develop a whole-system approach to recovery. A deep dive on this issue will be undertaken by the People Committee at its May 2026 meeting. The Board also reflected on the importance of ensuring appropriate adjustments for staff with long-term conditions and disabilities, noting that related policies may require greater flexibility.</p> <p>The Board received assurance that balance sheet and cash flow risks had been reviewed, with the latest analysis providing confidence that appropriate mitigations were in place.</p> <p>The Board noted the report.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • PB14/26 Re: Donor Base metrics – determine how the active donor base should be defined, how it is measured and how improvements are achieved. 	<p>MC (Sep 26)</p>
<p>3.3</p>	<p>NHSBT Financial Performance Report</p>	
	<p>Carl Vincent, Chief Finance Officer introduced the report and noted strong outturn with performance, materially ahead of plan.</p> <p>Mark Taylor, Assistant Finance Director Planning and Performance, presented the financial performance report and highlighted the key financial movements and updated year-end forecasts.</p> <p>The Board noted that the 2025/26 budget included a planned deficit of £12.8m to enable the release of cash reserves for transformational investment and to support increased NHS activity. The Board was advised that the Quarter 3 position reported a £10m surplus, £23m ahead of budget, primarily driven by higher operational activity in some areas, transformational underspends, and lower expenditure across ODT and corporate services.</p> <p>Following the February reporting cycle, lower-than-expected blood and component demand has reduced the income forecast by £1–2m, and the full-year outturn is now projected to be an £8–9m surplus.</p> <p>The Board received assurance that the £16.6m Cost Improvement Programme (CIP) for 2025/26 is expected to be delivered in full by year end, although £3.6m of this is non-recurrent and will require mitigation in 2026/27. Early planning for 2026/27 indicates a CIP requirement of around 3%.</p>	

	<p>The Board noted progress within the capital programme, with £18m of cash drawn down from DHSC to date and total spend forecast to reach £18–19m by year end. Capital investment has focused on key transformation projects including Blood Tech Modernisation, Donor Centres and the Colindale Investment Programme.</p> <p>Updates were provided on the balance sheet, including a closing February cash balance of £39m and a projected year-end cash position of up to £81m, reflecting proactive management of receipts and payments. Working capital levels are expected to return to around £40m in 2026/27. The Board also noted the analysis of stock, cash resilience and supply chain exposure to geopolitical risks, as well as the stress-testing undertaken to assess the organisation’s ability to respond to potential price and supply shocks.</p> <p>The Board further noted the run-rate analysis for the Blood Supply Chain, which accounts for over half of NHSBT’s turnover. Expenditure is currently running at an average of £19.5m per month and will rise to £20.6m in 2026/27, in line with inflation and cost pressures. While the budget supports expected levels of demand, the Board recognised that limited financial headroom remains in the event of unplanned operational pressures.</p> <p>The Board acknowledged that all divisions are forecasting to complete the financial year at or better than plan, and that the cash flow forecast provides assurance that NHSBT can continue to meet its financial commitments. The Board also noted continued monitoring of financial resilience and the implications for future business planning.</p> <p>The Board discussed the impact of lower-than-expected demand for blood components and the implications for the financial position. It was noted that, under the pricing agreement with the National Commissioning Group, a risk-share mechanism is in place for red cell demand. If national demand falls below agreed thresholds, NHSBT is required to return funding to hospitals, providing a buffer of approximately £4m at the start of each year.</p> <p>The Board recorded its appreciation for the strong delivery of the CIP, noting that full-year CIP achievement represented a significant organisational effort.</p> <p>The Board also discussed the treatment of decentralised cash, with questions raised about whether this should be centralised in future. It was advised that current practice is to manage cash at divisional level, with no immediate proposals to change this approach, although there is opportunity to revisit this.</p> <p>The Board noted the Financial Performance Report.</p>	
<p>3.4</p>	<p>Future Proofing Blood Programme Closure Report</p>	
	<p>Gerry Gogarty presented the closure report for the Futureproofing Blood Programme.</p> <p>The paper provided an overview of programme delivery, the programme had achieved its revised mandate, including deployment of 3,930 additional whole blood appointments per week, delivered through the opening of the Brixton and Brighton Donor Centres and expansion of multiple mobile collection teams. The need to prioritise mobile delivery to maintain pace was highlighted, along with lessons regarding the complexity and lead-time for establishing new donor centres.</p>	

	<p>Improvements in platelet and whole-blood resilience were highlighted, including strengthened stock levels over key Bank Holiday and Christmas periods, and the successful sequencing of activity following hospital requests to prioritise platelet provision after bank holidays.</p> <p>It was confirmed that while the programme had completed its core scope, the Platelets Resilience Project would continue as a standalone project to complete full deployment by September 2026.</p> <p>The Board discussed lessons learned, including:</p> <ul style="list-style-type: none"> a) the importance of early targeting of priority blood groups b) the need for a standardised donor centre design and delivery template c) the benefits of test-and-learn approached d) the value of strong programme governance and stakeholder engagement with DHSC and the National Commissioning Group (NCG). <p>The Board discussed the balance between donor centres and mobile teams in light of recent learning. It was noted that approximately 75% of collections are currently delivered through mobile teams, and further work is underway to determine the optimal future mix, including how best to locate donor centres. It was confirmed that plasma collection must continue to take place in static sites.</p> <p>The Board reviewed productivity data, observing that performance varies across both static and mobile settings, with some sites in each model demonstrating particularly strong productivity.</p> <p>An update was provided on the timing of the Donor Network Design report, which will be presented to the Executive Team in the following month. Members expressed the view that this work should subsequently be brought to the Board.</p> <p>The Board also considered donor demographics and preferences, noting growing demand for flexible and late-evening appointments, supported by evidence from community engagement and booking patterns.</p> <p>The Board emphasised the importance of enabling local flexibility in setting opening hours to better meet community needs and support donor participation.</p> <p>The Board APPROVED the closure of the Futureproofing Blood Programme and its supporting infrastructure and APPROVED the continuation of the Platelets Resilience Project as a standalone initiative.</p>	
<p>3.5</p>	<p>Brixton Centre Lessons Learned</p>	
	<p>Darren Bowen and Terry Omiyi presented the first-year performance update and lessons learned from the Brixton Donor Centre, which opened in December 2024 to strengthen blood collection resilience and improve donor diversity in South and Southeast London.</p> <p>The centre had achieved 99% of its year one collection target, with an average 336 donations per week and strong performance in priority blood groups. Brixton delivered 1,400 Ro units in 2025, collecting 80 Ro units per 1,000 donations, more than double the NHSBT average, and now has the third-largest Ro donor base nationally. Donor base growth was positive, with 11,416 active donors after 12 months, including 834 donors of Black heritage, reflecting a 314% increase in this donor group since opening.</p>	

	<p>Key lessons learned were highlighted.</p> <p>The Board discussed the importance of aligning appointment capacity with donor preference, noting significantly higher utilisation of late-evening appointments. Members also considered the role of community-led marketing and partnerships, which have delivered strong engagement and are central to diversifying the donor base. The Board noted high satisfaction with the centre’s design and environment, with 94% of donors rating the venue positively. Lessons on staffing models, ramp-up assumptions and productivity were discussed, including the need for more flexible staffing approaches and refined target-setting to accelerate Ro collection.</p> <p>The Board further noted the operational and strategic implications for the wider donor network, including the potential to adjust future donor centre ramp-up periods, strengthen community partnerships, optimise Ro collection, and apply successful Brixton design principles to future centres. The Ro Taskforce was recognised as a key mechanism for closing the national supply, demand gap for Ro blood.</p> <p>The Board welcomed the update and the progress made, agreeing that the lessons learned should inform future donor centre planning and donor mobilisation activity.</p> <p>The Board considered how targets for the Brixton Donor Centre had been set and questioned the ambition for the second year. It was noted that initial targets were based on historical performance benchmarks, though the Board challenged the assumption that centres typically take five years to reach full capacity.</p> <p>The Board discussed targeted donor recruitment, with emphasis on the benefits of direct appointment booking and engagement with local community organisations. It was highlighted that mobile collections in diverse communities had contributed positively to donor mix.</p> <p>Members explored whether workforce characteristics and culture at Brixton had influenced performance. While no formal measures were in place, informal feedback suggested improved donor engagement and comfort with the centre’s environment and staffing approach. The Board noted the effectiveness of partnerships and the need to continue strengthening these relationships. Questions were raised about transport access, observing that although the centre is located near a major transport hub, many target donors rely on alternative routes. The balance between prioritising donor diversity and achieving high-volume collections was discussed.</p> <p>The importance of ongoing partnership development was emphasised, including plans for collaboration with local organisations and integration with wider organisational initiatives in the upcoming year.</p> <p>The Board concluded that Brixton is performing strongly and agreed on the need to maintain focus on increasing blood collection and leveraging the centre’s strengths.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Recognised the progress following the opening of the Brixton Donor Centre in December 2024 • Reviewed the lessons learnt and the progress made to imbed this into future donor centre openings. 	
<p>3.6</p>	<p>Blood Donor Mobilisation Update</p>	
	<p>Mark Chambers, Donor Experience Director presented the report with Danielle Pettit, Assistant Director Strategic Operations. The paper provided an update on the health</p>	

of the donor base and the impact of donor recruitment and mobilisation activity during 2025/26. The Board noted strong public willingness to donate and continued recruitment of new donors, including 235,000 new registrations and 131,500 new donors donating, alongside growth of the Ro donor base to its highest level to date. However, overall donor base growth has not kept pace with long-term resilience requirements due to donor attrition, booking behaviour and operational constraints.

The Board noted the progress made this year, including place-based marketing activity, strengthened digital engagement, and the introduction of the Priority Access Request Service, which has secured almost 6,500 appointments for priority blood groups. The Board also discussed the challenges limiting donor base growth, including constrained appointment availability for some donor groups, high attrition among early-stage donors, and variable fill rates in static donor centres.

The Board received assurance that key programmes, such as the Ro Taskforce, Donor Base Resilience Programme, Donor Engagement Review, and enhanced donor segmentation are underway to support improved recruitment, retention, community engagement and donor experience. Work to expand engagement with Black heritage communities and develop clearer insight into digital booking behaviour is also in progress.

The Board recognised the importance of increasing community engagement activity and noted plans for a future workshop to review strategic donor mobilisation plans and econometric modelling.

During discussion, the Board explored the operational factors currently constraining growth of the donor base. It was noted that several operational decisions taken during the year, including adjustments to appointment availability and prioritisation of specific blood groups, had contributed to slower donor base expansion.

The Board discussed measures in place to reduce O⁺ red cell waste and the associated implications for donor engagement. The CEO asked how population-level data was being used to recalibrate donor targets and ensure these remained aligned with demand.

In response, Board members were advised that analytical work was underway, with further insight expected before Easter. NHSBT had not yet fully deployed more targeted approaches to re-engage donors based on population needs.

A supplementary question asked whether NHSBT has the cultural competence required to undertake more targeted donor engagement. It was explained that capability was improving and that operational decisions taken since January 2026 had strengthened the donor mix, successfully increasing collections from O⁻, B⁻ and Ro donors.

The Board discussed the need for clear communication with O⁺ donors, particularly where donation frequency may be reduced to align with clinical need.

The Board were advised that recent operational changes were still embedding, with further learning anticipated. Members noted the need to review which metrics were most meaningful within the Performance and Risk Report, with several suggesting a shift towards outcome-focused measures.

Progress in understanding donor behaviours and the wider opportunities to strengthen NHSBT's data strategy were noted, with the point echoed by emphasising the challenge of triangulating large volumes of qualitative and quantitative data and

	<p>referencing the potential for AI-driven synthesis to accelerate insight generation. It was confirmed that a broader piece of work on data maturity and utilisation was underway.</p> <p>The implications of redefining an active donor from 12 to 24 months was questioned. Assurance was provided that modelling was being undertaken to understand the impact of this change on resilience measures.</p> <p>The Board noted that donor satisfaction remained high at 84%. Members also discussed international examples, including late-evening donation models such as those used in Australia.</p> <p>It was asked how Board members could support increased community engagement. Participation at local events was welcomed to raise awareness across diverse donor groups and communities.</p> <p>The Board noted the update and the ongoing work to strengthen mobilisation efforts.</p>	
4.0	GOVERNANCE	
4.1	Governance Update	
	<p>The Board received the Governance Update, noting in particular that an annual review of Board members’ interests has been completed, and the Register of Interests has been updated accordingly.</p> <p>The Board noted the Governance Update.</p>	
4.1.1	Board Effectiveness Review – Action Plan	
	<p>Silena Dominy, Company Secretary presented the action plan to address the findings of the 2025/26 Board Effectiveness Review. The review concluded that the Board is generally operating well, with improvements noted over the past year, particularly in relation to risk management, continuous improvement, strategic focus and stakeholder engagement.</p> <p>Opportunities for further development of these areas were identified along with improvements to long-term strategic planning, Board culture, succession planning and diversity, and the quality and size of Board papers.</p> <p>The Board considered the proposed actions, which include strengthened oversight of strategic projects, enhanced strategic planning activity, continued development of Board culture, improved visibility of succession-planning arrangements, and the review and re-communication of guidance on Board papers.</p> <p>The Board noted ongoing work to refresh NHSBT’s strategy in line with external drivers and to ensure a sustainable financial model.</p> <p>The Board APPROVED the Action Plan and agreed to monitor progress through the 2026/27 Board effectiveness review.</p>	
4.2	Committee Meeting Reports	
4.2.1	People Committee, 5 February 2026	
	<p>Penny McIntyre, Committee Chair presented the report from the People Committee held on 5 February 2026 and highlighted the key areas of discussion:</p> <p>a) The quality of the quarterly dashboard report was commended and continues to evolve to provide assurance and highlight areas for Committee focus. In the</p>	

	<p>February report, high volumes of long-term absence and job-evaluation activity were discussed in detail.</p> <ul style="list-style-type: none"> b) The Committee received the People Plan Quarter three report and noted that several amber items will continue into 2026/27 with revised timelines. The next annual plan will be presented at the Committee’s May meeting. c) Updates were provided on the Forward Together Programme, including progress across six workstreams and on completion of the first phase of implementing the HR ServiceNow platform. The Committee noted that the programme had been shortlisted for a Government Project Delivery Award. d) The Employer Relations Strategy was reviewed and will be an ongoing focus for the Committee. e) The Committee supported NHSBT’s adoption of the Sexual Safety in Healthcare Charter, reaffirming the organisation’s commitment to a safe and respectful working environment. f) The Committee also agreed that the Fit and Proper Persons Policy remains appropriate and approved the updated policy for nominating individuals for King’s Honours. <p>The Board noted the improved focus in the work of the Committee and the valuable support it continues to provide to the wider team and Board. The Board noted the People Committee report.</p>	
4.2.2	Charity Committee meeting, 2 March 2026	
	<p>Caroline Serfass, Committee Chair presented the report from the Charity Committee meeting held on 2 March 2026 and highlighted the key areas of discussion:</p> <ul style="list-style-type: none"> a) Significant progress has been made in strengthening the Charity’s position, moving from a previously dormant state to establishing clear ambition and a more proactive approach to fundraising. b) The Committee noted the development of a new application process to ensure that future fundraising is aligned to tangible and clearly justified charitable needs. c) The contribution of the Head of Charity in driving this progress was commended. d) Thanks were expressed to colleagues in the Finance team who had worked to put in place JustGiving and Gift Aid processes, which will support future fundraising activity. e) The Committee approved the updated Charity Risk Register, the annual review of the Reserves Policy, including a reduction of £20k to release additional funds for charitable activity, and the provisional budget for 2026/27. The Committee endorsed final decisions for the 2025/26 grants scheme and noted the fundraising priorities for 2026/27. f) Work is continuing to strengthen clinical input to the Committee through the proposed appointment of a regular clinical attendee, with nominations under consideration ahead of the June 2026 meeting. <p>The Board noted the Charity Committee report.</p>	
5.0	FOR REPORT	
5.1	Reports from UK Health Departments	
5.1.1	England	
	<p>Helen McDaniel provided a verbal update on recent developments within the Department of Health and Social Care (DHSC), England.</p> <p>The Board noted the appointment of a new Minister. Sharon Hodgson MP was appointed as Parliamentary Under-Secretary of State in the Department for Health and Social Care on 3 March 2026.</p>	

	<p>An update was given on recent media coverage and Parliamentary interest relating to the cardiothoracic transplant system, including concerns regarding surgeons being recruited overseas, and it was noted that NHSBT had issued a formal statement in response.</p> <p>The Board received an update on the EU’s 2024 Quality and Safety Regulations for Substances of Human Origin (SOHO). Work is underway with colleagues across the devolved nations to assess the implications of the new framework and to consider whether the UK should align with the requirements. The Board also noted that a call for evidence on the supply of these products would be launched the following day for a 12-week period.</p> <p>It was further reported that the final Implementation Steering Group for Organ Utilisation (ISOU) report had been approved, along with progress on the programme to digitise the transplant pathway and the associated closure report.</p> <p>The Board noted the update from DHSC.</p>	
<p>6.1.2</p>	<p>Northern Ireland</p>	
	<p>Joan Hardy presented the report from Northern Ireland. Planning and delivery of education and awareness activities for 2025/26 continues, with recent initiatives including Organ Donation Discussion Day and World Kidney Day, both of which achieved strong engagement and reach. New materials to promote cornea donation are in development, with a promotional campaign planned for the spring.</p> <p>Ongoing outreach and engagement activity across schools, workplaces and public events, alongside preparations for several forthcoming events, including participation in the Belfast Marathon Expo and an all-Ireland donor commemoration event at the Circle of Life Garden in Galway, which will include the unveiling of a commemorative stone from Northern Ireland and potential shared-learning opportunities.</p> <p>Work continues with partner organisations, including Translink, Libraries NI, Queen’s University Belfast and Ulster University, with initiatives such as a myth-busting video content and further development of the "Transplant Tales" resource. Plans are also being developed to increase engagement with younger audiences through podcasts and influencers. A meeting of communications representatives from all nations is scheduled to discuss shared plans and insights.</p> <p>The Board noted the report.</p>	
<p>6.1.3</p>	<p>Scotland</p>	
	<p>James How provided a verbal update on recent developments in Scotland. The Board noted that the country is entering the pre-election purdah period ahead of the May 2026 elections. It was reported that the Scottish Parliament had recently debated issues relating to blood and organ donation, and that the charity <i>Give Blood for Good</i> is active in promoting blood donation among younger donors.</p> <p>The Board was informed that a meeting had taken place with the regional heads of organ donation committees, focused on actions to increase public awareness of organ donation and opportunities to work with Public Health Scotland and local authorities to strengthen engagement in schools. Work is ongoing regarding the future replacement for the current national plan.</p> <p>The Board also noted that the forthcoming Scottish Donation and Transplantation meeting in May will include NHSBT attendance.</p>	

	The Board noted the report.	
6.1.4	Wales	
	There was no report from Wales on this occasion.	
6.2	Board Forward Plan	
	The Board noted the Forward Plan, which will be updated to reflect that the Board meeting in May will take place on Monday 18 May to enable some Board members to attend the Infected Blood Memorial Service on 19 May 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 all those in attendance for their contributions to the meeting.	
7.3	Date of Next Meeting 18 May 2026, London	