NHS Blood and Transplant

# Board Meeting in Public

## Tuesday, 21 July 2026

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| **Title of Paper** | Clinical Governance Committee Board Report | **Agenda No.** | 5.2.4 |
| **Nature of Paper** | ☒ Official | ☐ Official Sensitive | |
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| **Lead Executive** | Helen Gillan, Director of Quality and Governance | | |
| **Non-Executive Director Sponsor** | Charlie Craddock, Clinical Governance Committee Meeting Chair | | |
| **Presenter(s) at Meeting** | Charlie Craddock, Clinical Governance Committee Meeting Chair | | |
| **Presented for** | ☐ Approval<br>☒ Assurance | ☐ Information<br>☐ Update | |
| **Is there a plan to communicate this to the organisation?** | ☐ Yes | ☒ No | ☐ Yet to be determined |

**Executive Summary**

This report is submitted to the Board to draw attention to the main items discussed at the Clinical Governance Committee (CGC) held on 7 July 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

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| **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 7 July 2026.

## 2. Safety and Experience Integrated Report

The Committee received the Safety and Experience Report and was assured that patient, donor and service safety remained stable across NHSBT. Key updates from Blood Supply included progress on the Sex Assigned at Birth Working Group, preparations for implementation of Post Donation Testing following a successful pilot, and a positive outcome from an unannounced CQC inspection at the West End Donor Centre. A new Donor Haemovigilance Hub has been commended for its work and a review of venepuncture complaints found no deterioration in clinical practice.

In Organ and Tissue Donation and Transplantation, the Committee noted a change in clinical risk level relating to limitations of the legacy organ allocation system, with mitigating controls in place to enhance organ allocation decisions while longer-term IT solutions are developed. The risk will continue to be monitored. An annual review of complaints and compliments showed a low number of complaints relative to activity levels, alongside a high number of compliments. It was noted that Human Herpesvirus 8 (HHV8) testing had recently been brought in-house and was progressing well. The Committee discussed the use of central venous lines in exceptional circumstances for stem cell donors and requested frequency data.

Clinical Services reported positive audit and inspection outcomes, continued management of accreditation and operational risks, and ongoing work to strengthen regulatory preparedness.

Plasma for Medicine updates highlighted improvements in Haemoglobin in Harness issues with continued monitoring, investigations into plasma supply chain incidents, a review of Reading Donor Centre had identified improvement actions that will be monitored through the Quality Management System. Continued progress towards the opening of the Reading Multi-Product Centre was noted, together with the successful completion of Nursing Associate apprenticeships by a number of nurses.

Corporate Nursing reported stable incident levels, strong safeguarding and infection prevention performance, a sustained reduction in complaints, particularly relating to cancelled appointments, and ongoing learning from a patient safety investigation and recent operational challenges during periods of extreme heat.

The Committee welcomed the improved reporting format and requested additional context on significant clinical risks in future reports.

## 3. Clinical Governance Review Update

The Committee received an update on the Clinical Governance Review, which was commissioned by the Executive and based on a modified Good Governance Institute framework tailored to NHSBT. All areas within scope had completed self-assessments, supported by constructive challenge and review sessions. The review is now being finalised and will be reported through the Clinical Quality and Safety Governance Group (CQSGG), the Executive Team and subsequently the Clinical Governance Committee. The Committee was assured that no significant concerns had been identified to date.

It was also noted that the appointment of new Clinical Non-Executive Directors would provide an opportunity to further strengthen and develop NHSBT's clinical governance arrangements and oversight.

**4. BAF P-01 Donor and Patient Safety Risk Update**

The Committee received an update on the clinical risk profile and noted that Principal Risk 1 (Donor and Patient Safety) had increased to the organisation's risk limit following the escalation of OTDT-01 (Organ Allocation) to contributory risk status in June 2026. The risk relates to limitations within the National Transplant Database used to support organ donation and transplantation processes. The Committee noted that three contributory risks remained outside risk appetite and within the judgement zone. Assurance was provided that the risk would continue to be closely monitored in accordance with the Risk Management Policy, and the Committee noted that an integrated audit review of the organ allocation risk and its associated controls was being considered by the Corporate Risk Team.

**5. Clinical Audit: 2026/27 Clinical Audit Programme and Activity – Update**

The Committee received an update on delivery of the 2026/27 Clinical Audit Programme, noting that a number of audits remained in progress, with three expected to be completed before the next reporting cycle. Progress on the implementation of Tendable was welcomed, with the system now operational across Blood Donation and Plasma services and supporting a range of quality and compliance audits. Further rollout is planned across Clinical Support and Tissue and Eye Services, with processes established to ensure actions arising from inspections are tracked through Q-Pulse. The Committee noted a temporary increase in overdue clinical audit actions but was assured that performance had improved since the report was prepared and that several actions were awaiting final evidence for closure. Assurance was provided that the audit programme remains risk-based and aligned to key organisational and clinical risks, while the introduction of Tendable is expected to improve the efficiency and sustainability of routine audit activity. The Committee also noted ongoing work to strengthen oversight of overdue actions.

**7. Safeguarding Policy Review**

The Committee approved the Safeguarding and PREVENT Policy and the associated Management Process Document prior to submission to the Board.

**8. Data Security and Protection Toolkit (DSPT) and Cyber Assessment Framework (CAF) Return**

The Committee received an update on the Data Security and Protection Toolkit and Cyber Assessment Framework return. Members welcomed NHSBT's achievement of a substantive assurance rating from the Government Internal Audit Agency, which enabled the organisation to report 'Standards Met' to NHS England. The Committee noted that no improvement plan was required and welcomed the significant progress made in strengthening information governance, data security and cyber security arrangements.

**9. Quarterly Regulatory Radar**

The Committee received the Regulatory Radar report and noted a number of forthcoming regulatory changes affecting NHSBT and the wider sector. Assurance was provided that work was underway to assess the implications and develop proportionate implementation plans to maintain compliance while supporting service delivery and innovation.

Members welcomed the strengthening strategic relationship with the MHRA, including engagement with senior leaders and their recent participation in an inspection at the West End Donor Centre. The Committee noted the MHRA's support for a proportionate, innovation-focused regulatory approach and its interest in NHSBT's work to accelerate clinical trials and advance cell and gene therapy initiatives.

**10. Annual Reports**

The following annual reports were received

- Clinical Complaint Annual Report (OTDT)
- Safeguarding Annual Report
- The Information Governance Committee (IGC) - Annual Report

**11. Ockenden Report**

The Committee noted that a review of the findings and recommendations from the Ockenden Review was underway through CQSGG to identify any relevant learning for NHSBT.

**13. Items for Escalation to the Board**

a) Progress in reducing donor complaints through pro-active management, particularly those relating to appointment cancellations.

b) Increasing resource pressures associated with AI-generated complaints, information requests and subject access requests.

c) NHSBT achieving a substantive assurance rating from the Government Internal Audit Agency for the Data Security and Protection Toolkit and Cyber Assessment Framework return, enabling a report of 'Standards Met' to NHS England.