NHS
Blood and Transplant

Minutes of the One Hundred and Thirty First Public Board Meeting of NHSBT, held in London and via MS Teams Monday, 18 May 2026, 13:45 – 17:50

Present		
Voting Members		
	Peter Wyman	Chair
	Rachel Jones	Non-Executive Director
Virtual	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
	Frances O'Callaghan	Chief Executive Officer
	Gail Miflin	Chief Medical Officer and Director of Clinical Services
	Carl Vincent	Chief Financial 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
Virtual	Nicola Yates	Associate Non-Executive Director (left the meeting for item 5.1)
	Mick Burton	Interim Director of Clinical Services
In attendance		
	Silena Dominy	Company Secretary
	Louise Espley	Corporate Governance Manager (minutes)
	Claire Williment	Chief of Staff
Virtual	Abisola Babalola	Head of Policy and Engagement (left at 2:35)
	Kate Thomas	Assistant Director, Corporate Communications
	John White	Men's Network Chair (joined at 14:40)
	Helen McDaniel	DHSC (UK Health Department)
	Catherine Cody	Wales (UK Health Department)
Virtual	Nicholas Roberts	Wales (UK Health Department)
Virtual	Joan Hardy	Northern Ireland (UK Health Department)
Virtual	Janice Sheppey	Northern Ireland (UK Health Department)
	James How	Scotland (UK Health Department)
	Clair Walton	Patient Story (item 2.1)
	Bill Wright OBE	Patient Story (item 2.1)
	Dean Neill	Strategy and Transformation Director (item 3.2 and 3.3)
	Mark Taylor	Assistant Finance Director (Item 3.2 and 3.3)
Virtual	Susie Srivastava	Organisation Design and Development Lead (item 3.6)
Virtual	Phil Tanner	Assistant Director, Safety, Wellbeing and Governance (item 3.7)
Virtual	Richard Rackham	Assistant Director, Governance and Resilience (item 3.8)
Virtual	Iroro Agba	Assistant Director, Quality and Governance (item 3.9)
Virtual	John Richardson	Assistant Director, Organ and Tissue Donation (item 3.4 and 4.1)
	Helen Duggan	Assistant Director, Marketing and Creative Services (item 4.1)
Virtual	Holly Mason	Head of Marketing (item 4.1)
Virtual	Matt Kay	Strategy Manager (item 3.5)
Virtual	Ian Brunton	Head of Insights and Improvement (item 3.5)
Virtual	Duncan Boud	Assistant Director, Financial Control and Operations (item 4.2)
	Jo Dobie	Executive Assistant to the Chair
Observing		
	Naomi Jones	Interim Head of Policy and Engagement
Apologies		
	Anthony Clarkson	Director of Organ and Tissue Donation and Transplantation (OTDT)

1.0	Opening Administration	Action
1.1	**Welcome and apologies**	
	The Chair welcomed everyone to the 131st 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. John White was welcomed as Chair of the Men's Network. Mick Burton was welcomed to his first meeting as Interim Director of Clinical Services. Apologies had been received from Anthony Clarkson, Director of OTDT.	
1.2	**Conflicts of Interests**	
	Nicola Yates declared a conflict of interest in relation to item 5.1 (Governance Report), as it included discussion about her term of office, she agreed to withdraw from the meeting for this item.	
1.3	**Minutes of the previous meeting**	
	The Board approved the minutes of the meeting held on 24 March 2026 as a true and accurate record.	
1.4	**Action log and matters arising from the previous meeting**	
	The Board reviewed the action log, which contained two items. Action PB09/25 was confirmed as complete, with a corresponding paper presented under agenda item 3.4. One action remains open and is scheduled for reporting in September 2026.	
2.0	**PATIENT STORY**	
2.1	**Patient Story:**	
	Gail Miflin, Chief Medical Officer introduced the patient story, highlighting that it is two years since publication of the Infected Blood Inquiry (IBI). A service of Recognition, Remembrance and Reflection will be attended the following day by members of the Board, alongside many of those infected and affected by the tragic events of the past. The Board heard personal testimonies from Clair Walton and Bill Wright OBE. Clair shared her experience of being affected by contaminated blood through the loss of her husband, who had severe haemophilia and was co-infected with Hepatitis C and HIV. During their relationship, Clair herself also became infected with HIV and explained the personal impacts that this has had, and continues to have on her life. She went on to co-found *Positive Women* to raise awareness of the lived experiences of wives and partners who contracted HIV from their husbands or partners. Clair was a core participant in the Infected Blood Inquiry and now serves as one of the Infected Blood Compensation Authority's User Consultants, as well as a member of the Infected Blood Memorial Committee. Bill Wright described contracting hepatitis in 1986 from contaminated Factor VIII treatment. Thirty-eight years later, in 2024, he was diagnosed with life-limiting hepatocellular carcinoma. Bill emphasised the continuing personal, social and financial impacts he and his family face. He reflected that a large part of his forty-year journey has involved asking difficult questions, advocating, campaigning, and most importantly listening to others who have been profoundly affected, whether through their own infections or the loss of	

	loved ones. These deeply moving stories strengthened his determination to uncover the truth about what happened. In 2012, Bill became the founding Chair of Haemophilia Scotland. He and the organisation were core participants in both the Penrose Inquiry and the UK Infected Blood Inquiry. He remained Chair for twelve years and now continues to act as an adviser and spokesperson on infected blood. Bill believes that the most meaningful recognition governments across the UK and their agencies can offer, given the Inquiry's conclusion that the scandal was largely avoidable is to implement all twelve of the Inquiry's recommendations in full. The Board recognised the profound and lasting harm caused to individuals and families and acknowledged the importance of hearing lived experience to inform its work. The contribution of both speakers to awareness, advocacy and the Infected Blood Inquiry was commended. **The Board noted the Patient Story.**	
3. 0	**FOR ASSURANCE**	
3.1	**Chief Executive's Report**	
	Frances O'Callaghan, Chief Executive Officer (CEO), presented the report and provided reflections on her first 100 days in post, noting that she had spent this initial period visiting teams across the regions and nations and expressed her appreciation for the warm welcome received. The importance of working collectively to strengthen strategic cohesion, clarify priorities, and focus organisational effort where it will have the greatest impact was emphasised. The following key points were highlighted: a) Blood stocks are at their strongest levels since COVID-19, supported by improved stock management and a new, more targeted donor appointment booking approach b) Platelet stocks remain at or above target across all groups, demonstrating resilience through peak demand periods c) The plasma programme continues to perform strongly, exceeding collection and shipment targets and making progress towards UK self-sufficiency, supported by transformation initiatives, new technologies and expanded capacity planning d) Whilst organ and tissue donation and transplantation were improving, further improvement is required in consent rates and system-wide delivery, in order to address the transplant waiting list. e) Corneal donation has shown significant improvement following urgent interventions, with increased donor numbers, improved availability and a substantial reduction in long patient waits. This work would be built on, to continue with improvements. f) Innovation programmes are progressing well, including advances in blood group genotyping, identification of rare donors, rollout of HLA-typed blood, and clinical trials to improve patient outcomes and reduce health inequalities	

g) Donor experience remains strong, with higher satisfaction levels, reduced complaints, improved waiting times and strong performance from new donor centres
h) The overall donor base has declined slightly, though this is offset by growth in priority groups and more diverse donor recruitment, supporting long-term sustainability
i) Marketing, engagement and partnership activity has strengthened, including high-profile campaigns and collaborations to increase awareness and donor recruitment
j) Good progress has been made in delivery of the People Plan, including improvements to HR systems, leadership development, workforce initiatives and inclusion, with further focus on embedding long-term change
k) The organisation is reporting a positive financial position, delivering a £25m surplus, full delivery of the Cost Improvement Programme and additional funding to support cost pressures
l) There is continued focus on commissioning arrangements, financial sustainability and service resilience through engagement with UK Health Departments.

The Board received the Chief Executive's Report and noted the wide range of activity across service delivery, partnerships and engagement. Members discussed emerging risks, including Hanta virus, which was assessed as negligible.

The Board welcomed progress in engagement with communities, noting the importance of working closely with local and underrepresented groups to inform service design and improve outcomes. High-profile partnerships and visits were acknowledged as valuable; however, members emphasised that sustained, granular engagement with communities will be critical to driving long-term change.

The Board noted ongoing constructive discussions with DHSC regarding service costs and future investment, alongside engagement with the four nations.

Strong progress in blood stock management was recognised and commended. This was attributed to a more sophisticated approach to donor booking, prioritisation of key blood groups and strengthened performance management. Improvements in donor experience were also noted, reflected in a significant increase in the ratio of compliments to complaints.

Members discussed ongoing challenges, particularly in meeting demand for Ro blood, noting that supply currently meets only around half of requirements for some patient groups. Targeted work to increase donations from Black heritage communities is underway, alongside efforts to improve donor frequency and engagement.

The Board also discussed the balance between targeted donor recruitment and overall donor base levels, noting that the current approach is a deliberate strategy to prioritise critical blood groups. The importance of strengthening communication with donors to support this approach was highlighted.

	The Board noted the Chief Executive's Report.	

3.2	**NHSBT Performance and Risk Report**	
	Frances O'Callaghan, Chief Executive Officer presented the report. The report provided a broadly stable position, with strong operational delivery across core services alongside ongoing structural pressures in donor sustainability, demand variability and capacity within organ and tissue donation. The Board noted that performance remained mixed, with strengths in blood supply, plasma collection and clinical services, offset by challenges in donor base levels, transplant activity and tissue services income. The Board also reviewed the risk position, noting three principal risks at the risk limit relating to service disruption, loss of critical ICT and donor numbers and diversity, and took assurance on the actions in place to manage these. The Board discussed the increase in consent withdrawals (six cases compared to an average of 1.8), with discussion highlighting the importance of strengthening engagement with ITU staff, who play a critical role in organ donation and retrieval pathways. It was recognised that improvements in data quality and the identification and spread of best practice are required. The Board also noted emerging national discussion regarding the definition of brain death, including recent correspondence from the UK Chief Medical Officers, and acknowledged the importance of monitoring developments in this area. In relation to reported increases in harm incidents, clarification was provided that this reflects a rise in reporting of superficial harm rather than more serious incidents, with further detail to be considered under the health and wellbeing agenda item. **The Board noted the report.**	
3.3	**NHSBT Financial Performance Report**	
	Carl Vincent, Chief Finance Officer introduced the report which was delivered in detail by Mark Taylor, Assistant Finance Director Planning and Performance. The Board received the Financial Performance Report and noted that the 2025/26 provisional outturn delivered a £25m surplus, significantly outperforming the planned £13m deficit and providing a stronger financial position than anticipated. This included full delivery of the Cost Improvement Programme and additional funding secured late in the year to address cost pressures. The Board noted solid performance against the capital programme and acknowledged that this improved position provides a stable platform to manage ongoing financial risks. Looking ahead, the Board noted that delivery of the 2026/27 Cost Improvement Programme will be critical to achieving a sustainable financial plan, alongside effective management of funding settlements and transformation programmes. The need for close monitoring of financial performance, cash flow and delivery risks throughout the year was emphasised.	

	The Board discussed progress in capital expenditure and noted improvements in the organisation's ability to deploy capital funding effectively, with continued focus from the Executive Team. It was acknowledged that while progress is being made, delivery is dependent in part on external stakeholders and may not always achieve full utilisation. Members highlighted the need for a more strategic approach to the estate, noting that existing capital allocations may be insufficient to support longer-term development. It was suggested that future estate solutions, including leasing arrangements supported by capital for fit-out, should be explored, alongside engagement on broader capital investment requirements. The Board discussed the importance of accessing appropriate expertise to support decision-making in a rapidly evolving environment. This includes leveraging internal expertise, international connections, and patient insights, alongside strengthening horizon scanning capability to inform future planning. The Board also considered the financial outturn, noting the reported surplus and variance to plan. It was clarified that the improved position was largely driven by additional funding and timing of transformation activity, rather than deliberate underspend. Members emphasised the need for active financial management and questioned whether there is scope to accelerate transformation delivery where resources allow. Opportunities to develop partnerships and collaboration in innovation were also highlighted. **The Board:** • **Noted that performance was significantly better than plan in 2025/26, providing a stable platform with which to address ongoing budgetary risks.** • **Noted that the cost improvement programme 2026/27 continues to be developed and will be critical to delivering a sustainable financial plan in the new year. Close monitoring of performance against target will be required through the year.**	
3.4	**Corneal Donation Update**	
	John Richardson, Assistant Director for Organ and Tissue Donation presented the report. The Board received an update on corneal donation activity and noted progress made following the introduction of 'urgent' status in September 2025. This has driven increased donation rates, improved corneal availability and significantly reduced long waits for transplant, including a substantial reduction in patients waiting over 52 weeks. The Board noted that, despite these improvements, the UK remains far from self-sufficient and continues to rely on imported corneas. Delivery of the iORbIT programme and expansion of Eye Donation Schemes, alongside growth in hospice and palliative care pathways, have contributed positively but have not yet achieved the required step change in donation levels. The Board noted the need for a sustained, system-wide approach to increase referrals and donation rates, including further development of routine referral pathways and integration within the Donation Transformation Programme. There is ongoing work to close the gap between supply and demand and to support long-term resilience in corneal donation.	

	The Board discussed progress against corneal donation targets and sought clarification on performance against April targets, noting concerns that delivery remains off track. While members welcomed the significant reduction in patients waiting over 12 months, it was emphasised that further ambition is required to meet demand and reduce reliance on imported corneas. Members challenged whether the current level of ambition is sufficient and requested greater clarity on what additional interventions will deliver, including expected impact over the next two to three years. It was highlighted that a more strategic and integrated approach is needed, aligning organ and tissue donation services and strengthening system-wide delivery. The Board agreed that a more comprehensive plan should be brought back, setting out clear actions, trajectories and expected outcomes. It was also emphasised that NHSBT's aim should be ensuring it is not a constraint within the system, through by providing sufficient corneal supply to meet patient need. **The Board noted progress and the ongoing work to meet the need for a continued supply of corneas.** **ACTION:** • **PB15/26 - Board to receive an update on how corneal donation targets are to be met in September/December 2026**	**AC (Sept/Dec 2026)**
3.5	**Annual People Update**	
	Julie Pinder, Chief People Officer, Matt Kay, Strategy Manager and Ian Brunton, Head of Insights and Improvement presented the report. The Board received the Annual People Report, providing an overview of progress during the second year of delivery of the NHSBT People Plan. Members noted that the report brought together performance, workforce data and insights across the four People Plan pillars, alongside updates from the Forward Together programme. The Board acknowledged the progress and achievements delivered over the past year and considered the associated performance information. Members highlighted the importance of maintaining delivery momentum to support assurance on the ongoing implementation of the People Plan and Forward Together programme. The Board welcomed the report and noted the progress made to date. Discussion focused on the need to further strengthen leadership capability across the organisation, particularly bridging the gap between the Executive Team, Senior Leadership Team and colleagues. It was noted that work is underway to enhance line manager and leadership development, with plans to take a more systematic approach, including the introduction of structured and potentially mandated development programmes. Members emphasised the importance of creating space for employees to develop skills in areas such as employee relations, and it was confirmed that this forms part of wider resolution work. The Board also highlighted the need to ensure leadership and people management capability is prioritised within recruitment processes.	

	The Board congratulated the Chief People Officer and team on the progress made. **The Board noted progress and achievements over the past year.**	
3.6	**Public Sector Equality Duty Report for 2024/25**	
	Julie Pinder, Chief People Officer and Susie Srivastava, Organisation Design and Development Lead presented the report for assurance. The Board received the Public Sector Equality Duty (PSED) Report for 2024/25 for information and assurance. Members noted that the report confirms the organisation has met its statutory obligations under the Equality Act 2010, including the timely publication of the annual report. The Board acknowledged the progress made against key equality objectives during the reporting period and noted the identified priority areas for the year ahead. Members also noted plans to strengthen future reporting through enhanced detail, improved stakeholder engagement, and closer alignment (including timeliness) with statutory reporting requirements on race, disability and gender. **The Board noted the report and took assurance that statutory requirements have been met.**	
3.7	**Health, Safety and Wellbeing Annual Report**	
	Julie Pinder, Chief People Officer and Phil Tanner, Assistant Director, Safety, Wellbeing and Governance presented the annual report for assurance and approval. The report provided strong assurance that NHSBT's health, safety and wellbeing management system remains effective, mature and compliant, with successful ISO 45001 re-certification achieved during the year. The Board welcomed continued strong performance in accident and near-miss reporting across most directorates. It was noted that while Blood Supply did not meet its stretch harm reduction target, this reflected improved reporting of low-level incidents rather than a decline in safety performance. Improvements in staff wellbeing indicators, particularly in workload, stress management and line manager support, were also highlighted, alongside the need for further progress in strengthening perceptions of senior leadership commitment to wellbeing. The Board noted that audit findings, regulatory engagement and violence prevention data provided further assurance that risks are being appropriately managed, with targeted actions in place to address identified areas for improvement. The Board discussed the uptake of work-related mental health training for managers, noting that utilisation had increased from 61 of 400 licences to 130. It was acknowledged that licences are currently available until the end of May, with a further 50 places per year secured for the next three years. Members emphasised the importance of promoting the training more widely and agreed that uptake should continue to be monitored closely given its significance.	

	The Board also considered the reported increase in incident reporting. As previously reported this reflects improved reporting of lower-level or superficial incidents rather than an increase in harm. It was noted that activity in Blood Supply has increased by approximately 30% in recent years, contributing to higher reporting levels without indicating deterioration in overall safety performance. **The Board:** • **APPROVED the Health, Safety and Wellbeing Annual Report** • **Confirmed that the Board has appropriate assurance regarding the management of Health Safety and Wellbeing in line with associated policies, standards and priority areas for focus in 2026/2027.**	
3.8	**Board Assurance Framework (BAF)**	
	Helen Gillan, Director of Quality and Governance introduced the report and Richard Rackham, Assistant Director, Governance and Resilience addressed the content of the BAF. The Board Assurance Framework (BAF) is the key risk management document that demonstrates the risks to delivery of the organisation's strategy and core purpose, aligning assurance to those risks enabling the Board to hold the organisation to account for its delivery. There are three Principal Risks recorded at risk limit: a) Principal Risk P-02 (Service Disruption). The residual risk score is 16 (4×4). The primary contributory risk driving this assessment is Estates and Facilities F-07 Infrastructure Failure. A further contributory risk also falls into the risk limit – BC-05 Disruptive Events. The residual score for this risk is 15 (5x3) and is based upon the current geo-political events. b) Principal Risk P-03 (Service Disruption - Loss of Critical ICT) has a residual risk score of 20 (5×4). The current position continues to be driven predominantly by contributory risk re: Cyber Security. c) Principal Risk P-04 (Donor Numbers & Diversity) moved into the Risk Limit in May 2026 with the introduction of a Donor and Session Programme affordability risk. This risk is scored at 16 (4x4). **The Board noted the report.**	
3.9	**Annual Management Quality Review Update**	
	Helen Gillan introduced the report, which was delivered by Iroro Agba, Assistant Director, Quality and Governance. The Annual Management Quality Review for 2025/26, was presented for assurance. The year had been both busy and successful, with positive outcomes reported across regulatory inspections, participation in national business continuity exercises, and a range of improvement initiatives including incident management, supplier management, and progress against the internal quality self-inspection audit schedule. The importance of continuing to strengthen quality management processes, in particular the timely logging and management of incidents to support effective risk assessment and regulatory reporting was highlighted. Members also recognised the importance of maintaining readiness for future inspections and ensuring that inspection findings are addressed promptly. The Board noted positive assurance that there had been no donor adverse events, which was welcomed.	

	Members explored how serious medical events, such as heart attacks or strokes occurring at the time of donation, would be handled. It was noted that appropriate procedures are in place following donation, including support for donors and their families, with mechanisms for follow-up contact if required. It was confirmed that no such cases were recalled, and that reporting aligns with international haemovigilance requirements through Serious Hazards of Transfusion (SHOT). An update was provided on haemoglobin deferral rates, which had previously increased to 11% but have since reduced to 4% following a review by the quality team and subsequent changes to practice. The Board also discussed stem cell donation practices, including the use of central lines. It was confirmed that while central lines are still used in some cases, peripheral access is preferred wherever possible. Finally, it was noted that appropriate communications arrangements are in place in the event of a post-donation incident, with clear escalation to senior leadership and communications leads as required. **The Board:** • **Supported the ongoing work to improve management of QMS incidents.** • **Endorsed the approach to encourage and support teams to log incidents promptly when they do occur, so that the risk can be assessed and any regulatory reporting can be completed in a timely manner.** • **Supported preparations for future regulatory inspections, as well as actions to resolve inspection findings, as required.** • **Encouraged teams to support and accommodate internal quality self-inspection audits.**	
4.0	**FOR APPROVAL**	
4.1	**Marketing, Communications and Engagement Organ Donation Strategy**	
	Mark Chambers, Donor Experience Director introduced the report which was delivered by Helen Duggan, Assistant Director, Marketing and Creative Services Holly Mason, Head of Marketing and John Richardson, Assistant Director Organ and Tissue Donation. The Board received a report outlining a five-year, evidence-led strategy to address increasing pressures in organ donation, including rising waiting lists, static consent rates and health inequalities. The Board were advised that increasing opt-in registrations to the NHS Organ Donor Register (ODR) is the most effective means of improving consent rates, and that the strategy represents a shift to a more targeted, insight-led approach designed to drive scale, improve efficiency and convert intent into action, amongst those more likely to be donors. Two delivery phases were described in the paper, reflecting different levels of ambition and investment. The Board was asked to approve the strategy and Phase 1 delivery which can be achieved within current funding. Phase 2 will require additional investment, progressed via the Spending Review process. The Board were asked to indicate their preferred Phase 2 option from the two delivery options described:	

a) Option 2a: Lower investment – approx. 8 million additional opt-ins over 5 years
b) Option 2b: Higher investment – up to 12.5 million opt-ins (c.75% of UK adult population)

The Board emphasised that organ donation registration is currently in an "acute crisis" and requires urgent action. Increasing registrations was seen as critical to saving lives and addressing health inequalities, particularly among ethnic minority communities. Although approximately 75% of people report being willing to donate, this intention is not translating into sufficient levels of registration.

There was strong support for expanding data partnerships to help drive registrations. Work is already underway to explore use of the Government One Login platform and GP registration services, subject to securing funding. Members agreed that a key priority must be to integrate organ donation decisions into existing transactions, such as DVLA and NHS interactions, to maximise uptake.

Members highlighted that moving individuals from intention to confirmed commitment is complex and involves multiple steps. Concerns were raised that the current strategy appears heavily focused on digital platforms, with insufficient emphasis on long-term cultural and behavioural change. It was noted that trust, accessibility, and demographic differences must be addressed, including issues such as digital exclusion and the importance of targeting key life-stage moments, such as change of address or healthcare interactions.

Questions were raised regarding the relative value of the Phase 2 options, particularly the marginal gains between Options 2a and 2b. Members requested further detail on the expected return on investment and the development of performance metrics, noting that this work is already in progress.

There was strong support for tackling health inequalities; however, members noted the need for more specific targeting of underrepresented groups and clearer delivery plans setting out how this will be achieved in practice.

It was also noted that increasing registrations must be matched by wider operational capacity, including expansion of the donor pool and sufficient retrieval services. Delays in the system can lead to families withdrawing consent, underscoring the need for a co-ordinated, system-wide approach.

Members discussed different international examples, noting that the Netherlands operates a hard opt-out system, which had led to a significant number of people opting out of organ donation and reduction in public support, while Spain adopts a broader societal and system-based approach, rather than focussing on marketing. The USA had a very strong collaborative approach with a high number of Community Ambassadors per million population. Members agreed that the approach for the UK should reflect the general culture and approach, which differs from other countries. The Organ Donation Joint Working Group report recommendation that branding should be dis-aggregated from blood donation, with the ability to draw on NHS branding as appropriate.

Finally, opportunities were identified to strengthen collaboration across devolved nations, with examples such as Scotland benefiting from and contributing to UK-wide partnerships, including those with the DVLA.

	The Board APPROVED the technical elements of phase 1 delivery, subject to a further paper to the Board in July 2026, expanding the community and societal change aspects of the proposal. **ACTION:** • **PB16/26 - July Board to receive an update on phase 1 progress and expanded proposals on community and societal change aspects.**	**MC (July 2026)**
4.2	**Standing Orders, Scheme of Delegation and Standing Financial Instructions**	
	Duncan Boud, Assistant Director, Financial Control and Operations and Silena Dominy, Company Secretary presented the annual reviews of the Standing Orders, Scheme of Delegation and Standing Financial Instructions for approval. The changes proposed for each document were set out in the paper alongside track changed versions of the documents. Earlier in the day, the Board discussed the need to revisit the Scheme of Delegations, particularly in relation to CEO and Board approval levels for business cases. The Board emphasised the importance of distinguishing which cases should come to the Board, with a stronger focus on strategic business cases rather than operational or transactional matters. **The Board APPROVED the updated Standing Orders, Scheme of Delegation and Standing Financial Instructions, and agreed to consider further amendments to the Scheme of Delegation later in the year.** **ACTION:** • **PB17/26 - Scheme of Delegation to return to Board in December 2026 to reflect proposed changes to approval levels for business cases following consideration by the Audit, Risk and Governance Committee (ARGC).**	**CFO (December 2026)**
4.3	**Risk Management Policy**	
	Helen Gillan, Director of Quality and Governance presented the Risk Management Policy for approval. The Risk Management Policy had undergone its annual review. The updated policy was presented as a track changed version and includes updated wording in sections three and seven, a change to the People risk appetite from *Open* to *Cautious*, and the addition of a new impact area, *Operational Capacity*. The policy has been reviewed and accepted by both the Risk Management Committee and the ARGC. **The Board APPROVED the Risk Management Policy.**	
5.0	**GOVERNANCE**	
5.1	**Governance Update**	
	Silena Dominy, Company Secretary, presented the Governance update. Nicola Yates left the meeting for this item, as it related to her term of office. The Board: a) Noted recent and upcoming Board appointments, including DHSC reappointments (Ian Murphy and Penny McIntyre), the resignation of Lorna Marson (effective 30 June 2026), and executive appointments (Rommel	

	Ravanan as Chief Medical Officer Designate; Michael Burton as Interim Director of Clinical Services). b) Approved the re-appointment of Nicola Yates as Associate Non-Executive Director for a further one-year term from 17 July 2026. **The Board noted the Governance Update and APPROVED the re-appointment of Nicola Yates, Associate Non-Executive Director.**	
5.2	**Committee Meeting Reports**	
5.2.1	**Clinical Governance Committee meeting 20-04-2026 and Annual Assurance Report**	
	Lorna Marson, Clinical Governance Committee Chair presented the Committee report of its meeting held on 20 April and the Annual Assurance Report, highlighting the following: a) Assurance was provided that overall performance in relation to patient and donor safety, clinical quality and experience remains stable, with no significant safety concerns identified and effective incident reporting, management, and learning processes in place. Ongoing risks relating to facilities (including Legionella), digital clinical safety and occupational health records are being actively managed. b) A Clinical Governance Review, including a gap analysis against the Good Governance Institute framework to strengthen governance arrangements is underway. c) The Committee received an update on the Infected Blood Inquiry, including alignment of recommendations with the Transfusion Transformation strategy and ongoing funding discussions. d) Strong performance reported via the Management Quality Review and Regulatory Radar, with stable assurance ratings, completed audit actions, and confirmed organisational resilience. e) The Committee noted that responsibility for Clinical Governance has been assumed by the Chief Medical Officer and the Director of Quality and Governance while the Clinical Governance review and the Nursing Leadership review are underway. **The Board noted the Committee report and APPROVED the Annual Assurance Report.**	
5.2.2	**Audit, Risk and Governance Committee (ARGC) meeting 30-04-2026 and Annual Assurance Report**	
	Ian Murphy, ARGC Chair presented the Committee report of its meeting held on 30 April and the Annual Assurance Report, highlighting the following: a) Risk Management and Board Assurance Framework - the introduction of a digital Board Assurance Framework (Power BI) to improve visibility of risks, controls and assurance. b) Risk Oversight - Noted progress against actions from the December 2025 Board Risk Workshop, including strengthened arrangements for blood stock resilience, cyber risk and donor-related risks. Further work required in some areas (e.g. donor experience and transformational change risk). c) Transformation & Portfolio Delivery - Overall improvement noted, though some programmes remain high risk. Continued focus required on deliverability, realistic planning, and achievement of cash-releasing savings.	

	d) Principal Risk Deep Dives - Assurance received on key risks including donor and patient safety, service disruption (including ICT/cyber), and financial sustainability, with actions to improve clarity of mitigations, timelines and benchmarking. e) Audit - Internal audit programme largely complete with a likely moderate annual opinion; external audit remains on track with no significant issues reported. f) Governance - Comprehensive audit programmes in place (clinical, quality, supplier) and continued improvement in corporate governance arrangements. g) Policy approvals by the Committee, including Standing Orders, Scheme of Delegation, Standing Financial Instructions, Risk Management Policy and Conflicts of Interest Policy. **The Board noted the Committee report and APPROVED the Annual Assurance Report.**	
5.2.3	**People Committee meeting 07-05-2026 and Annual Assurance Report**	
	Penny McIntyre, People Committee Chair presented the Committee report of its meeting held on 7 May and the Annual Assurance Report, highlighting the following: a) Strong progress was reported on the People Plan: 23 actions completed, 15 on track, 5 paused. b) Notable achievements in recruitment, inclusion, wellbeing, leadership development and HR ServiceNow implementation. c) The strategic workforce planning approach was endorsed; with the need for improved data, system integration and phased development noted. d) Key workforce risks were highlighted as, ageing workforce, low engagement among younger staff, technological change. e) Succession planning and talent management was discussed, with agreement that there will be a focus on critical roles. f) The Committee received the Public Sector Equality Duty (PSED) report, noting the time lag in reporting. g) The Committee received a deep dive into long-term sickness/absence which is rising, particularly in relation to staff reporting the cause of absence as stress/ anxiety and endorsed the establishment of a task and finish group to progress further work. h) The Committee received an Employee Relations update and agreed the need for clear long-term strategy, aligned to the organisational strategy. i) The introduction of DBS checks for all staff was noted. j) The Committee endorsed the Annual Health, Safety and Wellbeing report, Annual People report Freedom to Speak Up Policy, the Committee Board Assurance Report and Committee Terms of Reference for Board approval. **The Board noted the Committee report and APPROVED the Annual Assurance Report.**	
6.0	**FOR REPORT**	
6.1	**Reports from UK Health Departments**	
6.1.1	**England**	
	Helen McDaniel provided a verbal update on recent developments within the Department of Health and Social Care (DHSC), England:	

	a) The NHS Reform Bill, required to abolish NHS England, is progressing through Parliament; DHSC and NHSE will continue statutory functions until Royal Assent, with closer joint working under an interim leadership team. b) Several senior appointments have been made to the Joint DHSC–NHSE Executive Team. c) The Stem Cell Review, chaired by Professor John Forsythe, has launched and is undertaking broad stakeholder engagement; a first draft report is expected in late autumn 2026. d) The Tobacco and Vapes Act received Royal Assent on 29 April 2026, introducing the UK's first smoke-free generation and strengthening measures on youth vaping, smoke-free protections, and retail enforcement, forming a key part of the 10-Year Health Plan. e) James Murray had been appointed as the new Secretary of State for Health f) Two new DHSC Ministers had been appointed along with a new Private Secretary. Meetings would be sought between the NHSBT Chair and CEO and the newly appointed Ministers and Secretary of State. **The Board noted the report.**	
6.1.2	**Northern Ireland**	
	Joan Hardy presented the report from Northern Ireland and highlighted the following: a) Planning for the 2026/27 education and awareness programme is nearing completion, including proposals for an autumn mass-media campaign. b) Recent activity included World Kidney Day communications, a school visit to 400+ pupils, and an information stand at the NHS Confederation Conference. c) New public-facing and clinical materials promoting cornea donation will be launched in June. d) A full schedule of 2026 outreach events continue, including the Belfast Marathon Expo, Life on the List (QUB), Circle of Life Garden event, Belfast Pride, and Belfast Mela. e) Media opportunities are being developed around the Transplant Activity Report, Daithi's Law (three years on), the British Transplant Games, and the Transplant Football World Cup. f) A devolved nations communications meeting is scheduled for 16 June. **The Board noted the report.**	
6.1.3	**Scotland**	
	James How provided a verbal update, highlighting the following: a) The Scottish National Party formed the Scottish Government following the May 2026 elections. b) b) The NHSBT Board meeting scheduled for September will be held in Edinburgh, and arrangements will be made to facilitate a Ministerial meeting during the visit. c) c) James welcomed the patient story shared at the meeting and confirmed he would follow up with Bill Wright after his presentation to the Board. d) d) The Board noted the continued focus on the Scottish organ donation plan, including targeted marketing in schools and work to increase awareness of cornea donation. e) e) A Scottish Government "lunch and learn" session on stem cell donation has been scheduled.	

	The Board noted the report.	
6.1.4	**Wales**	
	Catherine Cody provided a verbal update, highlighting the following: a) Plaid Cymru became the largest party in the Welsh Senedd following the May 2026 elections. Rhun ap Iorwerth was appointed First Minister for Wales, and Mabon ap Gwynfor became the Cabinet Minister for Health and Care. a) Funding arrangements for the Welsh Blood Service and the wider Infected Blood Inquiry (IBI) working group will be shared with the newly appointed Ministers. b) c) May 2026 marks the ten-year anniversary of Wales assuming responsibility for its own blood service from England. c) d) The Blood Health National Oversight Group (BHNOG) Conference 2026 will take place in June. **The Board noted the report.**	
6.2	**Board Forward Plan**	
	The Board noted the Forward Plan. **The Board noted the forward plan.**	
7.0	**CLOSING ADMINISTRATION**	
7.1	**Any Other Business**	
	Peter Wyman expressed the Board's gratitude to Lorna Marson who would be stepping down from the Board as non-executive director. Peter acknowledged the significant contribution Lorna had made, both as a valued Board member and as Chair of the Clinical Governance Committee. No further business was raised.	
7.2	**Close of Meeting**	
	The Chair thanked everyone in attendance for their valuable contributions and invited members of the public to share their reflections on the discussions held. Their feedback underscored the importance of meaningful engagement and the need to build strong, trusting relationships with communities in order to support more collaborative and effective ways of working.	
7.3	**Date of Next Meeting** 21 July 2026, NHSBT Barnsley	