NHS
Blood and Transplant

Minutes of the One Hundred and Thirty Second Public Board Meeting of NHSBT, held in Barnsley and via MS Teams Tuesday, 21 July 2026, 13:00 – 14:30

Present		
Voting Members		
	Peter Wyman	Chair
	Caroline Serfass	Non-Executive Director
	Penny McIntyre	Non-Executive Director
	Ian Murphy	Non-Executive Director
	Charles Craddock	Non-Executive Director
	Jayden Parameshwar	Non-Executive Director
	Stephen Powis	Non-Executive Director (left at 2pm)
	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
	Anthony Clarkson	Director of Organ and Tissue Donation and Transplantation (OTDT)
Non-Voting Members		
	Nicola Yates	Associate Non-Executive Director
	Helen Gillan	Director of Quality and Governance
	Rebecca Tinker	Chief Digital and Information Officer
	Julie Pinder	Chief People Officer
	Mark Chambers	Donor Experience Director
	Kate Thomas	Interim Director of Communications
	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	Naomi Jones	Head of Policy and Engagement
	Jasbir Kaur Jutlla	Network Co-Chair
	Helen McDaniel	DHSC (UK Health Department)
Virtual	Catherine Cody	Wales (UK Health Department)
Virtual	Joan Hardy	Northern Ireland (UK Health Department)
Virtual	Janice Sheppey	Northern Ireland (UK Health Department)
Virtual	Donna McLeod	Scotland (UK Health Department)
Virtual	Teresa Baines	Head of Therapeutic Apheresis Service (TAS) and Deputy Chief Nurse (item 2.1)
Virtual	Rebekah Horler	Trainee Advanced Clinical Practitioner TAS (item 2.1)
Virtual	Helen Rushworth	Trainee Advanced Clinical Practitioner TAS (item 2.1)
Virtual	Anne Olaleye	TAS Patient (item 2.1)
	Jo Dobie	Executive Assistant to the Chair
Observer		
	Sarah Stansfield	Chief Financial Officer Designate
	Rommel Ravanan	Chief Medical Officer Designate
Apologies		
	Rachel Jones	Non-Executive Director

1.0	**Opening Administration**	**Action**
1.1	**Welcome and apologies**	
	The Chair welcomed attendees to the 132nd meeting of the NHS Blood and Transplant (NHSBT) Board in public. A particular welcome was extended to colleagues from the Department of Health and Social Care (DHSC), representatives of the devolved nations, and Jasbir Kaur Jutlla, Co-Chair of the	

	Women's Network. The Chair also welcomed newly appointed Non-Executive Directors, Sir Stephen Powis and Jayan Parameshwar, to their first Board meeting. Rommel Ravanan, Chief Medical Officer Designate, and Sarah Stansfield, Chief Financial Officer Designate, were welcomed as observers. The Chair welcomed members of the public observing the meeting.	
1.2	**Conflicts of Interests**	
	No conflicts of interest were declared in relation to the business of the meeting.	
1.3	**Minutes of the previous meeting held on 18 May 2026**	
	The Board **APPROVED** the minutes of the meeting held on 18 May 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 four actions. Action PB16/26 was approved for closure. The remaining actions are progressing as planned and remain on track for completion.	
2.0	**PATIENT STORY**	
2.1	**Patient Story:**	
	Gail Miflin, Medical Director introduced the patient story, which demonstrated the positive impact of the Advanced Practitioner model within the Therapeutic Apheresis Service (TAS), particularly for patients with sickle cell disease. The Board heard that the introduction of Advanced Practitioners has enhanced continuity of care, clinical leadership, treatment planning and multidisciplinary working, supporting improved patient outcomes and experience. Anne Olaleye provided feedback to the Board from a patient perspective. Anne receives long-term red cell exchange treatment, and described the significant benefits to her health, independence and quality of life. The Board welcomed the contribution of the Advanced Practitioner role to service innovation, workforce development and the delivery of more proactive, patient-centred care. **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 highlighted the following: a) The report provided updates on service delivery, including blood stock resilience, plasma collection, organ donation and transplantation performance, and developments across Clinical Services. The significant efforts of colleagues and donors in maintaining blood supplies during an exceptionally challenging period of hot weather were highlighted. b) Positive progress was noted in donor recruitment, donor and patient engagement, community outreach, and national awareness campaigns.	

	c) The Board received an update on organ donation and transplantation performance, noting continued focus on improving consent rates and early positive indications from the Assessment and Recovery Centre programme. d) MHRA approval of additional plasma-derived medicinal products had been received and ongoing work with DHSC partners continues to support future plasma provision. e) The report included an update on the Chief Executive's engagement programme across the organisation, including visits focused on research and development, stakeholder engagement and policy development, and noted ongoing work to strengthen patient and donor involvement. f) The report updated on clinical governance, quality improvement, research and development, workforce initiatives, executive appointments, and national commissioning discussions for Blood and Specialist Services. In discussion, it was recognised that repeated heatwaves had adversely affected attendance, cancellations and deferrals, placing pressure on stock levels, although proactive management and strong operational performance had prevented the need to escalate to an Amber alert. The Board noted that blood stocks remained vulnerable and that further work was required to improve resilience ahead of future summers, including consideration of venue suitability, contingency arrangements and targeted investment to support frontline teams. Board members welcomed strong donor engagement activity, with O negative bookings currently exceeding target. The Board welcomed the success of recent public engagement and awareness campaigns, including the Metallica partnership and organ donation activity linked to the FIFA World Cup. The Board noted that the 2025/26 Annual Report and Accounts had been laid before Parliament and thanked all colleagues involved in their preparation. The Board noted the findings of the latest SHOT report, including the introduction of a dedicated blood services chapter, high levels of hospital participation, the absence of transfusion-transmitted infections, and the continued importance of reducing hospital-related errors and implementing transfusion safety standards. Further consideration of the report would take place through the Clinical Governance Committee. On behalf of the Board, Frances O'Callaghan thanked Dr Gail Miflin for her outstanding contribution to NHSBT and wished her every success for the future. **The Board noted the report.**	
3.2	**NHSBT Performance and Risk Report**	
	Carl Vincent, Chief Financial Officer presented the report noting that NHSBT continued to deliver its core services effectively, with strong performance in plasma collection, Clinical Services, workforce metrics, quality management and critical infrastructure availability. There are ongoing operational pressures relating to blood stock levels, donor base sustainability, organ donation and transplantation performance, and Tissue and Eye Services activity.	

	The Board noted progress across a number of strategic transformation and innovation programmes and reviewed the principal risk position, noting that donor and patient safety, service disruption, and loss of critical ICT/cyber security capability remained at the organisational risk limit and would continue to require close oversight. The Board discussed emerging opportunities to utilise drone technology and noted that current activity is focused on the transportation of samples rather than blood products, with potential future applications for donation-related samples and organ transportation. Currently pilot projects are taking place in North-East England and Guy's Hospital, London. The Board noted concerns regarding the reduction in the active donor base and received assurance that the O negative donor base remains stable. It was further noted that donor base projections indicate greater stability over the medium term. The Board discussed blood stock resilience over the summer period and noted that prolonged heatwaves and associated disruption could place further pressure on stock levels. Members emphasised the importance of entering periods of increased seasonal risk with sufficiently robust stock levels. **The Board noted the report.**	
3.3	**Financial Performance Report (including Annual Report and Accounts update)**	
	Carl Vincent, Chief Financial Officer introduced the report, noting that NHSBT remains financially stable and is delivering the Business Plan within the agreed financial envelope, with a favourable year-to-date financial position against plan. Emerging financial risks relating to lower-than-planned blood and component demand, delivery of the Cost Improvement Programme, and delays in finalising Blood and Specialist Services pricing were highlighted. The Board noted ongoing monitoring of the investment portfolio and approved the updated 2026/27 budget position, reflecting material changes since the budget approval in March 2026. Board members noted a positive start to the financial year, with performance at month two ahead of plan and all directorates operating within, or better than, agreed budgets. The Board recognised that delivery of the Cost Improvement Programme remained a key challenge and an area of continued focus. In response to a question regarding blood demand, the Board noted that demand was currently around 3% below plan and that further analysis was underway to determine whether this represented a temporary fluctuation or a sustained change in demand patterns. **The Board APPROVED the updated 2026/27 budget position, reflecting a number of material updates from the previously approved £14.2m deficit budget.**	

3.4	**Charity Update**	
	Carl Vincent, Chief Financial Officer presented the report. The paper provided assurance on progress in delivering the NHSBT Charity Strategy, noting strong performance against key priorities and emerging opportunities, alongside continued compliance with charity governance and regulatory requirements. The Charity's five-year plan, including its focus on supporting innovation, infrastructure and education was noted, an update on fundraising, grants activity and progress against key strategic priorities was highlighted, alongside actions being taken to increase organisational engagement with the Charity and support for future growth. The Board noted the responsibilities of Board members as members of the Corporate Trustee Board and discussed opportunities to demonstrate their support for the Charity. The Board discussed the importance of addressing current capacity constraints within the Charity and noted the development of the Charity Skills Share programme to help embed the Charity more fully across the organisation and support delivery of its objectives. Members highlighted opportunities to strengthen organisational engagement, including through the Strategic Delivery Group, and noted the importance of maintaining momentum generated by recent high-profile fundraising activities and partnerships. The Board discussed the Charity's long-term income projections and recognised that periods of flatter growth reflected the cyclical nature of developing and delivering major fundraising campaigns. Members also emphasised the importance of creating a compelling and transformative narrative, supported by patient stories, to increase engagement from individual donors, corporate partners and charitable foundations. The Board encouraged continued promotion of the Charity across NHSBT, including payroll giving, advocacy and networking opportunities, and welcomed the progress that had been made since increasing organisational focus on the Charity. The Board will receive corporate trustee training and a separate session on the Charity's strategic direction and priorities later in the year. **The Board received the report for assurance.**	
4.0	**FOR APPROVAL**	
4.1	**Conflicts of Interest Policy**	
	Silena Dominy, Company Secretary presented the updated policy for approval. The report presented provided assurance that compliance with Conflicts of Interest declarations had improved significantly during 2025/26, supported by targeted awareness activity and enhanced reporting arrangements. Additionally, the Board noted a substantial increase in gifts and hospitality declarations, providing greater transparency and oversight.	

	A question was raised regarding the scope of staff covered by the policy. It was noted that the current approach, applying the Conflicts of Interest requirements to staff at Band 8a and above including medical equivalents, has been reviewed by the Audit, Risk and Governance Committee and is considered appropriate for capturing those with decision-making responsibilities or influence over decision-making. The approach is aligned with NHS England's policy but will be revisited as part of the next annual policy review. **The Board APPROVED the policy and endorsed the continued integration of compliance monitoring into business-as-usual reporting processes.** **ACTION:** • **PB18/26 – ARGC to consider further whether the scope for Conflicts of Interests declarations should be extended to additional colleagues.**	**SD (April 2027)**
4.2	**Business Continuity Policy**	
	Helen Gillan, Director of Quality and Governance presented the updated policy for approval, noting that no changes were required and that the policy continues to provide the framework for NHSBT's business continuity and emergency planning arrangements **The Board APPROVED the policy.**	
4.3	**Safeguarding and Prevent: Management of the Vulnerable and At-Risk Policy**	
	Anthony Clarkson, Director of OTDT presented the Safeguarding Policy for approval. The Safeguarding and Prevent Policy and supporting Management Process Document (MPD961/7) sets out NHSBT's commitment and processes to protect children, young people and adults at risk of harm. These documents have been reviewed and updated to reflect recent changes in the accountability and governance structure for safeguarding and prevent. Additional guidance for reporting exceptional safeguarding incidents (that are beyond business-as-usual events) has been included in the MPD. **The Board APPROVED the Safeguarding Policy and noted the MPD that will be implemented across the organisation.**	
5.0	**GOVERNANCE**	
5.1	**Governance Update**	
	Silena Dominy, Company Secretary, presented an update on governance matters **The Board:** • **NOTED DHSC's appointment of Dr Karat Jayan Parameshwar and Professor Sir Stephen Powis as Non-Executive Directors of NHSBT for three year terms commencing 14 July 2026.** • **RATIFIED the decisions of the Chair to appoint himself as temporary voting member and Helen Gillan, Director of Quality and Governance, as voting member of the Clinical Governance Committee with effect from 1 July 2026.** • **APPROVED the appointment of Dr Karat Jayan Parameshwar and Professor Sir Stephen Powis as voting members of the Clinical Governance Committee with immediate effect, and noting that the Chair would now end his temporary membership of the Committee.**	

	• **NOTED the transfer of voting membership of the Chief Medical Officer from Dr Gail Miflin to Dr Rommel Ravanan with effect from 1 August 2026**.	
5.1.1	**Board Committee Terms of Reference Annual Review**	
	Silena Dominy, Company Secretary presented Board Committee terms of reference for approval. Corporate governance best practice recommends that Board Committee terms of reference should be reviewed at least annually to ensure that they remain fit for purpose. Three of the Committees have reviewed their terms of reference with the fourth committee (Clinical Governance Committee) planning to review in the future following the conclusion of the Clinical Governance Review, and taking the opportunity to consider view from new NEDs with clinical backgrounds. The revisions reflected updates to committee membership, responsibilities and governance arrangements, ensuring the Terms of Reference remain fit for purpose. The Company Secretary was commended for the work undertaken to remove duplication and improve clarity across Board committee responsibilities. **The Board APPROVED the revised Terms of Reference for the People Committee, NHSBT Charity Committee and Audit, Risk and Governance Committee following their annual reviews, subject to ensuring references to the role of Deputy Chief Executive had been fully removed.** **ACTION:** • **PB19/26 – Clinical Governance Committee membership and Terms of Reference to be fully reviewed post completion of the Clinical Governance Review.**	**SD/HG (Jan 2027)**
5.2	**Committee Meeting Reports**	
5.2.1	**NHSBT Charity Committee meeting 22-06-2026**	
	Caroline Serfass, Charity Committee Chair presented the Committee report highlighting the following: a) The Committee received assurance with regard to the financial position of the Charity, fundraising performance and grants activity, with year-end results slightly better than forecast and a positive fundraising pipeline reported. b) The Committee received and endorsed the updated NHSBT Charity Committee Terms of Reference following the annual review. **The Board noted the Committee report.**	
5.2.2	**NHSBT Charity Committee Annual Assurance Report**	
	Caroline Serfass, Charity Committee Chair presented the Annual Assurance report, which provided assurance that the Charity Committee had effectively discharged its delegated responsibilities during the year. **The Board noted the report for assurance.**	

5.2.3	**Audit, Risk and Governance Committee (ARGC) meeting 24-06-2026**	
	Ian Murphy, ARGC Chair presented the Committee report, highlighting the following: a) Completion of the 2025/26 Annual Report and Accounts (ARA) process. The ARA had now been laid before Parliament. b) Approval of the annual update to the Business Continuity Policy, which provides a robust framework for organisational resilience. c) Approval of revised Audit, Risk and Governance Committee Terms of Reference to streamline oversight arrangements and incorporate investment portfolio review responsibilities. **The Board noted the Committee report.**	
5.2.	**Clinical Governance Committee meeting 08-07-2026**	
	Charlie Craddock, Committee Chair presented the Committee report, highlighting the following: a) Assurance that patient, donor and service safety remained stable, with positive inspection outcomes, reduced donor complaints and continued progress in safeguarding, quality and regulatory preparedness. b) The Clinical Governance Review is progressing. c) The Committee noted that Donor and Patient Safety principal risk remained at the organisational risk limit due to risks associated with the legacy organ allocation system, with mitigating controls in place and ongoing monitoring. d) Good progress in delivery of the Clinical Audit Programme and the rollout of the Tendable audit system to strengthen compliance, assurance and organisational learning. e) The Committee welcomed NHSBT's achievement of a 'Standards Met' rating for the Data Security and Protection Toolkit and Cyber Assessment Framework and noted increasing resource pressures associated with AI-generated complaints, information requests and subject access requests. **The Board noted the Committee report.**	
6.0	**FOR REPORT**	
6.1	**Reports from UK Health Departments**	
6.1.1	**England**	
	Helen McDaniel provided a verbal report on recent developments within the Department of Health and Social Care (DHSC), England: a) Ministerial responsibilities remain largely unchanged, with the exception of Yvette Cooper's appointment as Secretary of State for Health and Social Care. Parliamentary Under-Secretary appointment and portfolio allocations are yet to be confirmed. b) The Board received an update on recent ministerial submissions, including confirmation of a 2.5% increase in blood prices and sign-off of the options relating to plasma. c) The Board noted confirmation of the decision to close the Future-Proofing Blood Programme, with associated activities now transitioning into business-as-usual operations. d) The Secretary of State has approved NHSBT's Business Plan. **The Board noted the report.**	

6.1.2	**Northern Ireland (NI)**	
	Joan Hardy presented the report from Northern Ireland and highlighted the following: a) Organ utilisation discussions with Commissioners continue. Progress was reported against the 2026/27 work programme, including development of local hospital initiatives, rollout of new cornea donation promotional materials, partnership activity with Queen's University Belfast, and consideration of a Northern Ireland donation and transplantation dashboard. b) A mass media campaign is being developed for autumn 2026, subject to Department of Health NI approval. c) The Board also noted ongoing public outreach and engagement activity, planned media opportunities, and preparations for Organ Donation Week 2026, including the Grand Organ Donation Life Cycle event and the Turn the Peak Pink Donard Challenge. **The Board noted the report.**	
6.1.3	**Scotland**	
	Donna McLeod provided a verbal update, highlighting the following: a) Continued close partnership working with NHS Blood and Transplant (NHSBT) and NHS Scotland remains a key priority. b) Since the last meeting, attendance at the Commonwealth Conference in Glasgow provided valuable opportunities to share innovation, learning and best practice across the UK and internationally. Discussions reinforced the importance of raising public awareness of organ donation as a broader system-wide issue. c) Strong collaboration continues across the UK nations to ensure consistent messaging and action, with a particular focus on addressing the reduction in corneal donations. d) Planning is underway for a summer awareness campaign, with Ministers keen to take action to mitigate the impact of the seasonal decline in organ donation activity. **The Board noted the report.**	
6.1.4	**Wales**	
	Catherine Cody provided a verbal update, highlighting the following: a) A successful Blood Oversight Conference was held in June, which focused on the recommendations arising from the Infected Blood Inquiry (IBI). Discussions have taken place with colleagues from the Welsh Blood Service regarding the work required to address the data-related elements of the inquiry and to support the implementation of safer blood tracking arrangements. b) Work is currently underway to consider the Welsh Blood Service's infrastructure bid. c) The Welsh Blood Service is preparing to launch its summer blood donation campaign. While donation levels were impacted by the recent heatwave, there is confidence that the campaign will help recover the shortfall and maintain blood stocks over the coming months. **The Board noted the report.**	

6.2	**Board Forward Plan**	
	The Board noted the Forward Plan.	
7.0	**CLOSING ADMINISTRATION**	
7.1	**Any Other Business**	
	The Chair, on behalf of the Board, expressed sincere thanks to Dr Gail Miflin for her exceptional contribution and service to NHS Blood and Transplant in her role as Chief Medical Officer and Director of Clinical Services. Gail is held in the highest regard across the NHS, recognised for her outstanding leadership, clinical expertise, and unwavering commitment to service. These qualities have earned her significant respect and credibility both within the organisation and across the wider health sector. On a personal level, the Chair reflected on the invaluable guidance and support Gail has provided during their time working together. Her wise counsel, sound judgement and steadfast encouragement have been greatly appreciated and have made a significant contribution to both the Chair and colleagues across NHSBT. On behalf of patients, colleagues and the wider NHS, the Chair extended heartfelt thanks to Gail for her outstanding service and dedication, together with warmest wishes for a long, happy and well-deserved retirement. No further business was raised.	
7.2	**Close of Meeting**	
	The Chair thanked all attendees for their valuable contributions to the Board meeting and invited members of the public to share their reflections on discussions. Public feedback included appreciation for the opportunity to address the Board, which demonstrated a positive organisational culture. NHSBT was urged to continue to strengthen engagement with communities at a neighbourhood level, particularly diverse communities.	
7.3	**Date of Next Meeting** 29 September 2026, Edinburgh	